

Hampshire County Council

Woodcot Lodge

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Woodcot Lodge is a care home registered to provide personal and nursing care for up to 85 people. The home is for people who require a short assessment of needs period when discharged from hospital prior to being returned to their own home or transferred to another care setting. At the time of this inspection there were 57 people in the service.

People's experience of using this service and what we found

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after the required checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

The home was generally clean and well maintained. However, we identified some areas which required attention. The registered manager told us these areas were being addressed in their development plan.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. 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 support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

We spent time observing staff interacting with people who used the service and found they were kind and caring. People's relatives we spoke with spoke highly of the care and support their family member received.

The registered manager responded to complaints received in a timely manner. People were supported to make plans for the end of their life. The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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

Rating at last inspection

This service was registered with us on 15 June 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels in the home, infection control, poor communication and attention to personal hygiene. A decision was made for us to inspect and

examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the full report which details our findings.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

Details are in our safe findings below.

Is the service effective?

Good ●

Details are in our effective findings below.

Is the service caring?

Good ●

Details are in our caring findings below.

Is the service responsive?

Good ●

Details are in our responsive findings below.

Is the service well-led?

Good ●

Details are in our well-Led findings below.

Woodcot Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by three inspectors, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Woodcot Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and 17 relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, registered manager, registered nurses, senior care workers, care workers, the chef and maintenance manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at eight files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- A relative said, "There always seem to be enough staff, and I see the same ones each visit, they know me by name."
- People told us there was enough staff. One person said, "The staff pop in and see me and if I need them, I can use my buzzer."
- There was a consistent staff team at the service. The registered manager told us they were developing the staff team and recruiting new staff as needed.
- Staff told us they worked well as a team and there was enough staff on each shift. One member of staff said, "There is always support available to us from the clinical leads if we are unsure of anything."
- There was an effective recruitment process in place, and staff recruited were suitable for the role they were employed for.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- A relative said "My relative is safe, (relative) is very on the ball and would soon tell me if there was any form of abuse".
- There was a safeguarding policy and procedure in place. Staff had received training which included, how to protect people from harm and abuse.
- The registered manager was knowledgeable about their responsibility to safeguard people from abuse.
- Staff we spoke with told us they felt able to speak to management if they had concerns and they would be listened to and actioned.

Assessing risk, safety monitoring and management

- The provider and the registered manager ensured that risk assessments and risk management plans were in place.
- Assessments were in place for each person and these ensured care plans met people's needs and risks. Assessments were completed before and after admission so the team knew they could meet assessed risks and needs.
- Staff understood when people required support to reduce the risk of avoidable harm. Care plans contained detailed explanations of the control measures for staff to follow to keep people safe.
- Risks assessments had been completed, where required. Completed risk assessments detailed guidance for staff to help them identify possible triggers and actions they needed to take, to reduce risks to people. For example, for people who were at risk of falls, there was clear, detailed and up to date information for staff to follow. Detailed risk assessments were also in place in relation to people's specific health needs including, for people who were prescribed blood thinning medicine, people at risk of choking and for those people who were diabetic.
- Other risk assessments in place included areas such as, moving and positioning, skin integrity, medicines management and the use of bed rails.

Using medicines safely

- People were supported to take their medicines in a safe way.
- A relative said, "Sometimes I see the afternoon medicines being given and they are always on time and the staff explain what the medicine is they are giving."
- Staff we spoke with were knowledgeable on how to support people to take their medicines and had their competency regularly checked. We observed a medicine round and saw staff speak kindly with people and explain what the medicine was for.
- People who had medicines prescribed, 'as and when required', such as pain relief, protocols were in place and relevant documentation was being completed.
- Medicines were being stored, checked and disposed of in line with current guidance.

Learning lessons when things go wrong

- The registered manager had systems in place to monitor accidents, incidents, safeguarding and falls. They did a monthly analysis of information and shared lessons learned with staff during meetings, daily handovers.
- Accidents and incidents were appropriately reported and recorded. An electronic system allowed an overview of live and detailed analysis to demonstrate any trends or repeat incidents.
- Prompt action was taken by the management team to investigate any accidents and incidents. The management team gave us examples where they had identified risks to people and taken action to reduce those risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and care plans developed by the management team. Care plans contained information about people's physical and emotional needs and preferences and choice were considered and reflected in these.
- People and relatives confirmed personal choices were respected. A relative said, "Staff offer (relative) choice, in small things, sometimes I am on the phone and I hear them come in and offer choices."
- The home had ensured people could have visitors as soon as Government advice had deemed it safe to do so. The management team had kept up to date with safe visiting practice.
- Arrangements had been made for people to see visitors either outside in the gardens, in an indoor screened visitor pod or inside the home in a designated room where people could hold hands.

Staff support: induction, training, skills and experience

- Staff received a programme of induction, training and ongoing supervision.
- Staff spoke positively about the induction and training programme. One member of staff said, "There is plenty of training and if you ask for additional information, they will arrange additional training. There have been opportunities to develop in my role." Another member of staff spoke about induction and told us, "I got to shadow for a couple of weeks. They explained systems really well."
- The service worked closely with the local authority and health teams to source additional, specific staff training. A nurse told us how the management had supported her to complete training to obtain her personal identification number to enable her to practice as a registered nurse.

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

- People were supported to maintain a balanced diet. There was an agency chef on duty at the home and people were complimentary about the food. The registered manager set a vision for 2021 to enhance the catering and dining experience for people, a new catering manager had been employed and recruitment for permanent chefs were underway. Survey's evidenced positive feedback on people's dining experience.
- One person told us, "The food is good there is a choice of what to eat, staff bring around a menu for us to choose."
- If people had specific dietary needs these were catered for such as, diabetic diet or soft diet for swallowing difficulties. If people needed support with hydration, staff monitored this on fluid balance charts, charts we saw were complete and up to date.
- Staff monitored people's weight and if there were concerns people were referred to the GP for review.

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

healthier lives, access healthcare services and support

- People were supported to access a wide range of health care professionals and people received timely care and treatment.
- Staff had ensured requests for medical attention and relevant referrals to health professionals had been made if they had any concerns and to ensure people received attention when they needed it. Examples of these referrals included, speech and language therapy (SALT), nutrition and nursing team, Physiotherapy, occupational therapy.
- A GP conducted a weekly home round in addition to visits made when someone was unwell.
- People were assisted to access external appointments, such as visits to the hospital.

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

- A relative said, "The room was lovely and the staff members we saw were wearing all the PPE as were we for the visits."
- The home was clean and tidy and free from clutter. People had their own bedrooms with ensuite facilities, which helped to ensure their privacy and dignity was maintained.
- Adaptations had been made to the home to meet the needs of people living there; for example, a passenger lift connected the upper and lower floors of the building, corridors were sufficiently wide to accommodate wheelchairs and handrails were in place.
- The home was purpose built and benefitted from good mobility access inside and outside the home. Doors and corridors were wide, and floors were even to provide easy wheelchair access.
- There was a development plan in place that identified improvements planned in the home to improve the environment for people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people had been assessed as needing an authorisation to deprive them of their liberty to keep them safe, the management team had a tracker document in place to monitor applications and conditions.
- Staff assessed people's capacity and involved relevant individuals in decisions as needed.
- Staff sought consent from people before providing support to them. We observed staff spoke respectfully to people and respected people's decisions and choices

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people in a kind, caring and respectful way. People enjoyed laughing and joking with the staff.
- The service focused on promoting positive outcomes for people. Staff were positive about what people could achieve. They provided personalised care to people to remove barriers to their ability to succeed. The registered manager told us they were arranging ladder assessments for a person who lived on a boat and wanted to return home, assessments would assess if the person would be safe at home.
- The registered manager had gathered information about people's backgrounds, needs and preferences. Staff supported people taking account of their emotional, psychological and physical needs. Staff knew people well and knew the things that were important to them. They spoke with people about their interests and knew how to support people if they became anxious.

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

- People were supported to express themselves and were involved in decision making.
- A relative said, "The communication has been excellent, I had a phone call the day (relative) arrived and they facilitated a call from my (relative) the next day, the Physio has been in touch to arrange a family session and overall I am pleased with the progress that is being made. (Relative) likes the staff."
- We met people who were able to discuss their experience of living in the home. They told us they were consulted, and their views taken into consideration.
- People were consulted on menus. People were involved in their care planning wherever possible. When people were living with dementia, families were appropriately involved in decision making.
- Weekly multi-disciplinary team meetings take place involving the registered manager, clinical leads, social worker, physiotherapist and occupational therapist and family when appropriate to discuss progress made during the week and plans for future care needs and placements.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. Staff were respectful and friendly to people. They worked with people and treated people as equal partners in their support.
- Staff knocked on doors to private areas and waited for people to give consent before entering their rooms.
- People were supported to gain further skills to increase their independence. Staff praised people's efforts and achievements and people were encouraged to take pride in their accomplishments.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place, however, on day one of the inspection inspectors identified some of these plans did not include robust information in relation to epilepsy and diabetes should staff need guidance to support these people. This was discussed with the registered manager and area manager who took immediate action to address this. On day two of the inspection care plans were more detailed and epilepsy and diabetes care plans contained more detailed information.
- For people who had specific needs, such as catheter care, their care plans contained appropriate information to ensure staff could safely support them. People's diverse needs had been taken into consideration and information was provided to staff on how to support them to meet these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the time of the inspection there was no one in the home that required specific formats to help them understand information, for example braille. The registered manager understood their responsibility to provide information in other formats if they were to support someone who required this.
- People had communication care plans in place which provided guidance to staff on how best to speak with people. For example, where the use of PPE, particularly masks, impacted people's ability to communicate, plans emphasised the need for staff to speak clearly and use non-verbal communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A relative said, "Staff, they are very kind, they have a joke with my (relative) but are still respectful, it was our diamond wedding anniversary yesterday and they decorated my (relatives') room and made the day very special."
- People were supported to take part in activities and maintain relationships that were important to them, during this inspection communal activities were not being carried out due to people isolating after discharge from hospital.
- The home had family liaison staff who organised activities for people in their room, arranged visiting and ensured people were able to communicate with their family. They were dedicated and passionate about their role.

Improving care quality in response to complaints or concerns

- "My relative is very well cared for, they respond to enquiries (telephone or email) within a very short time period normally within about 20 minutes. Messages are passed on efficiently. All queries are dealt with kindly. They make my relative and my concerns seem so important to them. I always feel valued and feel that my Dad is just as valued also."
- The home had received some complaints and concerns. We saw evidence they were responded to appropriately.
- The registered manager had a tracker in place to ensure they were responding to concerns in line with the providers complaints policy. We saw an example of an upheld complaint which led to a new process being implemented to improve the quality of care and communication.

End of life care and support

- The home had an end of life policy in place which emphasised the need for personalised care, dignity and respect for people when they are nearing the end of their life. It provided guidance for staff and prompted them to look at people's personalised end of life care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a person-centred, open and empowering culture.
- People were able to speak up and were relaxed and happy in the home. People's comments included, "It's all good here", and "It's a happy place and I feel at home."
- The registered manager was positive, highly motivated and led the team by example. The staff we met were positive and enthusiastic about their work. Individual needs and wishes were given full consideration. Staff spoke about how they had supported each other and stayed positive. A staff member told us, "We kept going and made sure the residents were okay despite the pandemic."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open with people and relatives when incidents occurred.
- The registered manager understood their responsibility to notify relevant agencies, such as CQC (Care Quality Commission) and safeguarding, to inform them about certain events.
- Relatives told us they were informed promptly and then kept updated whenever any incidents had occurred.

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

- The staff team were clear about roles and responsibilities and worked together to lessen risk and give good quality care.
- The registered manager was suitably qualified and experienced. She was fully aware of the legislation and could interpret it in the day to day management of the home. She was supported by a senior team and by the provider. The area manager visited regularly and came to the home on the day of the inspection to discuss their future plans.
- The home had a quality assurance system. This included completing audits, analysing questionnaires, holding meetings and listening to individual views. The provider and the registered manager used these to develop future plans for the home.

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

- A relative said, "Staff treat my relative with the utmost kindness, they doesn't hear well so staff get close

and call her by name and then have a conversation without any shouting."

- People who used the service, their relatives and staff, were involved in the home and their views and opinions mattered. Regular quality questionnaires and telephone meetings were used to gain people's views.

Continuous learning and improving care

- The staff team worked to improve care by continuous learning and review of the way the service operated.
- The providers visited the home on a regular basis and spent time in discussion with the senior team about how to improve the delivery of care and services. Staff told us, "We have regular meeting with managers who update us on future developments and improvements to the service, we are always well informed."
- The registered manager and area manager told us they are moving assessment and care planning to an electronic system.

Working in partnership with others

- The home had developed good working relationships with health and social care providers and other local services to aid joined up care provision.
- The staff team worked well with the local health teams and liaised with hospitals.
- A social care professional told us, "I have always been impressed by the service provided by Woodcot Lodge care home and have continued to have positive feedback from residents and their families who have moved into another care home or returned home from Woodcot Lodge."