

Woodlands of Woolley Limited

# Woodlands Residential Home

## Inspection report

Woolley Low Moor Lane  
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Tel: 01924830234

Date of inspection visit:  
18 July 2018

Date of publication:  
16 August 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Our unannounced inspection took place on 18 July 2018. At our last inspection in June 2017 we rated the service as 'requires improvement' overall. We did not identify any breaches of regulation, however we made two formal recommendations about records and training related to the Mental Capacity Act 2005 (MCA). At this inspection we found the registered manager had taken action to make the recommended improvements in this area.

Woodlands Residential Home 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. The care home can accommodate a maximum of 27 people in one building with two floors connected by a passenger lift. At the time of our inspection there were 18 people using the service. One person was in hospital on the day we visited.

There was a registered manager in post when we inspected. 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.

Medicines were stored appropriately, and records we looked at showed they were being administered as prescribed. We found some consistent issues with guidance for 'as and when' medicines and the recording of creams and lotions, however.

People told us they felt safe at the home, and we saw the environment was clean and well maintained. Work to ensure the safety of the electrical systems was in progress. There was appropriate adaptation to the premises to support people to find their way around the home, and people had access to the outside areas when they wished. However, we found some risk assessments relating to falls were not included in people's care plans,.

Staff were recruited safely, usually deployed in sufficient numbers, and they understood how to identify and report any concerns about potential abuse. Any accidents and incidents were investigated appropriately, however we found one accident had not been reported to us as required. There were systems in place to ensure staff remained effective in their roles, including an induction based on the care certificate, regular on-going training and formal and informal conversations with the registered manager.

People told us staff were caring and respectful, and our observations supported this. People were able to meet visitors in communal areas, their rooms or quiet rooms as they wished, and we saw visitors were made welcome. Care plans were written in ways which helped staff get to know people well, and we saw evidence which concluded there was no discrimination in the service. When people or their relatives raised complaints or concerns there were appropriate processes to ensure these were addressed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager had driven improvement in this area. We saw people also had good support in meeting their healthcare needs, including a weekly GP surgery held at the home.

There was good feedback about the food served at the home, including alternative choices when people wanted something not on the menu, and we saw mealtimes were supported to be relaxed and sociable. We found some improvements could be made to the records kept about what people ate and drank in order to ensure they were appropriately supported with hydration and nutrition.

People's needs were assessed when they began to use the service, and we observed a good handover at the start of the shift, however we found care plans had not always been kept up to date when these care and support needs had changed, which meant staff did not always have access to up to date guidance. People's wishes for end of life care were not always recorded.

There was good feedback about activities in the home, which were planned according to people's wishes each day. There were fundraising activities to support this programme, which included trips into the community and visits by local school pupils.

Quality and overall service delivery were monitored by an audit programme, however this had not always been effective. Issues which we have identified at this inspection were not picked up and addressed. We made a recommendation about the way in which audit activity was planned and the running of two key audits.

There was an inclusive culture in the home, and people, their relatives, and staff were able to influence decisions made about its running. The home had good links with the local community including with local councillors who attended meetings and supported the running of the home.

We identified two breaches of regulations relating to safe care and treatment and person-centred care. You can see what action we have told the provider to take at the end of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Stocks and storage of medicines were safe, however there was a lack of guidance to support the administration of 'as and when' medicines, and topical medicines were not well recorded.

We found not all risks associated with people's care and support were documented.

Staff were recruited safely and usually deployed in sufficient numbers, although we saw the calculation to match staff numbers to people's needs had not been updated for some time.

### Is the service effective?

**Good** ●

The service was effective.

The processes to assess and support people's ability to make specific decisions was improved and effective. People received good support with their healthcare needs.

People enjoyed the food, and we saw mealtimes were a pleasant and sociable occasion. Some records relating to food and fluid intake needed to be more developed, however.

Staff were supported to remain effective in their roles through training and supervision.

### Is the service caring?

**Good** ●

The service was caring.

We received good feedback about the caring and respectful nature of staff, which was supported by our observations made during the inspection.

There was no evidence of discrimination in the service.

People's likes, dislikes and life histories were included in their care plans.

### Is the service responsive?

The service was not always responsive.

Care plans were reviewed regularly, and staff had a handover at the start of each shift, however we found care plans did not always contain information about people's up to date care and support needs.

People told us there was plenty to do, and we saw there were regular opportunities to go into the community.

Any concerns or complaints raised were managed appropriately, and we saw people often sent in compliments about the service.

**Requires Improvement** 

### Is the service well-led?

The service was not always well-led.

The audit programme had not been sufficiently robust to identify issues with care plans and medicines management that were evident during the inspection.

The registered manager had developed an inclusive culture where people, relatives, and staff had a say in the running of the home.

**Requires Improvement** 

# Woodlands Residential 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.

Our unannounced inspection took place on 18 July 2018 and was conducted by two inspectors. Before the inspection we reviewed all the information we held about the service, including past inspection reports and notifications sent to us by the provider. Notifications are alerts about information the service is required to share with us by law. We also contacted other bodies including the local authority commissioning and safeguarding teams, West Yorkshire Fire and Rescue Service and Healthwatch to ask if they had any information we should be aware of. Healthwatch is a consumer champion that represents the views of people who use health and social care services in England. None of the bodies we contacted shared any information of concern.

We did not ask the provider to complete a provider information return (PIR) before this inspection. This is 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.

During the inspection we spent time in communal lounges, the dining room and checked the whole premises including some people's private rooms (with their permission), bathrooms and toilets. We looked at records including six care plans, four medicines administration records, two recruitment files and other documents relating to the running of the service. We spoke with the registered manager, deputy manager, cook and two members of care staff. We also spent time speaking with seven people who used the service and three visitors.

# Is the service safe?

## Our findings

At our last inspection in June 2017 we rated this key question as 'requires improvement'. We identified some errors in the records relating to medicines, and we concluded staffing levels at weekends needed review. We did not identify any breaches of regulations. At this inspection we found improvements had been made in stock control of medicines, however we identified other areas of medicines management which required improvement. Staffing levels at weekends had been revised, however some emerging issues with staffing in the afternoons were identified.

We made checks on stocks of medicines including controlled drugs, and found these matched the administration records. Controlled drugs require additional secure storage and recording, and we saw these were in place. The temperature of the medicines room was checked daily, and records showed it had remained at a safe level for the storage of medicines at all times. We saw this was also the case for the medicines fridge, although at the time of our inspection no medicines which required this additional storage were being held.

Some medicines are prescribed for 'as and when' use, and require additional documentation to support their use. This will contain information as to the symptoms which may indicate the medicine is needed, the expected result and what level or frequency of usage would require further input from the person's GPs. We did not find this documentation was always in place, however. For example, medicines prescribed to relieve episodes of agitation and chronic pain did not have any such guidance for staff to follow. One person had been prescribed a controlled drug to relieve discomfort and we found it had been administered only once in June 2018, the day after it had been received in stock. There was no evidence to show this had been offered or refused in the 25 days from this administration to the day of our inspection.

Where people had been prescribed creams and lotions to be applied to their skin, we found there was a lack of information for staff to refer to in order to ensure the safe use of these medicines. There were no body maps to show the areas to which they should be applied, and the medicines administration records stated simply 'use as directed'. One cream had been prescribed with the instruction 'apply to worst affected areas', however there was no guidance to enable staff to identify any changes in the person's skin condition and how this might look. We saw in another care plan the person had been prescribed creams to be applied to 'affected areas', but there was no guidance to indicate where these may be or what the appearance of the affected skin may be. We found a cream which had been prescribed in May 2018 in one person's room, and records showed this had been applied for one week only. This meant it should not have been in the person's room, meaning there was a risk it may have been applied in error after the first week. We asked the registered manager to remove it.

We found information relating to risks associated with people's care and support was not always complete. For example, two people whose care plans we reviewed had had a number of falls over the previous 12 months, however there was no falls risk assessment in place.

We concluded the above evidence showed the provider was in breach of Regulation 12 (Safe Care and

Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives we spoke with said they felt safe living at Woodlands Residential Home. Comments included, "I feel safe here," "Oh yes, safe," and "I have no worries that [name of person] is safe here."

We found people lived in a clean environment, with systems in place to ensure routine maintenance of the premises were recorded and actioned. We saw some stair carpet on the upper floor was lifting, which could have become a tripping hazard. We brought this to the attention of the registered manager during our inspection. We saw equipment was checked and serviced regularly to ensure its safety, however there was no electrical installation condition report to show regular checks had been made to certify the safety of the electrical system in the home. We saw a contractor had attended the home in May 2017 and had submitted a schedule of works which were to be completed before such certification could be provided. The registered manager asked their contractor to contact us after the inspection and we received confirmation by email that substantial works were due for completion within a short time frame, at which time a satisfactory certificate would be issued.

Recruitment continued to follow safe practice. We saw gaps in employment histories were explored at interview, and appropriate background checks remained in place to ensure staff were suitable for working with vulnerable people. These checks included asking for information from the Disclosure and Barring Service (DBS) and contacting former employers to ask for references. Staff we spoke with confirmed they had training in safeguarding people from abuse, and records we looked at confirmed this. Staff understood their responsibilities to report any concerns, and said the registered manager would investigate appropriately.

People told us they thought there were enough staff, and that requests for assistance were acted on in a reasonable length of time. We saw the registered manager was supported by a regional manager to complete an assessment of the number of staff needed to provide safe care, and that rotas matched this level of staffing. We saw this had not been updated for some time, however. We observed some occasions, for example when people were being supported to go to the dining room for their evening meal, when staffing numbers may have been too low. We raised this with the registered manager who told us they would ask for assistance to review the staffing levels at this time of day.

We saw there were reporting systems in place to ensure any accidents and incidents were recorded and reviewed by the registered manager, and there was evidence that there were processes in place to analyse these to identify any emerging themes or trends and take action as appropriate. We found one incident relating to a person breaking their hip had not been reported to the CQC as required. We asked the registered manager to submit this notification during our inspection.



# Is the service effective?

## Our findings

At our last inspection in June 2017 we rated this key question as 'requires improvement'. We did not identify any breaches of regulations, however we made a recommendation about improvements needed in the assessment and recording of people's capacity to make decisions and the training provided in this area. At this inspection we found action had been taken and we no longer had any concerns in this area.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The authorisation procedures for this in care homes and hospitals are 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 were being met.

We saw people's capacity to make specific decisions was well assessed and appropriately documented, with clear best interests decisions made involving appropriate other people where people lacked capacity in any given area. Where people lacked capacity to consent to restrictions such as residing at Woodlands Residential Home where the door was locked for safety, the registered manager had applied for DoLS. Where these had been authorised with conditions the provider had to meet, for example to keep care plans under review, we saw action was taken to ensure these conditions were met. The registered manager had processes in place to ensure re-applications were submitted before authorisations expired.

People were well supported with their healthcare needs. For example, a local GP held a surgery in the home each week, and we saw from minutes of meetings that people and their relatives valued this service and had a good relationship with the GP as a result. We also saw evidence people were supported to see other health and social care professionals including dentists, opticians, speech and language therapists and dieticians.

New staff were supported with an induction which included studying for the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff we spoke with told us there was on-going and refresher training which supported them to remain effective in their roles, and we saw the registered manager had a system in place to monitor when mandatory training such as that for moving and handling should be repeated. Staff also told us they had regular supervision and appraisal meetings, and could talk to the registered manager at any time if they needed any additional support.

We saw some adaptation to the premises had been made to support the needs of people who were living

there. For example, there was some directional signage and doors to bedrooms had a photograph of the person to assist people to identify their room independently. The registered manager told us they were in the process of photographing all the meals prepared in the home to enable them to provide pictorial menus to assist people for whom choosing between spoken options may have been challenging.

Some care plans we looked at showed people needed additional support to maintain healthy levels of hydration and nutrition, however we found there were no systems in place to monitor these intakes to ensure the correct action was being taken. For example, one care plan stated, 'needs to be offered plenty of fluid to prevent a UTI [urinary tract infection].' There was no guidance in the care plan to say what level of intake would be effective and no records had been kept to show how much fluid the person was taking each day. This meant the identified risks of poor hydration were not being monitored effectively. The registered manager told us they worked with dieticians and GPs where there were concerns about people's nutritional health, and used BMI measurements as an indicator of people's well-being in this area, however they confirmed they did not keep food intake records for anyone using the service. They told us they would make this improvement.

People told us they enjoyed the food served at Woodlands Residential Home, and we saw the service had been awarded a four-star rating for food hygiene by the Foods Standards Agency. This is the second highest award that can be made and demonstrated food was prepared and stored hygienically.

We spoke with the cook who told us they had a four-weekly menu plan and prepared alternatives for people if they did not want one of the planned options. One person we spoke with told us they liked to get up early and said, "They make me a bacon sandwich when I get up. Just for me."

We made observations during the lunch service. We saw people ate in a pleasant, relaxed and sociable environment with well-presented tables which were laid with tablecloths, condiments and flowers. People were asked if they wished to wear clothing protectors before their meal. People were served their meals at a relaxed pace and we saw the food looked and smelt appetising. We heard people make appreciative comments such as, "Oh, this is lovely," "It's right tasty," and "I like this."

We saw staff were attentive and discreet, asking people if they needed any assistance to eat their meals and offering both hot and cold drinks. When we spoke with staff we found they were knowledgeable about people's food and drink likes and dislikes. One person told us they chose not to eat meat, and said their dietary preferences were respected.

## Is the service caring?

### Our findings

We received consistently positive feedback about the caring nature of staff and people's experience of living in the home during our inspection. Comments included, "The staff are lovely and kind," "They are all very caring," "They made it very easy for [my relative] to settle in," "Lovely, they [staff] are always nice to people," and "It's very good here." A member of staff told us one thing they thought was good about the home was that, "[Staff] treat people like their family." We saw there was good feedback about the caring nature of the staff in the surveys sent out. Comments in these included, 'I feel like part of the family,' and "Everything is done perfect, just the way I like it."

Feedback from people was supported by our observations on the day. Throughout the inspection we saw staff were kind and respectful when speaking with people or providing assistance. We observed staff knocked on people's doors before entering bedrooms and were discreet and reassuring when offering support. We observed periods where there was a lively, homely atmosphere in the communal lounge, and visitors told us they could have some privacy when visiting their relatives, for example by using the conservatory if they wished.

We saw people looked comfortable and relaxed around staff, and when they received assistance, for example to transfer from a wheelchair to an armchair, we observed staff give discreet explanations, reassurance and encouragement. We saw visitors were greeted warmly and made to feel welcome. We saw people's bedrooms were clean and tidy, well decorated and personalised. A visitor we spoke with showed us how they had personalised their relative's room. They told us that although their relative did not use it, there was a lockable drawer in the room, should they or their family member wish to keep valuable or treasured items safe.

We spoke with the registered manager about how the service complied with the Equality Act 2010, and how they ensured people did not experience any difference in treatment, for example because of a disability, cultural background or sexuality. As a result of this conversation, and through our review of care records and observations we concluded discrimination was not a feature of the service.

Care plans were written in the first person, using phrases such as, 'how I make my wishes known,' and 'how I keep hydrated.' This is a caring way of presenting a rounded picture of a person rather than compiling a list of care and support needs. We saw there was information about people's life histories, important relationships and friendships, and interests and hobbies.

## Is the service responsive?

### Our findings

There was an assessment of people's needs carried out before they began using the service, which meant the provider ensured they could provide appropriate care and support. This assessment had been used to produce a series of care plans, however we found care plans had not always been updated to reflect people's current needs or support, despite a programme of regular review being in place.

For example, one person had begun to experience behaviours that challenged them and others, however their care plan did not reflect this or the support measures which had been put in place. When we visited the person's room we saw a sensor mat was in place, however the care plan contained no information about this. We saw another person had fallen eleven times over the last year, however there had been no update following the most recent falls in May 2018. Another person had recently had bowel surgery and had a stoma bag, however their care plan did not refer to this. We saw reference to this in the notes of the care plan review which gave staff the guidance to, 'change when needed.' This meant there was often a lack of up to date guidance to show how care and support specific to their needs should be provided.

We also found there was a lack of information about people's wishes for care at the end of their life. It is important to understand what these wishes may be at the earliest possible time during their residency in a home, as staff would need this information should the person begin to deteriorate suddenly.

We asked the registered manager about these findings. They told us they had been concentrating on the audit programme and had not had sufficient time to ensure care plans had been updated in a timely way. We concluded the provider was in breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed a handover at the start of our inspection. Staff starting their shift received an update on each person using the service, and any changes to their care and support needs. We saw the registered manager explained any health conditions to staff to assist their understanding of how to support people.

People told us there was plenty for them to do at the home. One relative told us, "[Name of person] has been out and about since they got here, they've taken people to the pub for a meal and they bought some jigsaws because [name of person] said they liked doing these when they arrived here." Another relative said, "Things are often going on. They go in the conservatory for activities sometimes, and they sit out in the garden. They have hats to give people to keep the sun off."

We spoke with the activities co-ordinator who told us they provided activities in response to what people told them they wanted to do each day, rather than write a weekly plan which people did not always want to follow. They told us they mixed activities in the home with those outside, for example going for picnics, walks and meals. They said these trips were accessible to everyone in the home as suitable transport was booked. There were fundraising activities in place to help pay for these activities, and we saw preparations in progress for the annual gala due to be held the weekend after our inspection. People's spiritual needs had been assessed and a Vicar attended monthly. We checked with the registered manager who told us no

one currently living at the home had faith needs which would not be met by this, for example being of another religion or faith group.

The home had developed good links with a local primary school, whose pupils visited regularly. We saw good feedback about this in the surveys which the registered manager had carried out about all aspects of the service. One person had said of the pupils' visits, 'It makes me feel loved.' A relative had responded, 'The visits from the local school is proving a hit.'

We saw there were appropriate processes in place to record and investigate complaints and concerns, with consideration given to whether there were any trends or themes in the feedback people gave. The complaints procedure was displayed in the home, and we saw people and relatives were asked in surveys and during meetings if they understood how to raise complaints. Most people said they would speak with the registered manager, and we saw prompt action was taken when relatives gave feedback that they were unsure about the procedure.

The service had received a large number of compliments from people and their families. Comments included, 'Keep on doing exactly what you are doing now,' and 'The staff are exceptionally caring and loving ladies who genuinely care for the residents.'

People had access to outside areas of the home, and we saw people whose safety would not be compromised were able to access this independently. There was some adaptation to the premises which was proportionate to the needs of the people who lived there, for example some directional signage to help people find the lounge and dining area independently, and people's names and pictures had been put on doors to help people find their bedrooms with minimal or no assistance.

## Is the service well-led?

### Our findings

At our last inspection in June 2017 we rated this key question as 'requires improvement'. We concluded systems in relation to the recording and management of people's capacity required further improvement. We did not identify any breaches of regulation. At this inspection we found improvements had been made to address the findings of our last inspection, however we identified some more areas where improvement was required.

We saw there was a range of audits and checks which were completed by the registered manager with the support of another registered manager from one of the provider's other homes. These covered areas such as medicines administration, care plans, and health and safety, and though we found some of these were effective, not all had enabled the registered manager to identify and act on issues such as those we identified during the course of our inspection. For example, care plans required updating and the management of medicines required more controls to be put in place. The registered manager told us the audit programme had taken up a large amount of their time, and the usual support had not always been available due to unavoidable absences. We recommended the audit programme be reviewed with a view to increasing the amount of delegation, and re-run to ensure all care plans and medicines management tools were in place and up to date.

The registered manager had built an inclusive culture in the home, evidenced by equality of opportunity in employment and a good level of inclusion of people, their relatives, and staff in the running of the home. There were regular meetings and surveys through which everyone was able to contribute their feedback and ideas both openly and confidentially, and we saw the registered manager took action when needed. These actions, for example included steps taken to increase awareness of the complaints processes, were publicised on noticeboards and followed up at subsequent meetings. This meant people could see how they had influenced the service.

We saw feedback in surveys showed a good level of satisfaction with the home and the experience of living there. We saw comments such as, 'We are very pleased with the care [name of person] has and is still receiving,' 'All seems very fair and well-organised,' and 'I would miss the staff if I were somewhere else.' Staff told us they thought people received a good standard of care, and that they were happy working at the service. One member of staff said, "The care people get is very good." Another staff member told us, "[Name of registered manager] is good. They listen."

There was evidence the registered manager had built successful links and worked in partnership with other bodies such as local schools, a GP practice and local government councillors who attended resident and relative meetings and were supporting some fundraising efforts. This had also enabled feedback from relatives about road safety in the immediate area of the home to be shared and acted on.

We asked the registered manager about whether anyone living at or working in the service required adaptations to documentation about or for them, as covered by the Accessible Information Standard. They

told us no one currently needed any such adaptations, for example larger print or easy-to-read formats. We found although they had met the standard, they had not been aware of it before our inspection. We provided them with a copy.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care plans did not always reflect people's up to date needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  There was a lack of documentation relating to 'as and when' medicines and topical medicines.  Some risk assessments were not in place.