The Society of Friends

Woodlands Quaker Care Home

Inspection report

434 Penn Road
Wolverhampton
West Midlands
WV4 4DH

Tel: 01902341203
Website: www.woodlandsquakerhome.org

Date of inspection visit:
21 August 2018
22 August 2018

Date of publication:
02 October 2018

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

We carried out this unannounced inspection on 21 and 22 August 2018. Woodlands Quaker Care Home is a care home without nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The inspection was prompted in part by a notification of an incident which raised concern about staffs understanding of Cardiopulmonary Resuscitation (CPR) and when this should be used. This inspection examined those risks.

Woodlands Quaker is a residential home that provides personal care and accommodation for up to 44 older people. The service accommodates up to 35 people in the 'Main House' and up to 9 people in a self-contained unit called 'The Spinney'. The Spinney accommodates people with higher levels of dependency, most of whom are living with dementia. At the time of the inspection there were 44 people living at the service.

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

Staff understood their responsibility to report any concerns and were aware of the action to take if they suspected abuse had occurred. People were supported to manage their risks by staff who were aware of the need to protect people from avoidable harm. There were sufficient numbers of staff available to meet people's care and support needs. The provider recruited staff safely. People received their medicines as prescribed. The environment was well maintained and clean. Systems were in place to monitor infection control.

Staff had the knowledge and skills required to provide effective care. People's care needs had been assessed and they were involved in the development of their care records. People were asked for their consent before care was provided and their decisions were respected. People's capacity to make decisions had been assessed and staff understood the principles of the Mental Capacity Act. Staff ensured people had enough food and drink and received support from relevant healthcare professionals when required.

People received support from kind and caring staff. People were encouraged to make their own choices and decisions. People were supported to maintain their independence and staff supported people in a way that respected their privacy and dignity.

People were involved in the planning and review of their care and care records were reflective of their needs. Information about changes to people's care needs was shared with staff to ensure people continued to

receive the support required. People had access to a wide range of activities and hobbies which met their individual interests. People knew who to contact if they were unhappy about any aspect of their care. The provider had systems in place to manage complaints effectively.

People felt the service was well-led and said they were happy with the care they received. People and staff felt confident to share their ideas and the registered manager used these to make improvements. There were effective quality audit systems in place to monitor the quality of service people received.

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 were protected from harm because staff understood their responsibilities to keep people safe. Risks to people were assessed, monitored and managed. People told us there were sufficient numbers of staff to meet their needs. People received their medicines as prescribed. Infection control processes were followed to prevent the spread of infection.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge to meet their needs. People were asked for their consent before receiving care or support. People were supported to maintain a balanced diet and to access healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and who knew their individual preferences. People were supported to maintain their independence and were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's preferences were understood by staff and care records were reflective of people's needs. People were encouraged to follow their individual interests and hobbies. People knew how to complain if they were unhappy with the service they received. The provider had an effective complaints process in place to manage and investigate concerns.

Is the service well-led?

Good

The service was well-led.

People and staff told us the service was well-led and the

registered manager was approachable. Staff felt supported in their roles. There were effective systems in place to monitor the quality of service people received and this was used to make improvements when required.

Woodlands Quaker 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 was prompted in part by a notification of an incident which raised concerns about staffs understanding of Cardiopulmonary Resuscitation (CPR) and when this should be used. This inspection examined those risks. As part of the inspection we also looked at the information we held about the service. This included statutory notifications that had been submitted. Statutory notifications include information about certain events which the provider is required to send us by law. We also contacted the local authority for information they held about the service. The registered manager had also completed and returned a Pre-Inspection Record (PIR). This contained information describing how the registered manager thought the service was meeting people's needs and the requirements of the law. This helped us plan our inspection.

On the first day of the inspection the inspection team consisted of two inspectors, a specialist advisor and an expert by experience. The specialist advisor was a qualified nurse and the expert by experience was a person who had personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection the team consisted of one inspector.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided to people who were unable to speak with us. We spoke with seven people who lived in the home, four relatives, six staff members and the registered manager. We also spoke with one visiting healthcare professional. We looked at six records about people's care and support, two staff files, nine medicine records and systems used for monitoring the quality of care provided including accidents and incidents.

Good

Is the service safe?

Our findings

At our last inspection in February 2016, we rated this key question as 'Good'. At this inspection, we found the rating of 'Good' has been sustained.

People told us they felt safe. One person said, "It's very safe here." Other people we spoke with told us they felt happy approaching members of staff for help and said they offered them reassurance. Staff we spoke with demonstrated an understanding of their responsibilities in identifying and reporting any possible abuse. One member of staff said, "I would bring it to the manager's attention, if the situation was not being dealt with I would go to safeguarding or the CQC". Records we looked at showed when safeguarding incidents had occurred, the registered manager had reported these to the relevant safeguarding authority for investigation and notified us as is required by law.

Staff we spoke with knew about people's individual risks. They could explain the action they took and the equipment they used to support people safely. One member of staff said, "[Person's name] needs to have their skin checked to make sure it is not red or to identify any possible problems. We check their skin and write the information down so that it can be monitored." Records we looked at identified risks to people's health or wellbeing and we saw information had been reviewed and up dated to reflect any changes in a person's needs to maintain their safety. For example, one person was at risk of falling from their bed and we saw a monitor had been fitted onto their bed frame to alert staff to their movement. We saw where equipment was required to support people to mobilise safely this was also in place. There had been a previous incident which raised concerns about staffs understanding of Cardiopulmonary Resuscitation (CPR) and when this should be used. The registered manager informed us of the actions they had taken to minimise any further risk to people such as arranging for all staff who worked at the home to complete first aid and Cardiopulmonary Resuscitation (CPR) training and sharing information at individual and staff meetings about the use of CPR.

We spoke with staff about how they would keep people safe in an emergency such as a fire. Staff could tell us about the action they would take and how people might be evacuated from the buildings. Records we looked at showed people had personal emergency evacuation plans (PEEPS) in place which were reflective of people's needs. We also saw checks of the building were regularly completed to ensure the premises were safe.

People told us there were sufficient numbers of staff to meet their needs. One person said, "Staff are always about and respond quickly to my needs." A relative commented, "The staff come straight away; I think there are enough staff." Staff we spoke with told us there were sufficient numbers of staff to meet people's needs. One member of staff said, "The numbers of [staff] are good for the number of people." Another member of staff commented, "Yes I think there are enough staff on duty." A third member of staff said, "We do our best in relation to getting the right numbers of staff on duty; you can't predict when staff are going to be sick, we will ask staff if they would like additional hours as a last resort we would use agency but we like to use our own staff if possible." We observed people being responded to in a timely manner. For example, we saw a person who required assistance; staff responded quickly to assist them and stayed with them to ensure they

remained safe. This demonstrated there were sufficient staffing levels to meet people's needs.

We looked at the recruitment process in place to check the suitability of the staff to work with people who lived at the home. We looked at two staff recruitment records and saw the provider had completed appropriate recruitment checks prior to staff starting work at the service. We saw reference checks, identity verification and Disclosure and Barring Service (DBS) checks had been completed. DBS checks helps providers reduce the risk of employing unsuitable staff. This showed the provider had adequate systems in place to ensure staff were suitable to work within a care service.

People were happy with the way they received their medicines. One person said, "Staff are good here with my tablets." We looked at Medicine Administration Records (MAR) for nine people and found they were completed correctly. We found people who required their medicines at a specific time to manage health conditions received them when required. We also found guidance was available for staff to refer to in relation to safely applying medicines via skin patches on a person's body.

Medicines were stored and disposed of safely. We found fridge and room temperatures were being recorded daily and medicines were stored within safe conditions. There were suitable arrangements for storing and recording medicines that required extra security.

People and their relatives did not express any concerns about the cleanliness of the home. We saw personal protective equipment (PPE) was available throughout the home and we observed staff using it. During the inspection cleaning was being completed of people's rooms and communal areas. We were invited into some people's bedrooms and we observed these were tidy, clean and fresh. Control processes were in place for soiled laundry and we observed staff following these to reduce the risk of infection.

Staff recorded incidents and accidents promptly and alerted senior staff or the registered manager. The registered manager reviewed any incidents that had occurred to ensure any risks or patterns were identified and appropriate action was taken to reduce the likelihood of a re-occurrence.

Good

Is the service effective?

Our findings

At our last inspection in February 2016, we rated this key question as 'Good'. At this inspection, we found the rating of 'Good' has been sustained.

People we spoke with told us they were happy with the staff that looked after them and felt their needs were well met. They said the support provided to them had a positive impact on their quality of life. One person said, "Staff know what they are doing, they know me well." Staff we spoke with explained how they supported a person's specific need and we saw they had a good insight in how to manage this. Another member of staff said, "It's ok reading the care plans and doing the training but you only get to know people and how they want you to help them when you talk to them." The registered manager told us training sessions had been planned for staff to attend in the next few weeks to ensure staff maintained their skills to meet people's needs.

Staff told us they received an induction when they first started to work at the home. They also explained they spent time shadowing experienced members of staff before working on their own with people. New staff were required to complete the Care Certificate as part of their induction process. The Care Certificate is an identified set of standards for health and social care staff and equips staff with the skills and knowledge to provide care to people. Staff told us they received regular one to one meetings with their line manager which provided them with the opportunity to discuss work practices and issues or concerns.

We looked at how people's needs were assessed prior to being admitted into the home. People and their relatives we spoke with confirmed they had been involved in the pre- assessment process and said information was sought about their care and support needs. Pre-admission records we looked at contained information about people's care needs such as their health, risks and medicines and detailed how people wished their care to be provided. Staff we spoke with had a good understanding of people's needs and how people liked to receive their care.

People told us they enjoyed the meals provided. One person said, "The food is very good its tasty." Staff we spoke with told us that the, "Food is nice" and "If people do not like the food the cook finds an alternative to what's on the menu." The chef and staff were knowledgeable about people's dietary needs and food preferences. For example, where people required softened meals or a normal diet. Records were kept in the kitchen for all staff to refer to. Staff we spoke with demonstrated they understood people's additional needs in relation to eating and drinking. We saw them providing support when required to ensure people's nutritional needs were met, for example, people were given food with extra calories if that was needed. Throughout the day we saw people were offered a variety of drinks and snacks such as fruit or a biscuit.

Staff informed us people were weighed monthly, if there was a concern about a person's weight information was shared with senior staff. One member of staff told us, "I would report it to the senior carer, and the doctor would be informed and they would refer onto the local dietician services." Records we looked at confirmed people's weight was being monitored and their nutritional needs had been assessed; we saw where required referrals were made to healthcare professionals such as a speech and language therapist

(SALT).

People were supported to access healthcare professionals when required such as doctors, dentists and district nurses. One person told us, "If you are not well they will call the doctor." Relatives we spoke with were confident their family member's health needs were met. One relative commented, "Health needs seem to be met they keep us informed of any issues that occur." Staff we spoke with explained how they accessed healthcare services for people. One member of staff said, "If there are signs or symptoms of a person not being well, I would report it to the senior carer on duty and they would contact the doctor or in an emergency they would contact 999 services." We spoke with one healthcare professional visiting the home on the day of our inspection. They said people were well cared for and staff were proactive in seeking advice and following up any recommendation to meet people's needs. Records we looked at confirmed this. We saw assessments and reviews of people's health had been completed by external healthcare professionals when required. For example, a person had experienced a Urinary Tract Infection (UTI) related symptoms, a healthcare professional had been contacted by staff which resulted in the person being prescribed antibiotics to treat the infection.

The building was adapted to meet the physical needs of the people who lived at the home. We saw communal areas and bedrooms were well decorated throughout. Some people at the home were living with dementia and lived in a separate unit. We saw efforts had been made to adapt the building however, signage could be improved to help people's orientation around the home along with reminiscence areas for people to engage in whilst walking around the building.

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).

At this inspection we checked whether the service was working within the principles of the MCA, and whether any condition on authorisations to deprive a person of their liberty were being met. The registered manager and the staff had an understanding of MCA. Staff we spoke with were able to tell us about people's individual capacity to consent to care; and said where people were not able to give verbal consent they looked for gestures of facial expressions to gain their consent. Throughout the inspection we saw examples of this.

We saw capacity assessments had been carried out and best interest's decisions completed with people, relatives, staff and healthcare professionals where required. Where people had been deemed as not having capacity; applications to deprive a person of the liberty had been completed and sent to the local authority for authorisation. The registered manager had a process in place to monitor the progress of the applications and expiry dates to ensure people continued to receive the support they required.

Good

Is the service caring?

Our findings

At our last inspection in February 2016 we rated this key question as 'Good'. At this inspection, we found the rating of 'Good' has been sustained.

People and their relatives told us staff were kind, friendly and caring. One person said, "Staff go out of their way to give good care they are kind. You get the care and attention you need." Relatives we spoke to all complimented the staff and said they were kind and caring.

We saw people had developed positive relationships with staff members and did not hesitate to approach them often enjoying conversations and jokes with them. Staff interacted well with people and we saw staff supporting and comforting people in a caring manner throughout the inspection. For example, a member of staff noticed that a person could not easily reach their drink and asked the person if they would like the table moved closer to ensure the person was able to reach their drink comfortably. On another occasion we saw a member of staff walking with a person who had become anxious. We observed the member of staff talking to the person and smiling which resulted in the person becoming less anxious. Staff we spoke with knew people well and were aware of how they liked their care to be provided including their likes and dislikes and what was important to them.

People and when appropriate their relatives said they had been involved in discussions about how they wished to receive their care and support. One relative said, "I am always invited to any reviews about [person's] care needs." People told us staff involved them in day to day discussions about their care and how they spent their time. For example, one person told us staff respected their decision to stay in their room; another person explained about the choice they had made in relation to their personal care and said staff had respected their decision. Staff we spoke with told us they encouraged people to make their own decisions and choices about their daily lives and gave examples of how they encouraged this; such as people choosing what time they got up and went to bed, what they wanted to do with their spare time and the clothes they wore. This showed people's choices were listened to and they were involved in everyday decisions about their care.

Staff continued to explain they wanted people to remain as independent as possible and said they encouraged people to do as much as they could for themselves. One member of staff said, "I encourage people to wash as much of themselves as they can, and I support people to mobilise independently." Throughout the inspection we saw staff supporting people to be as independent as possible such as, encouraging them to eat and drink independently and encouraging people to walk.

People were treated with dignity and respect. We observed staff acknowledged people by name, knocked on people's doors and waited before entering their room and spoke discreetly with people in relation to their personal care needs. Staff we spoke with were able to describe how they promoted people's dignity and privacy. One member of staff said, "I always knock on people's door and close the door and curtains before providing personal care. "

Visitors to the home were offered a warm welcome by staff. One relative told us, "I am made to feel very welcome when I come here and am offered lunch. It is a very nice place." Other relatives we spoke to confirmed they could visit whenever they wanted and were always made to feel welcome by staff.

Good

Is the service responsive?

Our findings

At our last inspection in February 2016 we rated this key question as 'Good'. At this inspection, we found the rating of 'Good' has been sustained.

People received care and support that was responsive to their needs. One person told us, "They come quickly when you need them." People told us staff provided care in a way that they preferred and said their views and wishes were respected. People's care records reflected what people told us, we saw people's preferences about how they wished their care to be delivered and information about people's social and religious needs along with the type of interests they enjoyed were clearly recorded for staff to refer to. Information about people's communication needs was also recorded to ensure people had access to any information in a way they could understand. People and their relatives told us their care records were reviewed with them and we saw information was up to date and reflective of people's needs. For example, we saw any changes in a person's physical or mental health needs were addressed quickly with input from other health professionals such as tissue viability or opticians.

Staff said they had access to people's care records and when care or support needs changed it was discussed at each shift handover to ensure people continued to receive the correct care. One member of staff commented, "We have hand overs they are very informative about a person's needs and anything that has to be completed on the next shift." Staff we spoke with were knowledgeable about people's individual needs and preferences and were able to tell us how they supported them. For example, in relation to caring for people who might have fragile skin and supporting a person who accessed the community regularly.

People told us they enjoyed a wide range of social and recreational activities. For example, tea parties and visits to shops and restaurants. The provider employed a social inclusion coordinator who was responsible for developing a range of activities for people to become involved in. One person told us, "I enjoy the book club and poetry reading, it is very interesting." People told us there was both group and individual activities arranged and where people choose to practice a religion the provider supported this. Worship meetings were held regularly for people to participate in. During our inspection we saw people participating in book and poetry reading, an exercise class and other individual interests such as reading a newspaper or walking around the garden. One person told us they liked to watch horse racing and enjoyed 'betting' and said staff supported them to maintain this hobby. The provider demonstrated people had access to a wide variety of leisure interests to promote their well-being and maintain their independence.

People and their relatives knew how to raise a complaint if they were unhappy about the care they received. One person said, "I would speak to the manager." Relatives we spoke with said they felt supported by the provider to express any concerns. One relative commented, "If I have any issues I speak with the registered manager and they are dealt with quickly." We looked at the complaints log and found there was a process in place to record both written and verbal complaints. We reviewed recent complaints and found any issues or concerns had been investigated and any action required taken along with a written response to the complainant. This showed the provider had listened to people's concerns and responded appropriately.

At the time of our inspection there was no one receiving end of life care. However, we found people's wishes were recorded in their care plans in the event this information was required. Information included family contacts and a person's wishes in relation to how they wished to be cared for at the end of their life. This meant staff had the guidance they needed to provide end of life care according to people's individual preferences.

Good

Is the service well-led?

Our findings

At our last inspection in February 2016 we rated this key question as 'Good'. At this inspection, we found the rating of 'Good' has been sustained.

People, relatives and staff told us they felt the home was well-run. One person commented, "Staff are good and the service is excellent." Everyone we spoke with knew who the registered manager was and said they were approachable. One relative told us the registered manager was always available should they need to discuss any concerns with them.

Staff told us they felt there was an open culture within the staff team and the registered manager supported them well. One member of staff said, "I know I can go to the registered manager whenever I want." Another member of staff commented that the registered manager was, "Supportive of me and I feel able to approach them." Staff understood the leadership structure and lines of accountability within the home and were clear about the arrangements for whom to contact out of hours or in an emergency. Staff knew the process to follow if they needed to raise any concerns and understood the providers whistleblowing procedures and their responsibility to pass on information of concern. Staff were aware of other organisations they could approach if they felt the provider did not take the appropriate action. One member of staff said, "If I had concerns about another carer, the registered manager would deal with it."

The provider and registered manager had systems in place to monitor the quality of the service people received. We saw that regular checks had been completed in areas such as health and safety to ensure the building remained safe and care planning to ensure records were up to date and reflective of people's needs. Incidents and accidents were analysed and we saw the registered manager had reviewed events to identify any trends and to ensure appropriate action had been taken to reduce the likelihood of similar events occurring again. We saw a system was in place for the registered manager to escalate findings to the provider for action. For example, the provider had a plan in place to complete improvements to the external environment of the home. We saw the provider carried out regular visits to the home to complete audits and had an oversight of the quality of the home. People told us their views were sought about the quality and management of the home and staff members told us they were given the opportunity to attend staff meetings to share their views about the service people received. This demonstrated the provider was taking account of people's views to improve the quality of service provided.

Conversations with staff and records we saw demonstrated staff worked with other agencies such as doctors, district nurses and social workers to support the health and well-being of people.

The registered manager understood their responsibilities as a 'registered person' and submitted notifications of events to CQC. These provide us with information about how the service managed these events. We asked the provider to complete a PIR this was completed and returned to us within the timescales given. All organisations registered with CQC are required to display the rating awarded to the service. The registered manager had ensured this was clearly on display.