

Ruby Care Limited

# Woodlands Farmhouse

## 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



### Overall summary

This inspection was unannounced and took place on 09 November 2015. This was the first inspection since the established service was re-registered as a Limited Company.

There is a registered manager 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 living at Woodlands Farmhouse told us they were happy with the care and support provided. They said the

manager and staff were open and approachable and cared about their personal preferences and kept them involved in decision making around their care. One person said, "I visited plenty of homes in the area and decided on this one, it was my choice and I was involved with everything to do with my care plan and moving in." Another person said, "I have been here for respite care and now I come back daily so I am involved and it my decision."

# Summary of findings

Everybody told us they felt safe living in the home, one person said, “I feel very safe living here.” Whilst another person said they felt very safe when being cared for by the staff. Everybody was relaxed with staff and there was a friendly, cheerful atmosphere in the home.

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed staff took time to talk with people during the day. One person said, “They do listen to you and take time to sit down for a chat.” Another person said, “They are never too busy to have a laugh and a joke.” A staff member said they felt they had plenty of time to do their tasks and chat with people through the day. The manager confirmed staffing levels could be flexible to meet the care needs of people and to support other staff with activities.

People told us they received care from care workers who were knowledgeable about their needs and were appropriately trained to meet them. Care workers had access to training specific to their roles and the needs of people for example they had received training in stoma care and diabetes care. They understood people’s needs and were able to explain to us how they would care for each person on a daily basis. One staff member said, “There is always enough information in the care plans to tell us about people. But because we are a small home we know everybody personally.”

People’s care needs were recorded and reviewed regularly with senior staff and the person receiving the care or a relevant representative. All care plans included the person’s written consent to care. Staff had comprehensive information and guidance in care plans to deliver consistent care the way people preferred.

The registered manager had a clear vision for the service. Their statement of purpose said, they aimed to provide a “service that is driven by the needs and aspirations of our

individual clients through listening to them.” Staff said they knew how the manager felt about the way they provided care for people. One staff member who worked in both the agency and the care home said, “The manager speaks with us daily and the daily emphasis is on listening to people and providing the care they want as well as the care they need.” Another staff member said, “The most important thing to do is take time to listen, especially when some people find it difficult to say what they are thinking.”

The provider had a robust recruitment procedure which minimised the risks of abuse to people. Staff said they knew how to report any concerns and people who lived at the home said they would be comfortable to discuss any worries or concerns with the manager.

People saw healthcare professionals such as the GP, district nurse, chiropodist and dentist. Staff supported people to attend appointments with specialist healthcare professionals in hospitals and clinics. Staff made sure when there were changes to people’s physical wellbeing, such as changes in weight or mobility, effective measures were put in place to address any issues.

The service had a complaints policy and procedure which was available for people and visitors to view on the noticeboard. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

There were systems in place to monitor the care provided and people’s views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

# Summary of findings

## 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 safe.

There was a robust recruitment procedure which minimised the risks of abuse to people.

People received their medicines safely from staff who had received specific training to carry out the task.

People were safe because the provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Good



### Is the service effective?

The service was effective.

People who lived at the home received effective care and support from a stable staff team who had a good understanding of their individual needs.

Staff had the skills and knowledge to meet people's needs. The provider had a programme of training which ensured staff had up to date guidance and information.

People received meals in line with their needs and preferences.

Staff made sure people's legal rights were protected if they were unable to make a decision for themselves.

Good



### Is the service caring?

The service was caring.

Staff were kind, compassionate and respected people's diverse needs recognising their cultural and social differences.

People's privacy and dignity was respected and they were able to make choices about how their care was provided.

Visitors were made welcome at the home at any time.

Good



### Is the service responsive?

The service was responsive.

People received care that was responsive to their needs because staff had a good knowledge of the people who lived in the home.

People had access to a range of activities which had recently been introduced.

Arrangements were in place to deal with people's concerns and complaints. People knew how to make a complaint if they needed to.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale.

# Woodlands Farmhouse

## 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 09 November 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. This was the first inspection since the established service was re-registered as a Limited Company.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

Woodlands Farmhouse provides personal care and accommodation for up to 13 people. The home specialises in providing care for older people living with dementia. At the time of the inspection there were 12 people at the home.

We spoke with five people who lived in the home, three staff members, the care manager and the registered manager. Throughout the day we observed care practices in communal areas.

We looked at records which related to people's individual care and the running of the service. Records seen included four care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us, “I am very happy I have no concerns with the safety of myself and others and if I did I would speak out.” Another person said, “It’s a lovely place, I can honestly say I feel safe and well looked after.”

Risks to people were minimised because relevant checks had been completed before staff started working for the agency. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. The DBS checks people’s criminal history and their suitability to work with vulnerable people.

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding people. They also confirmed they had access to the organisation’s policies on safeguarding people and whistle blowing. These were provided for all staff in their staff handbook. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse; contact details were clearly displayed on the notice board.

Staff said communication in the home was very good. They confirmed they saw the registered manager and care manager on a daily basis. Both staff members said they felt they could talk with senior staff at any time if they had any concerns.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. During the inspection we observed staff take the time to sit a talk with people. Both staff members said they felt there was enough staff on each shift. One staff member said, “If we do get a day when we are very busy the [care manager] always helps out.” People told us they thought there was enough staff. One person said, “I don’t think they have a problem with staff, they have time to chat and it is all relaxed.” Another person said, “They are very efficient and give you plenty of time to do things.” The registered manager confirmed they could also use staff from an agency run by the same provider if staff were absent or if people’s needs changed.

Care plans contained risk assessments which outlined measures in place to enable people to take part in activities

with minimum risk to themselves and others. For example one person who was at risk of falls but wanted to remain as independent as possible had a pressure mat by their door. This would alert staff when they left their room so they could assist them on the stairs. The registered manager explained how they had discussed whether this was restrictive, however staff did not use the mat as a means of preventing the person from leaving their room. Another person preferred to manage their own medication. An assessment of their understanding and ability to continue to self-medicate had been carried out. They told us, “I can continue to be independent but I know the help is there if I need it.”

People’s medicines were administered by care workers who had received training and had their competency assessed regularly to make sure their practice was safe. One staff member explained how they always dispensed medication in pairs so they could check the correct dose was being administered at the correct time.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. At the time of the inspection the home did not have any medicines that required additional security and recording. However there was appropriate storage available if required.

Risks to people in emergency situations were reduced because, a fire risk assessment was in place and arrangements had been made for this to be reviewed annually. Personal emergency evacuation plans (PEEP’s) had been prepared: these detailed what room the person lived in and the support the person would require in the event of a fire.

Risks to people, visitors and staff were reduced because there were regular maintenance checks on equipment used in the home. These included checks of the fire alarm system, fire fighting equipment, fire doors, and hot and cold water temperatures. Specialist baths, the chair lift and the call bell system had also been serviced and were maintained in good working order.

# Is the service effective?

## Our findings

People received effective care and support from well trained staff. People said they felt all the staff were well trained and knew their needs well. One person said, “I think they have good understanding of what we all need and how to do the job properly.” Another person said, “They are all very clever and they pick things up quickly.”

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. All the staff spoken with confirmed they had attended an induction programme. One staff member explained how they had completed all the basic training. They also confirmed new staff would shadow experienced staff before working unsupervised. The registered manager confirmed their old induction had followed the skills for care common induction standards. The new induction had been reviewed to follow the Care Certificate which is a nationally recognised training source.

People were supported by staff who had the skills and knowledge to meet their needs. All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation’s statutory subjects such as, principles of care, manual handling, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. One staff member explained how the registered manager had supported them with a course in English and maths; they also confirmed they were planning to start their level three diploma in health and social care. Another staff member confirmed they received dementia awareness training enabling them to understand why people might do certain things.

The registered manager confirmed staff could also attend further training related to specific needs. For example district nurses would train staff if they had needs that involved diabetes care, stoma care or catheter care. One person living in the home administered their own insulin. The registered manager had asked this person if they would be happy to provide some training for staff. The person told us, “I think it’s a good idea for me to tell them how it is done.” However the registered manager acknowledged that staff could not administer the insulin but would have a good understanding of the persons needs.

People were supported by staff who received regular supervisions. These were either through one to one meetings or team meetings. This enabled staff to discuss working practices, training needs and to make suggestions with regards to ways they might improve the service they provided. Staff confirmed they met regularly to discuss training needs and work practices. The registered manager confirmed senior care workers had received supervision and appraisal training. Staff one to one supervision was also carried out with staff following the death of a client. The registered manager said, “Because we are such a small company they get very close to the people they are looking after. We therefore provide a one to one discussion so staff can talk about how they feel.”

People’s health and wellbeing was monitored regularly which meant staff could take appropriate action to ensure people received effective care and support. For example one person was assisted to attend the GP surgery on the day of the inspection, whilst another person who had a below the knee amputation had been supported through an assessment for a prosthetic limb. There were regular handover meetings between staff to make sure any information or observations were passed from one staff group to the next. People told us they saw health care professionals if they needed to. Records showed regular appointments had been made with a chiropodist, optician and a dentist.

Most people who lived in the home were able to make decisions about what care or treatment they received. Staff confirmed people were asked for consent on a daily basis, one person said, “The staff are very good at asking before they do anything and we have a choice, I can come into my room or sit with the other residents it’s up to me.”

The manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One person’s care plan contained information outlining when a decision had been made in the person’s best interests. Information included an assessment of the person’s capacity to make a certain decision and the people who had been involved in

## Is the service effective?

making a decision in the person's best interests. The registered manager had obtained proof relatives had lasting power of attorney before they made decisions on a person's behalf.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The manager had a good knowledge of this law and was in the process of gaining professional advice and input for one person to be assessed to determine if they required this level of support and protection.

Everybody spoken with said the food in the home was good; One person said, "You must look at the menu, there's a whole list of things you can have. I asked for poached egg on toast for breakfast yesterday and that was what I got, very well cooked it was." Another person said, "I always look forward to lunch, I can have a glass of wine and we really enjoy the company." Relatives had also commented on the meals being good in the homes annual survey.

At lunch time we saw people sat around one table which was pleasantly laid with serviettes, condiments and wine

glasses. The care manager explained they used to have separate tables which restricted movement due to space. They had put the tables together for a party and people preferred them that way. Most of the people in the home ate in the dining room however the care manager confirmed one person always preferred to eat in their room. One person said, "There's no rule that you have to sit at the table, if I wanted to eat in my room I could but I like a chat."

Meals were served from the kitchen close to the dining room, therefore was always served hot and fresh. Food taken to people in their rooms was plated up, covered and taken to them straight away.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. The manager confirmed the produce they used was sourced locally and meals were prepared using fresh produce. The kitchen staff were aware of special dietary needs or peoples personal likes and dislikes. People who were identified as at risk of weight loss were referred to their GP and provided with supplements to raise their calorific intake. Records showed people had either gained weight or were maintaining the weight they were.



# Is the service caring?

## Our findings

People said they were supported by caring staff. Everybody spoken with told us they felt staff were caring and respectful. During the inspection we observed staff were kind, compassionate and treated people with dignity and respect. The atmosphere in the home was cheerful and people appeared relaxed and comfortable with the staff that supported them. One person told us, "They are all very nice, the help I am getting is brilliant."

We saw staff interacting with people in a caring way. When staff offered support they either knelt in front of the person or sat beside them to gain eye contact. They made sure the person understood what they were saying, and offered choices such as "Would you like...?" and waited for a response before providing support. A staff member was helping one person decide about going home as their house had been repaired. The person's short term memory loss meant they needed to be reminded of the plan for the next day several times. The staff member explained everything each time in a very caring compassionate way making it sound like the conversation was the first they had had on the subject. This meant the person did not become anxious and their dignity was preserved.

During the day we observed staff spent time with people in a meaningful way, for example in the afternoon we observed staff encouraging people to join in a music quiz. There was friendly conversation, smiles and laughter and people were clearly enjoying the game. The smiles and friendly chatter showed the member of staff had offered the right level of support to each person to enable them to engage fully in the activity and to enjoy it. One person said, "Are you going to sing to us now, I don't know half the people singing but I can sing along with the music."

People told us they were able to have visitors at any time. Each person who lived at the home had a single room

where they were able to see personal or professional visitors in private. There was also a small lounge where people could go if they wanted a quieter space to themselves. People said staff respected their privacy. People told us they could spend time in the privacy of their own room if they wanted to. One person said, "I have a lovely room and if I want to sit here and read or do a crossword I can." This person showed us their room and explained they had bought all their own furniture with them when they moved in. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff always knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People were able to make choices about their care. They told us they could choose when they got up or went to bed and whether they took part in an activity or not. Life histories had been recorded in care plans so staff knew what the person liked to talk about, their hobbies and likes and dislikes. Care plans also included a section called phobias and superstitions. This meant staff were well informed if people had specific issues they should avoid.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis and summarised monthly. This enabled people and relatives to make comments on the care they received and view their opinions. Residents meetings were held regularly. The meeting minutes showed people discussed what they wanted to do and suggestions for trips. People's views were also sought through questionnaires and from families. Comments were all positive with families praising the care provided at the home.

# Is the service responsive?

## Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person said, "I can do as I wish, nobody tells me what to do. I have my G&T and my wine in my room and can sit there with a drink in the evening." One person who liked to smoke cigarettes had been shown how to work the door so they could go in and out as they wished.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. One person said, "I looked around several in the area before I settled on this one. I liked the atmosphere and the friendliness as soon as I walked through the door." The registered manager confirmed they would only take a person into the home if they felt they could meet their needs. They confirmed the assessment would include the person as far as was possible, healthcare professionals and relatives involved in their care.

Following the initial assessment care plans were written with the person as far as possible. One staff member explained the care plans were being re-written in a different format to ensure they were completely person centred and provided sufficient information for staff to meet their needs. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. For example one person required stoma care, their care plan initially indicated they were able to manage this personally; however it gave staff guidance on how to support them. The care plan showed through reviews how it was identified that the person required more assistance from staff. This was clearly recorded and staff were able to explain how they would support the person. This meant staff responded to changes in people's needs.

The registered manager confirmed they had not previously had an activities programme in place. However recent discussions with people at resident meetings meant activities based on people's hobbies, interests and reminiscence had been introduced. These included pamper sessions, musical afternoons and a visiting professional who provided reminiscence sessions. Personal histories in people's care plans meant staff were aware of hobbies and interests. Discussion at a resident meeting

had been about what hobbies people had and what they would like to do. One person wanted to go to a cricket match whilst others mentioned flower arranging, cooking and pets. One staff member said, "We always do something in the afternoon, it is not written down as a planned session but we do what people want so it has more meaning at the time."

People were encouraged to maintain contact with the local community. The home had good links with the local school. People from the home had visited the school and the children had come to the home. They had completed a joint project called the Archie Project. This was a story about a scarecrow that developed dementia. This meant the children developed an awareness of dementia and people could talk to the children about their experiences. People judged a scarecrow competition when the children visited them. The registered manager said there were also plans for Christmas carols with the children visiting the home.

People were supported to maintain contact with friends and family. One person said, "I can see my friends and family anytime, nobody says when they can or cannot come." The registered manager confirmed relatives had been invited to join the monthly resident meeting. This meant people could be supported to express their opinions by a family member.

The registered manager sought people's feedback and took action to address issues raised. An annual questionnaire was sent to families and a survey in pictorial form was given to people in the home. People could indicate their feelings by ticking beside a smiling face with thumbs up or a sad face with thumbs down. Or if able to they could comment in more detail. Comments seen were complimentary about the care provided by the home. If any issues were raised an action was put in place. An overview of the outcome of the surveys was made available to people and their families with actions taken and any changes made.

Each person received a copy of the complaints policy when they moved into the home. One person said, "I know who to talk with and how to raise a complaint. I am more than happy to talk anything through without it becoming a big issue." The registered manager and care manager spoke with people on a daily basis and sought any feedback at

## Is the service responsive?

the time and took action to address issues raised. One person said, “You soon get to know the managers and they are all very approachable, I feel I could raise a concern with them if I needed to.”

There was clear documentation to show a complaint or concern had been received and how it had been managed.

Complaints had been dealt with promptly and included outcomes for the person as well as a record of what could be learnt. This showed the service listened to, acted on and learnt from any concerns raised.

# Is the service well-led?

## Our findings

People were supported by a team that was well led. The registered manager was supported by a care manager and small team of staff who all said there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice. Senior staff worked as part of their team which enabled them to monitor people's well-being on an on-going basis.

People and staff all told us the registered manager was always open and approachable. They felt they could talk to them at any time. One person said, "I know them all very well, The manager comes in and we can talk to them daily. The office door is never locked and nobody ever says wait a minute."

Everybody spoken with said they felt the service was well run. They all spoke highly of the way the service considered their needs before their own. One person said, "The staff are all really good, they appear to have a good relationship with the manager which is important."

The registered manager had a clear vision for the service. Their statement of purpose said, they aimed to provide a "Service that is driven by the needs and aspirations of our individual clients through listening to them." Staff said they knew how the manager felt about the way they provided care for people. One staff member who worked in both the agency and the care home said, "The manager speaks with us daily and the daily emphasis is on listening to people and providing the care they want as well as the care they need." Another staff member said, "The most important thing to do is take time to listen, especially when some people find it difficult to say what they are thinking."

There were quality assurance systems in place to monitor care, and plans for on-going improvements. Audits and checks were in place to monitor safety and quality of care.

If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Staff members confirmed they had attended staff meetings to discuss ways to improve the service and how they worked. For example the minutes of one staff meeting showed they had discussed confidentiality and documentation of care reviews.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. If a person was identified as having an increased risk of falling they were referred to the GP for assessment.

People were supported by a service in which, the registered manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff on a daily basis or at staff meetings/supervision. The home also encouraged staff to obtain further qualifications, for example one care worker was preparing to start the level three diploma in health and social care, whilst another was preparing to start the level two.

People were supported to share their views of the way the service was run. A customer satisfaction survey had been carried out and people were very complimentary about the care they received. The registered manager confirmed they planned to involve other stakeholders such as district nurse teams, GP's and social workers in future satisfaction surveys. Although staff surveys had not been carried out; staff said as they were such a small team they could feedback anything to the registered manager on a daily basis or at staff meetings.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.