Care Quality Commission

Denmax Limited
Woodland Villa Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on the 7 and 10 July 2015 and was unannounced. We last inspected the service on the 5 September 2014 and found no concerns.

Woodland Villa Care Home provides accommodation for people who require personal care and nursing for up to 53 older people and who may have a physical disability. On the day we visited there were 49 people residing at the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were safe and happy at Woodland Villa Care Home and were looked after by staff who were dedicated to their roles and treated them with kindness and respect. Staff knew how to keep people safe from harm and abuse. People's differences were celebrated and people were protected from harassment in relation to their identity.

Staff were recruited safely and underwent training to ensure they were able to carry out their role effectively. Staff were trained to meet people's specific needs. Staff

Summary of findings

promoted people's rights to be involved in planning and consenting to their care. Where people were not able to consent to their care, staff followed the Mental Capacity Act 2005. This meant people's human rights were upheld.

People felt in control of their care. People's medicines were administered safely and they had their nutritional and health needs met. People could see other health professionals as required. People had risk assessments in place so they could live safely at the service. These were clearly linked to people's care plans and staff training to ensure care met people's individual needs. People's care plans were written with them, were person centred and reflected how people wanted their care delivered. Staff were praised by other professionals due to their commitment to support people to remain independent and improve while in their care. People's end of life needs were planned with them. People were supported to end their life with dignity.

Activities were provided to keep people physically and mentally stimulated. People's faith and cultural needs were met.

There were clear systems of governance and leadership in place. The provider and registered manager ensured there were systems in place to measure the quality of the service. People, relatives and staff were involved in giving feedback on the service. Everyone felt they were listened to and any contribution they made was taken seriously. Regular audits checked to make sure aspects of the service were running well. Where issues were noted, action was taken to put this right.

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?

Good

The service was safe. People said they felt safe and were able to talk to staff about any concerns.

People were protected from harm by staff who understood their responsibility to identify and report abuse. People's right to live free from discrimination was promoted.

There were sufficient staff to meet people's needs who were recruited safely.

Risk assessments were in place to support people to live at the service safely. People were actively involved in managing their own risk assessment.

People's medicines were administered safely. Good infection control processes were followed.

Is the service effective?

Good

The service was effective. People were looked after by staff who were trained to meet their needs.

People had their right to consent to their care respected. People were assessed in line the Mental Capacity Act 2005.

People's nutritional needs were met.

People's health needs were met.

Is the service caring?

Good

The service was caring. People were looked after by staff who treated them with kindness and respect. Their dignity was protected at all times.

People felt in control of their care. Staff promoted people's right to have choice and maintain their independence for as long as possible.

People were supported at times of emotional need.

People had their end of life needs assessed. People were supported to end their lives with dignity.

Is the service responsive?

Good

The service was responsive. People had care plans in place which were personalised and reflected current needs. People were involved in planning their care.

Activities were provided to keep people physically and mentally stimulated. People's faith needs were met.

People knew who to complain to. People's concerns and complaints were acted on and investigated. Feedback was given and a complaint was only closed once the person was happy.

Is the service well-led?

Good

The service was well-led. There were clear systems of governance and leadership in place.

People and staff were involved in giving feedback about the service.

Summary of findings

There were systems in place to measure the quality of the service and lessons learnt were put in place to make the service better for everyone.

Woodland Villa Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 7 and 10 July 2015 and was unannounced.

Two inspectors, a specialist nurse and a pharmacist specialist advisor carried out the inspection. An expert-by-experience also took part in the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed records held by the Care Quality Commission (CQC) these included the notifications a provider is required to send to us to report specific events.

During the inspection we spoke with 14 people and eight visitors. We reviewed nine people's care records and spoke with them where we could. We reviewed 23 medicine administration records and observed how staff administered people's medicines. We observed and spoke with people at lunch on both days, as well as observing how staff assisted and supported people in the lounges and dining room.

We spoke with three health professionals during our time at the service. This included a GP, tissue viability nurse and physiotherapist.

We spoke with 10 staff and reviewed four personnel files. We reviewed staff supervision, appraisal and training records. We were supported during the inspection by the registered manager, provider and matron. We reviewed the records held by the registered manager and provider to maintain the quality of the service. This included feedback from staff and people about the service, a range of audits, policies and procedures and maintenance records.

Good

Is the service safe?

Our findings

People felt safe living at Woodland Villa Care Home. People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. Visitors also felt it was a safe place for their family to live.

People were looked after by staff who understood how to identify abuse and what action to take if they had any concerns. Staff said they would listen to people or explore if people's physically and emotions changed that may be a sign something was wrong. Staff would pass on concerns to the registered manager or matron. All staff felt action would be taken in respect of their concerns. Staff said they would take their concerns to external agencies, such as CQC, if they felt concerns were not being addressed.

The service actively celebrated differences in people. Staff promoted the acceptance of everyone and an understanding of different people's personal identity. People were safe regardless of their age, disability, gender, identity, race, religion, belief or sexual orientation.

Risk assessments were in place to support people to live safely at the service. People had risk assessments completed which were up to date. People were involved in measuring their own risk and in reviewing their own risk assessments. One staff member said they would not stop people doing what they wanted to do but would support them to understand any risks. They said; "We encourage people to be independent but try to keep people safe". People had individual risk assessments when there were needs associated with their health or mood which staff needed to be aware of. All risk assessments were clearly linked to people's care plans and the registered manager's review of staffing and staff training.

There were sufficient staff to meet people's needs safely. The registered manager had systems which were flexible to ensure staffing levels were maintained at a safe level. People told us there were enough staff. Prior to the inspection, CQC had received information that there were not enough staff to meet people's needs. Following communication with CQC the registered manager reviewed staffing numbers and reorganised staff to respond to call bells and meet needs more effectively. We observed that all bells were responded to quickly and staff were visible in the lounge areas throughout both days we were at the service. Staff told us there enough staff. Also, staff stated the registered manager and matron would deliver care if cover for sickness could not be found quickly.

Staff were recruited safely. The registered manager ensured staff had the necessary checks in place to work with vulnerable people before they started in their role. All prospective staff completed an application and interview. In this process their attitude and values were assessed alongside any previous experience. Staff underwent a probationary period to ensure they continued to be suitable to carry out their role.

People's medicines were administered safely. Everyone we spoke with told us their medicines were administered on time and as they would like. One person told us: "My medicines are like clockwork". Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. There was an issue that staff signatures were not distinct enough to ensure if there were any concerns individual staff competency could be checked. This was addressed straight away. An audit was completed by a local pharmacist on the 24th June 2015 which highlighted the service medicines policy needed updating to include the latest recommendations from national guidance. This was being addressed. Medicines were locked away as appropriate and where refrigeration was required temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Body charts were used to indicate the precise area creams should be placed and contained information to inform staff of the frequency at which they should be applied. Staff were knowledgeable with regards people's individual's needs related to medicines.

The service followed infection control policies. We observed hand washing facilities were available for staff around the service. Staff were provided with gloves and aprons. Staff were trained to follow good infection control techniques. Staff explained the importance of infection control practices and how they applied this in their work. There were clear policies and practices in place and the registered manager ensured appropriate contracts were in place to remove clinical and domestic waste.

Good

Is the service effective?

Our findings

People felt staff were well trained and able to meet their needs. Comments we received included: "There are frequent in-house training sessions. The staff are well trained especially the nurses who are very, very good" and, "Yes and they are very efficient".

The registered manager had systems in place to ensure all staff were trained in the areas identified by them as mandatory subjects. A member of staff was employed part time to manage staff training and help ensure all staff completed the necessary training. They were trained as a trainer for specific areas and worked with other training providers to ensure all training was accredited. This included manual handling; safeguarding vulnerable adults, infection control; mental capacity act and deprivation of liberty training and medicines management. Staff were also trained in areas to meet specific needs of people living at the service. For example, training in supporting people with dementia.

Training was not only seen as a staff only activity. A visitor told us: "I was invited to a staff training course on dementia which I found very informative. I was asked to share my experience of living with someone with dementia and the staff said they found this helpful for them".

Staff were positive about training and how this supported them to look after people. All the staff commented they had enough training to carry out their role effectively. Staff told us they were informed and trained in meeting people's individual needs. One staff member said: "I have all the training I need". They said they had mandatory training and other training as required.

All staff were supervised and appraised to ensure they continued to reflect on their personal and professional development. The training co-ordinator also checked on staff competency which was then discussed in supervision. Staff told us there were informal processes in place for them to seek immediate guidance and support from the registered manager and matron as required.

People said new staff were introduced to them and always worked with a more experienced staff member before working on their own. One staff member told us: "New staff may not have experience and may need to be guided all of the time; we need to teach them and show them" adding, they enjoyed orientating new staff. All new staff underwent a detailed induction programme. This included the initial mandatory training so they were quickly able to deliver care with up to date knowledge. Each new member of staff had regular supervision and their competency checked. Extra support and guidance was offered as required. The training co-ordinator was aware of the Care Certificate and reviewing how to introduce this for all new staff.

Everyone confirmed they were asked for their consent before care was delivered. For people unable to give consent, the registered manager and staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how they applied this in practice. The service had involved the IMCA (Independent Mental Capacity Advocate) to support people through the process as required. 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. People's records contained consent to care forms which were signed by the person or their representative. Individual, specific capacity assessments were in place for people who required them. For example, one person required a capacity assessment due to living with dementia which had recently advanced. The capacity assessment clearly detailed who had been involved in the assessment and detailed what the person could still consent to and how staff were to act in the person's best interest.

One staff member told us how they anticipated the needs of people living with dementia who could not verbalise. If there were concerns about the person's capacity to consent the person's GP would be contacted, they would observe, monitor and keep the GP informed. For example, if a person refused their medicines the GP would be contacted and asked to review the person.

Fifteen DoLS applications had been submitted to the local authority and were awaiting approval by the designated person. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. The decision making was clearly recorded and staff continued to support people to have as much freedom as possible while being mindful of their duty of care.

People had their nutritional needs met. People's special dietary needs were catered for. Whenever there was a concern about people's weight or fluid intake this was

Good

Is the service effective?

carefully tracked and action taken, to ensure people's needs were met. Referrals were made to the person's GP and other health professionals as required. Where food supplements were recommended, these were given and clearly recorded.

People were asked each day what they would like to eat and people were able to change their mind at each meal. People were happy with the portion sizes and could have more of any course. The food arrived hot and staff supported people to eat as required and in a manner that was appropriate. People told us: "The food is very good and the chef excellent. Can't fault the food, we always have a choice. If you want a snack you only have to ask"; "If I want a cooked breakfast I can have one as long as I order it the previous day"; "The food is so much better than when I was in hospital"; "I get on very well with the food" and, "The food is very good, all the meals are very nice, I like the variety they give".

The chef was very knowledgeable and there was clear communication about people's needs from the registered manager and matron to ensure people's food was prepared in line with their assessed needs. The chef was passionate about making sure people received the food they desired. For example, two people liked a specific pasty from one shop in Plymouth which was provided as desired. People were visited by the chef as soon as they moved in and people had regular opportunities to suggest changes to the menu. People's cultural needs were catered for with specific food prepared or bought into meet this need. When a person was unable to say what they would like to eat because of difficulties with communication, their family was asked for ideas and suggestions.

Drinks of juice and water were available around the home and in people's rooms. These were refreshed often. The inspection took place during a hot part of the year. Each person had a specific 'heatwave care plan' on their records. Staff were observed encouraging people to drink extra fluids. Extra tea and coffee rounds were arranged to support this. People who required assistance with drinking were supported by staff.

People had their health needs met. Everyone told us they were totally satisfied with how their health needs were met and expressed confidence their GP would be called without delay. People said staff explained their health needs to them. One person told us staff had explained the suggested treatment in "lay terms" so they could understand. Staff worked with health and social care professionals to ensure people's current needs were being met. For example, there was evidence of good liaison with the specialist practitioners on diabetes, tissue viability, GPs and the staff of the Crisis team. Individual professionals involved in people's care had written in people's records regarding their visit and recorded any recommendations. The recordings by staff demonstrated this was then followed carefully. The health professionals we spoke with were positive about the service and their ability to meet people's needs. All professionals stated staff were knowledgeable about people's needs and explained staff would refer people appropriately so that people's needs were assessed without delay.

Good

Is the service caring?

Our findings

People told us they were happy with the atmosphere at the home, which they found to be open and friendly. We observed the atmosphere in the service to be relaxed and appeared unhurried. All staff were extremely polite and welcoming to people and visitors. Staff walked through the lounges often and stopped to have conversations with people. People were observed talking to each other and appropriate humour was heard between people and staff. A visitor said: "The atmosphere is good and the staff really care. I see good teamwork and excellent cascading of information" and another visitor said: "The atmosphere is light and nice and friendly".

People spoke well of the staff with comments including: "The staff are very good, no shouting here, they are very patient", "The staff are kind and compassionate and also 'jokey' so we have a laugh" and, " The staff are very good, all of them". Visitors confirmed that they had never witnessed any shouting or bullying by the staff. One visitor told us: "Staff are lovely and have never seen them change. They are always patient, kind and caring. They are also courteous with appropriate humour when required."

Other relatives commented: "It's very good here"; "I considered seven other homes for my mother and chose this one. I have no regrets"; "They are very kind here and look after mum very well. They also look after me"; "The home has recognised that my mother needs a recognisable routine each day that is closely followed, and this is what happens" and, "It is homely here. The owner visits for several days each week and stops and talks to residents and joins in birthday celebrations".

Staff spoke to people with respectful tones and with kindness. We heard staff speaking to people by their desired name or title which reflected people's chosen way to be addressed. People were satisfied staff always respected their dignity. People told us staff knocked on bedroom doors before entering and also closed curtains and doors at times of personal care. One staff member said they would knock on the door and ask what the person wanted to do. That is, get up or stay in bed for longer and respect if the person said it was not the right time. Another staff member told us they knocked on the person's door and would assist as required. They said: "We encourage people to do as much as possible; we close doors and curtains and cover people with a blanket and offer people choices". We observed staff offered care discreetly to people who were sat in the lounge. For example, people were supported to go to the toilet in a manner that meant other people were unaware.

People felt in control of their care and able to choose how they wanted staff to meet their needs. One person said: "The staff are wonderful and encourage me all the time." People said staff took time to listen to them. All staff stressed it was important people had all the control over their care they could and were able to remain as independent as possible for as long as they could.

The health professionals we spoke with said staff invested time in people's emotional needs which they stated generally meant they saw an improvement in people's overall physical welfare and life expectancy. One visitor told us that due to the efforts of staff to address their relative's health needs they had seen an improvement in their relative's emotional health, and ability to do things for themselves.

We observed one person became upset and distressed on learning their friend had died. A staff member responded quickly to this offering them support and time to talk about their memories of their friend. Other staff supported the situation by providing a cup of tea and spoke reassuring words. Other staff supported the first staff member so they had time to give to the person by taking over their tasks. At different times of the rest of the day staff offered the person kind words and their time to ensure they were alright.

People had their end of life needs assessed. Staff were trained to support people to end their live with dignity. This support was extended to family and friends. A recent internal audit had recommended staff review the end of life planning for people and their family. This has been discussed at a recent residents' meeting and explained to people and their family how this was going to be addressed. New forms had been developed which were in the process of being completed with people and their families. The forms we saw completed were comprehensive in addressing how people would like their end of life needs addressed. One person sadly died while were at the service. The family wanted to tell us the staff had called them quickly and supported them to spend time with their relative. Staff had offered them emotional support and refreshments during this time. Pain relief had been given to ensure the person was comfortable and died with dignity with their loved ones with them.

Good

Is the service responsive?

Our findings

People told us they were aware of their care plans and felt familiar with the content. All of the relatives said they had been involved in discussions around their relative's care, support and welfare. One visitor told us: "The staff are great. They keep me up to date and answer any and every question I have. All the paperwork is made available as needed."

The service took both planned and emergency admissions. People underwent a thorough pre or on admission assessment and quickly had care plans in place which reflected their needs at that time. The registered manager ensured people's admission to the service was as seamless as possible. For example, staff were briefed, people's dietary needs were catered for and prescriptions ordered to ensure people received their medicines as prescribed. People and family were also supported to personalise rooms with familiar items and photographs. People were allocated and introduced to a keyworker so they had a familiar face and name they could relate to.

People were supported by care plans and records which were personalised. People's routines were built into their care plan to support them to be able to live as close to their home life as they could. For example, one person's care plan detailed they liked to be given a cup of tea when they woke up and the person confirmed with us that this took place. Family were closely involved in passing on information about people and how to look after their loved ones. One relative told us: "I made a suggestion to improve the care given to my wife and this was taken on board and sorted".

Staff were very knowledgeable of all the people and their needs. They described people's needs in an accurate and informed manner. People's changing needs were reassessed and reviewed as necessary. As people either deteriorated or improved, their care plans were updated. When people were staying at the service for rehabilitation staff worked with the person, family and professionals to deliver the necessary care to support people to improve and reach their goals. Professionals told us they had nothing but praise for the effort staff put in to support people to rehabilitate. One relative told us they had been worried their relative would not come home with them. They told us their fears had been put to one side and they were impressed with the time staff supported their wife to improve. They added: "She has improved amazingly since she came in" and was looking forward to planning their return home.

Activities were provided to keep people physically and mentally stimulated. Activities were provided to support rehabilitation and to encourage people to socialise. The service employed an activities co-ordinator. They organised a wide variety of events including seasonal craft, word games, quizzes, reminiscence sessions and film shows. There were also one to one sessions with people who preferred to remain in their bedrooms. Visiting entertainers provided musical sessions and dance fit. We observed one person living with dementia had become agitated which was recognised by staff who requested the activity co-ordinator arrange an activity for them. Chair skittles was organised and all present were supported to take part. There was a lot of cheering and encouragement among people and from staff. The person who was agitated was now smiling, laughing and heard saying "thank you" to everyone. Their mood was observed to be lifted throughout the rest of the day.

Along with people's birthdays all staff and people's cultures and identities were celebrated. People and staff were supported to learn about and understand different cultures. For example, different countries New Year Days were celebrated with food. All faiths were also recognised and celebrated. People were encouraged to maintain their faith and support was put in place to ensure this took place.

People said they knew who to complain to and how. One person told us they made a complaint and said it had been dealt with to their satisfaction The service had a complaints policy in place. Staff were encouraged to pick up on smaller issues people had so they could be resolved quickly. For example, missing laundry items were raised as an issue. This was picked up and looked at quickly so the missing items could be located and given back to people quickly. Where formal complaints had been made we saw this was carefully investigated and people received feedback to ensure they were happy, before their complaint was closed. Where the complaint raised an issue that could affect others the registered manager and matron reviewed policy and practice in order to make a positive change for everyone.

Good

Is the service well-led?

Our findings

Woodland Villa Care Home was owned and run by Denmax Limited. Denmax Limited owned two care services for older people in England. There was a nominated individual in place who was also the provider. The nominated individual is someone that takes the responsibility of making decisions at the provider level. There was clear evidence of the involvement of the nominated individual in the monitoring of the service. They visited the service weekly and completed monthly audits of the service to ensure it was running along expected lines. Locally, there was a management structure led by the registered manager. There was a matron in place who took the lead in relation to the clinical care of people in the service.

People and staff identified both the registered manager and matron were the people who were in charge. People also told us the provider visited weekly and would speak to them. People, staff and visitors were all complimentary about the way the service was run. We observed the registered manager, matron and provider were visible around the service and interacted with people and asked if they were alright or had any needs.

People and their relatives were involved in giving feedback about the service. There were regular residents' meetings which people and their relatives attended along with staff. Relatives said they valued these meeting and believed management took note of what was said, and then implemented suggestions, such as changes to the menu. People and their relatives were also requested to fill in questionnaires about their experience of the service. The feedback we saw was very positive. When concerns had been raised these had been addressed.

There were regular staff meetings and informal opportunities for staff to suggest how the service could be improved. Staff told us they felt valued by the provider, registered manager and matron. All staff told us management cared about their emotional and 'outside work life'. There was a general ethos that if the staff were well looked after, and then care was always good. Staff told us they found management approachable and could discuss both personal and professional concerns. For example, two staff told us their shifts had been amended so they could fulfil personal responsibilities. One staff member said: "We work well as a team; we cover for each other and look after each other. Quite a few people have been here a long time" and another, "The staff and the boss are really friendly here we always help each other that is why I can't leave; the owner is as good as gold, always there for you".

The registered manager had a number of audits in place to ensure the local running of the service was meeting her expected high quality of care. There was no system in place where they looked at a few of the care plans each month to ensure they flowed; matron and other staff were reviewing aspects of the care plans but no one was ensuring the overall quality of the care plans. This was put in place by the time the inspection was completed. Medicines, falls and skin breakdown issues were carefully reviewed with any lessons learnt implemented.

There was a regular audit of the building and equipment led by the provider who showed they had a refurbishment programme in place.