

Conniston Care Limited

Woodlands Care Home

Inspection report

Woodsetts Road
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Sheffield
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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

Woodlands Care Home provides accommodation and care for up to 43 people, some of whom are living with dementia. At the time of our inspection there were 35 people living in the home.

The inspection took place on 15 November 2018 and was unannounced. This meant the people who lived at the home and staff did not know we would be visiting. The service was rated Good at two previous comprehensive inspections, which took place in March 2015 and April 2017. You can read the reports from our previous inspections by selecting the 'all reports' link for 'Woodlands Care Home' on our website at www.cqc.org.uk.

At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of this inspection the service had a registered manager. 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 who used the service were protected from the risks of abuse and risks associated with people's care were identified and managed appropriately. Accidents and incidents were monitored and appropriate actions taken to minimise reoccurrences. We observed there were enough staff available to meet people needs in a timely way. People's medicines were managed safely and people received their medicines as prescribed. However, some documentation in relation to medicines could be improved.

Staff had the skills and knowledge to complete their role well. People received a balanced diet and the meal time experience was pleasant. Health care professionals were accessed when needed and their advice was followed. People received personalised care and their choices were respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed staff interacting positively with people and their visitors. Staff were kind and caring in their manner, knew people well and provided a homely atmosphere. They respected people and ensured that people's privacy and dignity were respected.

People received personalised care which met their needs. People had access to a variety of social activities and entertainment. People were asked what they wanted to do and people engaged in different activities, depending on their preferences. We observed people enjoyed the activities they participated in. End of life care choices were considered and recorded in care records. People felt able to raise concerns and told us

the registered manager and staff were approachable.

The service was well led and the registered provider had a system in place to monitor the quality of the service. Audits took place at regular intervals and actions were taken to make changes when required. People who used the service, their relatives and staff had lots of opportunities to voice their opinions and to be involved in the service.

Further information is in the detailed findings in the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Woodlands 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 registered 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 15 November 2018 and was unannounced. The inspection was carried out by two adult social care inspectors 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.

We brought this inspection forward because we received information of concern about the standard and safety of care provided to people.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received from members of the public. We looked at the information we received from notifications sent to the Care Quality Commission by the registered manager. We looked at the provider information return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service and three relatives of people living at the home in some depth. We spent time observing staff interacting with people. We did not use the Short Observational Framework for Inspection (SOFI) as people were able to tell us of their experience of the service. We use SOFI to observe care to help us understand the experience of people who cannot talk with us.

We spoke with staff including four care workers, catering and domestic staff, the registered manager, a team leader, a senior care worker, an activities coordinator and an administrative worker. We also spoke with a visiting GP to gain their views about the service.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the

quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

The service remains safe. People we spoke with told us that they felt safe living at Woodlands. For instance, one person we spoke with told us, "I definitely feel safe. I have no complaints what so ever. We are all friends here." People's relatives we spoke with reflected these views. One person's relative told us, "Yes, I feel [my relative] is safe and well looked after."

The registered provider continued to ensure people were safeguarded from the risk of abuse. Records the registered manager kept of safeguarding incidents which had been reported showed the service reported safeguarding concerns appropriately and in a timely way. Staff we spoke with told us they received training in safeguarding adults and whistle blowing. They had a good knowledge of how to safeguard people from abuse.

Accidents and incidents were monitored and appropriate actions taken to minimise reoccurrences. Risks associated with people's care had been identified and risk assessments were in place to ensure they were effectively managed. For example, people who were at risk of weight loss were regularly monitored, they were weighed weekly, food charts were completed and reviewed and a fortified diet was offered. Referrals were made to appropriate health care professionals to ensure people's needs were met.

Each person had a personal emergency evacuation plan (PEEP) to ensure they were appropriately supported in an emergency. The PEEP set out their specific physical and communication requirements to ensure they could be safely evacuated from the service in the event of an emergency.

We identified that two people required the use of a stand aid or hoist, on occasion, as their mobility varied due to their medical conditions. Staff were knowledgeable on when to use the equipment and understood the people's needs well, to be able to keep them safe. People had their own slings, which were kept in their bedrooms and staff were aware of how to use them correctly. However, we found the size, type and the loop configurations were not detailed in the risk assessments. We discussed this with the registered manager who put this in place during our inspection.

We looked at the systems in place for managing people's medicines. This included the storage, handling and stock of medicines and medication administration records (MARs) for people. Medication procedures were in place to guide staff and ensure safe medication was administered safely.

Medicines policies and procedures were followed and medicines were managed safely. Temperatures were monitored and recorded for medication storage, to ensure medicines were stored at safe temperatures. Staff had been trained in the safe handling, storage, administration and disposal of medicines. All staff who gave medicines to people had received training and had their competency assessed. However, we found some minor medication issues. We saw the medication audits had identified some shortfalls but did not cover all aspects of medication administration, so some errors had not been identified. These did not impact on people and the registered manager agreed to address the issues to ensure they were covered on the audit tool. Following our inspection, we received confirmation that these issues had been fully

addressed.

At the time of our inspection the service had major renovation works in progress, including extending parts of the building and adding en-suite facilities to bedrooms. The décor of the service was tired, floor coverings and furniture was worn and stained. However, people were protected by the prevention and control of infection the domestic staff were ensuring the service was kept clean and the renovations when completed would ensure the environment was well maintained and therefore able to be easily kept clean. The registered manager told us all the floor coverings and furniture would be replaced. The rooms we saw completed were finished to a high standard to ensure effective cleaning. This included a new bathroom and a walk-in shower room. One person's relative commented. The home is always nice and clean and doesn't feel like an institution. It feels like a home.

Our observation and discussion with people, their visitors and the staff showed there was enough staff with the right skills, knowledge and experience to meet people's needs and people were kept safe. People told us they did not have to wait long for assistance when required. One relative said, "Yes, there are always plenty of staff." The registered manager told us agency staff were never used and most care staff had been working in the home for several years. This helped to provide consistency of care to people and staff knew people well.

On the day of the inspection the deployment of staff at lunchtime could have been improved. However, we acknowledged that the renovations ongoing at the time of our inspection impacted on the mealtime, as one room was temporarily out of commission until the work was completed. The registered manager told us that to ensure better deployment of staff during meals, they were implementing protected mealtimes. This meant that all staff were encouraged to stop all non-urgent activity during mealtimes, so that people could eat their meals without interruptions and all staff were available to offer help to those who needed it.

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. We looked at staff recruitment files and found they contained the relevant checks.

Is the service effective?

Our findings

The service remains effective. People were happy with the service and said they were well looked after. Overall, people's relatives confirmed this. For instance, one person's relative said, "Definitely. Because [family member] always look smart. The staff look after [family member] well and don't talk down to [family member]. Often, if people have dementia, they are ignored. [Family member] isn't treated like that here."

People's care needs were assessed and delivered in line with current legislation. Staff showed a keen interest in ensuring people's individual needs were met. For example, care records contained assessments of need and care plans, which were comprehensive and could be easily followed.

The registered provider ensured staff had the skills, knowledge and experience to deliver effective care and support. People felt staff had the right skills to do their jobs. For instance, one person told us, "Yes, yes, because [staff] are still training, even though they know what they know, and I think they are very good. You would have to go a long way to better them." Relatives' comments included, "[Staff] seem to have training every week" and "I think [staff] do have the training they need, and they have a lot of empathy."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take 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).

Consent was sought in line with current legislation. We found people care plans contained the appropriate information in relation to their mental capacity, and decisions made on behalf of people who lacked capacity had been considered in the person's best interest. We also saw staff offering choices and waiting for people to respond. We saw people's choices were respected. Staff had an awareness of the MCA and had received training in this area. We were shown records of DoLS and these were very well organised and easy to follow. They clearly showed who had an authorised DoLS, if any conditions were attached and the expiry date.

Staff were appropriately supported through a robust induction, as well as ongoing training and supervision. Staff told us they felt supported to carry out their role and received regular training. Records showed staff received effective supervision and appraisal support on a regular basis. Training records showed a staff's training needs and there was evidence that future training was planned to address these. Staff were routinely provided with core, health and safety themed training, as well as training relevant to people's needs. The registered manager told us two staff were also undertaking specialist, high level training in caring for people living with dementia and were cascading this learning to the staff team.

The registered provider was aware of their responsibilities under the new data protection laws and had

taken steps to meet this requirement. Including providing training to staff in communication and data protection.

People were supported to eat and drink sufficient amounts to maintain a healthy balanced diet. Information about people's needs, likes and dislikes in relation to food was gathered and passed onto the chef, who catered for people accordingly. People told us they liked the food and staff knew their preferences. One person told us the food was one of the best thing about living in the home. Relatives we spoke with told the food was very good. Comments included, "Excellent food. Lots of variation" and "[My family member] loves the food and eats well."

Snacks and drinks were available throughout the day. There were 'carts' in two rooms stocked with drinks, snacks and continental breakfast items, people were able to help themselves. We saw people regularly helped themselves to a drink and a snack. Some people were served by staff.

We observed people eating their mid-day meal in the lounge. Staff told us people had chosen to eat in the lounge and not the dining room. People were in two lounges and this made it difficult for staff to monitor and offer sufficient support. Staff told us some people would usually ate in the dining room, but as one room was out of use due to the building works it meant the dining room became noisy and some people did not like the noise. The issues would be resolved when the works were completed. The registered manager told us the mealtime experience was improving as more staff were assisting with meals to ensure people were provided with the necessary support and assistance.

People were supported to life healthy lives and have access to healthcare services. A local GP practice held a surgery regularly in the home. This helped to ensure people's health care needs were met. People's relatives said the staff kept them updated about their family member's health and wellbeing and healthcare appointments. One person's relative also commented, "All the staff are lovely with the residents and if someone is ill they really do care."

People's individual needs were met by the adaptation, design and decoration of premises. The layout, design and décor of the premises was being updated at the time of our inspection. We saw appropriate signage around the home and observed people looking at the signs for direction. We also saw that people had access to outside space which was safe and welcoming. People also had access to small lounges where they could meet with their relatives.

Is the service caring?

Our findings

The service remains caring. Everyone we spoke with told us the staff were kind, caring and considerate. For instance, we asked people what they felt was the best thing about living in the home and one person said, "The comfort. The company. The loving care they give you." One person's relative told us staff were, "Very helpful, very pleasant and fun." Another relative said, "The staff are great, really friendly and helpful and they really like the residents, you can tell."

Staff demonstrated a good knowledge of people, their individual needs and what was important to them. When we spoke with staff and members of the management team, they explained that care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

We spent time observing in the lounge, we saw staff interacting with people and here was lots of appropriate banter and laughter. People were supported in a friendly environment where staff were kind, considerate and helpful. The home had a resident cat. People engaged with the cat and this had a positive impact on people.

We observed staff treating people with dignity and respect. People confirmed that staff were always respectful of their privacy and dignity. One person gave an example saying, "If a friend comes [staff] will go away and let you talk to them." Another person told us, "If I want be alone they leave me. They knock on my door, even when it's open." One person's relative said, "[Staff] do try to keep [my family member's] dignity. If [family member] has spilt anything down their top they will change it."

However, on the day of the inspection we identified some people had dirty nails and stained clothes. The clothes had not been changed after their meal. We discussed this with the registered manager who told us they would ensure wipes were available in the dining room to ensure people were able to clean their hands prior to their meal and afterwards.

People were supported to express their views and be actively involved in making decisions about their care. Where people lacked capacity to make decisions and when required the staff told us that they would use independent advocates. Some people said they had been involved in their care plans and felt their preferences were respected. People's relatives also told us they felt involved in making decisions about their family members' care. People's records included a life history, which helped staff understand people's preferences. These included, family life, friends, interests and hobbies and working life.

People confirmed staff listened to them and respected their choices and their culture and spiritual beliefs were catered for. For instance, one person's relative told us, "Occasionally [family member] will take part in the church activities." A religious service was held in the home regularly and members of a local church congregation gave communion. The group had been coming to the home for a long while and spent time with people.

People's relatives told us staff supported people to be independent. For instance, one relative said, "[Staff] encourage [family member] to get out of the chair on their own. They encourage [family member] to feed themselves. People confirmed that their friends and family were made welcome. For instance, one person said, "Very much. They can stop for dinner if they want." The visiting relatives told us they were made to feel welcome. For instance, one visitor said, "Oh yes. I like coming."

Is the service responsive?

Our findings

The service remains responsive to people's needs. Relatives told us they were involved in their family member's annual review and this gave them input into planning the care their relative received. This helped to ensure people's care was personalised. One person's relative said, "I am just glad we found this place. I am more than happy." It's the staff that are good, basically, lively. The home has a good reputation in the area."

We looked at people's care records and observed staff interacting with people. We found they received care which was personalised and met their individual needs. Staff knew people well, responded appropriately and ensured people's needs were met in a thoughtful way. The service provided care for some people who were at the end of their life. Their care plans documented their choices and preferences for their care and for the end of their life. This ensured their wishes were followed by staff. The plans also showed how to manage the person pain and ensure they were pain free and comfortable.

People's care plans were comprehensive and contained all the information that was required to meet their needs effectively. They were regularly reviewed and updated when people's needs changed. For example, during a period of illness, one person had been assessed to be at the end of their life. The person's health had subsequently improved and their plan had been reviewed and updated to reflect this.

The service complied with the Accessible Information Standard. This meant they ensured people had access to the information they needed, in a way they could understand it. People's communication needs were assessed during their pre-admission assessment process and plans put in place to ensure staff could communicate with them as effectively as possible. One person did not communicate verbally. Their care plan detailed how they might show that they were unwell, experiencing discomfort, in pain or hungry. Staff had also identified that when the person came into the communal areas their mood improved and they became more interested and responsive. Staff had identified this had a positive impact on their wellbeing.

There was activity co-ordinator to provide social activities and stimulation. There were two notice boards showing that there was a good range of activities going on, both in the home and outside the home. A weekly, 'Sparkle' newspaper was enjoyed by people. This contained quizzes and activities specific to Woodlands. People we spoke with told us there were usually several activities on offer. For instance, one person said, "In the morning there are chair exercises. Normally games in the afternoon." Another person said, "I like gardening. I sow some seeds." One person's relative told us, "Staff are jolly with the residents and always putting something on." Another relative said, "[My family member] enjoys watching the activities, and likes the company."

The registered provider had a system in place to manage complaints. This was displayed in the home. People who used the service and their relatives told us they felt able to raise concerns. They told us the all staff were approachable and they could speak with them if they had a problem. Most people and their relatives were confident that any concerns would be looked into and appropriately resolved. One relative told us about concerns they had raised with the registered manager. We saw evidence the registered

manager was aware of the issues and of the actions they were taking to resolve them.

Is the service well-led?

Our findings

The service remains well led. The registered manager had been in post for several years. They were supported in the day to day running of the home by two team leaders, two senior care staff and had good support with administrative tasks. One person we spoke with who used the service said, "I think [registered manager] is very good. She always comes in with a smile. Another person said the home was, "Perfect." They added, "I have visited some homes in the past. This one is perfect. There is always someone when you want them."

Staff we spoke could not speak highly enough of the registered manager. They told us they could speak with them at any time and were actively encouraged to raise concerns and question practice. All staff we spoke with felt very well supported in their role, knew what was expected of them and told us they really enjoyed working at the home.

There was a clear vision and a good management presence in the service. We saw the registered manager and their management team were approachable, and 'hands on', and involved in all aspects of the delivery of the service. Relatives confirmed there was a positive culture in the home. One relative said, "Oh definitely, yes. The manager and staff are lovely to everyone. I feel very lucky [my family member] is here."

There was evidence that the service worked in partnership with others to promote high-quality care and good outcomes for people. For instance, the visiting GP told us the service worked, planned and communicated well with them.

The registered provider had a system in place to continuously learn, improve, innovate and ensure sustainability. We saw a range of audits were completed at regular intervals to ensure the service was operating as it should. We saw audits in place for things such as medication, infection control, health and safety, and equipment.

People who used the service, their relatives and staff were given opportunities to express their views about the service and to be involved in its development. People and their relatives were invited to meetings and asked for comments about the service via regular quality surveys. The registered manager also completed a daily walk round to ensure standards were maintained. We saw that this included discussing people's satisfaction with the service. They also regularly checked out people's mealtime experiences. The registered manager told people had been heavily involved in the refurbishment project, and enjoyed looking at 'mood boards' that helped them in choosing colour schemes, carpets, curtains and furniture.

There was lots of evidence that any actions identified as part of the quality and safety audit system and from people's feedback were addressed effectively and in a timely way.

The registered manager and staff had worked hard to minimise any disruption or to people during the building and refurbishment work. People were looking forward to the improvements. One person's relative said, "There will be more space when the building work is finished they are increasing the size of the sitting

rooms."