

Ranc Care Homes Limited

# Woodlands Care Centre

## 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: Woodlands Care Centre is a care home that was providing personal and nursing care to 104 older people at the time of this inspection. The service is divided into five separate units, Dove, Byron, Tennyson, Coleridge and Wordsworth. Each unit consists of lounge areas, dining areas, bathrooms and single bedrooms with en-suite facilities.

People's experience of using this service:

People felt safe at Woodlands Care Centre and received care from a staff team who were trained and confident to recognise and report any concerns. Potential risks to people were assessed and minimised and people were encouraged to retain their independence.

There were enough staff to ensure people's needs were met safely in a way that suited them. Staff worked well together and with external care professionals to ensure people received the care and support they needed.

People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff respected people's views and people were fully involved in making decisions about their care and support.

People had the choice to participate in a wide range of activities, both inside and outside the service. People were provided with a wide range of meals which they enjoyed. People were provided with the support they required to eat and drink. People lived in a service that was homely and well maintained. People and their dignity and privacy was respected.

People received care from staff who were kind and caring. Staff enjoyed working at the service and knew people well. There was a positive culture within Woodlands Care Centre and the registered manager and staff team were committed to providing a high-quality service for the people who lived there.

Rating at last inspection: Good (report published 10 October 2016)

Why we inspected: This was a planned inspection based on the previous rating

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Woodlands Care Centre

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by two inspectors, an inspection manager 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 service. Their area of expertise was dementia care.

#### Service and service type:

Woodlands Care Centre is a care home. People in care homes receive accommodation and nursing or personal care. 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 and took place on 10 April 2019

#### What we did:

Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents that the provider must notify us about. We assessed the information we require providers to send us at least annually, to give some key information about the service, what the service does well and the improvements that the plan to make. We used all this information to plan our inspection.

During the inspection we spoke with 12 people using the service, seven of their relatives and a visiting vicar.

We also spoke with six members of care staff, two nurses, the activities manager, head chef, head of laundry, laundry assistant, cook, deputy manager and the registered manager.

Not everyone living at the service was able to describe to us their experience of the care provided. We spent time in communal areas observing the care and interactions of staff to help us understand people's experience of care.

We looked at records in relation to people who used the service including care plans, risk assessments and medication records. We looked at records relating to training, activities, meals provided, complaints and systems for monitoring quality. We looked at feedback provided by people using the service and staff.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Everyone spoken with told us they felt safe. One person told us, "Yes I feel very safe here. I would tell staff if I didn't feel safe. One relative told us, "This is a good place for my wife, she is safe here, she can walk a little, I've never had any concerns for her safety."
- Staff had received safeguarding training and they knew what to do if they have any concerns about the safety and welfare of the people living in the service. They told us they would report any concerns immediately. One member of staff said, "I would go to the person in charge if I had any concerns about a person's safety".
- The registered manager understood their responsibilities to safeguard people and any concerns were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- Risks to people had been identified, assessed and were reviewed on a regular basis. Risk assessments covered areas such as moving and handling, falls and eating and drinking.
- Staff encouraged positive risk taking to maximise choice, independence and opportunities.
- Equipment was checked and serviced as required to ensure that it was fit for purpose.
- A system for the maintenance of the service was in place. The maintenance team completed a weekly maintenance report which was reviewed by the regional maintenance manager.
- Environmental risk assessments were in place. These included emergency evacuation plans. People had a personal emergency evacuation plan which provided details of how to support them safely to evacuate the building.

Staffing and recruitment

- Recruitment systems continued to be effective and ensured suitable people of good character were employed to work at the service.
- People and their relatives were mainly positive about the number of staff on duty. One person told us, "There are plenty of staff, they look after me well they know what I like. A relative said "There are plenty of staff all the time, I've had nothing but kindness from them".
- The registered manager completed a monthly dependency tool which provided guidance on safe staffing levels in each of the five units. The registered manager said that staffing levels varied depending on the needs and number of people accommodated. Agency staff were rarely used as the service had a supply of bank staff which were used to cover annual leave or unplanned absences.
- Our observations on the day were that the service was organised and staff had sufficient time to spend with people.

### Using medicines safely

- Medicines were safely managed, and accurate records were maintained of medicines received into the service and disposed of. People received their medicines as prescribed, however, accurate records of creams administered were not maintained on one of the units. Staff told us they had applied the creams but didn't always remember to sign the form. There was no poor outcome for people to show that the creams had not been applied.
- Staff received training in medicines administration and had their competency checked to ensure their practice was safe.
- Clear protocols were in place for medicines that were prescribed to be administered on an 'as required' basis.
- Systems were in place to audit medicines; however the audits had not identified that records were not always fully completed.

### Preventing and controlling infection

- Staff received training in infection control and safe infection control procedures were followed.
- Staff were able to explain infection control methods and the use of personal protective equipment such as gloves and aprons.
- The environment was clean and fresh.

### Learning lessons when things go wrong

- Staff were aware of the procedure for reporting accidents and incidents.
- Accident and incident reports were reviewed by the registered manager and a monthly accidents and incident analysis report was completed.
- Learning from accidents and incidents were shared with the staff team.

## 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

Good: 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

- Assessments of people's needs included an overview of the person, their personal histories and what was important to them. It also included an assessment of their health, personal care, emotional, social, cultural, religious and spiritual needs.
- The registered manager supported staff to provide care in line with best practice.

Staff support: induction, training, skills and experience

- People's care was provided by staff who had been provided with a range of training relevant to the needs of the people that they supported. Newly recruited staff received a comprehensive induction that included the care certificate standards.
- Staff felt well supported and said that they received the training that they needed. In addition to regular training staff received one to one supervision sessions and performance appraisals.
- The registered manager was constantly reviewing the training provided. Since the previous inspection the service has entered into partnership with the Association of Dementia studies at Worcester University and the registered manager and four care staff were training to become dementia specialists. Three care staff had completed training to become Care Home Assistant Practitioners. Further staff have completed Train the Trainer course in moving and handling which meant that staff could have regular moving and handling updates.
- Relatives told us that staff were well trained. One person's relative said, "Staff are well trained especially in caring for people with dementia". Another relative told us "I am pleased with how the staff are trained from the cleaning staff to the nursing staff. The maintenance people are good too, they repaired my father's drawers within an hour and they gave him a new wardrobe. They put his pictures up too."

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

- People had access to fluids and were supported with a healthy diet. However, some food and fluid records were incomplete. However people had been weighed regularly and action had been taken if they had unintentionally lost weight.
- People had a choice of meals and in additional fruit and snacks were available. One person said, "You get two choices of meals, if you don't like them you can have a jacket potato. I can have a cooked breakfast if I want. You can have snacks anytime. They look after you very well."
- During lunch people were given the support that they required. One person did not want what was on the menu so staff gave them choices and they decided on an omelette. This was provided quickly.
- The head chef told us that people could ask for specific foods and they would be provided. The chefs provided taster meals so that they could get feedback from people. They told us that this meant less wastage and a menu that people enjoyed. People received special diets when these were required and



finger foods were provided for some to so that they could remain as independent as possible.

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

- Staff knew people well and ensured that any changes in a person's condition were noted and discussed with a senior member of staff.
- Referrals to other agencies such as health care professionals were made in a timely manner.

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

- The service was designed to promote people's independence and accessibility. The service was well maintained and a programme of refurbishment was in place.
- People told us that they enjoyed spending time in the gardens which were well maintained and accessible.
- Sufficient suitable equipment was provided to aid peoples independence such as handrails and hoists.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- One person told us, "The doctor will visit anytime, the optician came and has given me new glasses. The chiropodist comes. I know they would get me a dentist if I needed one."
- One relative told us they felt that their family member had the available input from health professionals when needed.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a good understanding of the MCA and understood the importance of gaining consent before providing support. People were encouraged to make decisions for themselves and they were involved as much as possible.
- Where people did not have capacity, decisions had been made in their best interests, involving where appropriate other professionals and relatives.
- The registered manager understood their responsibility in terms of making an application for deprivation of liberty safeguards to the authorising authority.

# 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

Good: 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

- People and their relatives were complimentary about the staff and said that they were treated well.
- One person told us, "I'm certainly happy here, I'm happy with life. It is really lovely here, everybody is very, very kind. There's always something for us even if it is just a cup of tea, they're lovely people. This place is just like heaven." Another person said, "I have no complaints at all, it is a very comfortable place. The staff are very good, there are plenty of them. They are very kind to us, they listen if you have any troubles."
- Staff were seen to be very caring. They spoke with people in a kind manner and showed genuine concern for them. One person told us, "Staff are very caring, they are very professional, they know what they are doing".
- Staff knew people very well and choice and encouragement was given when required. One relative told us, "My wife can have showers when she wants, she is always nicely dressed, and the hairdresser comes once a week."

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

- People were able to make decisions about their care and staff respected these decisions. One person told us "I can get up in the morning when I want to. It is my choice".
- People were encouraged to express their views in a variety of ways such as during care plan review meetings and resident meetings. Fixtures for the new environment had been chosen by people living in the service. They had chosen to have square tables instead of round ones in some of the dining areas, so they could join them together.
- People and their relatives had signed to confirm that they agreed their care plans.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "The carers always knock on my door and they give me the time I need to do things for myself. I know I am a bit slow, but I am never rushed".
- Staff spoke kindly and respectfully and maintained people's dignity when talking about personal subjects such as supporting people to go to the toilet.
- People's privacy was respected. People were able to entertain visitors in their room or communal areas without intrusion. When people wanted to spend time on their own this was respected. Personal information was kept secure.
- People's independence was promoted. People were encouraged to remain as independent as possible. People's care plans contained information about their independence and how to maintain this.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were assessed before they moved into the service and a detailed care plan was developed to ensure that these needs were met.
- Care plans included information about people's specific needs and routines and how staff should support them. The registered manager had identified that care plans needed to be more person centred.
- Most of the relatives told us that they were involved in developing and regularly reviewing the care plans and had signed them to demonstrate their involvement.
- From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). This means people's sensory and communication needs should be assessed and supported. The registered manager stated that leaflets and printed documents were available in braille, large print and other languages if needed. They also said that if a staff member was able to speak other languages, they may be asked to act as an interpreter when needed. The service also had regular visits from opticians and hearing aid testers so that people's communication and sensory loss could be managed and supported.
- The service employed an activities manager and three activity coordinators who arranged a wide range of activities and entertainment for people. Some people led an active lifestyle, whilst others preferred not to socialise and to stay in their bedrooms. People's choices were respected.
- The service had its own minibuss and wheelchair accessible car which meant that people had the opportunity to enjoy activities in the community. Places visited included Hunstanton, local garden centres, Ely Cathedral, local shops, Cambridge Botanical Gardens and the Imperial War Museum. There was a wide range of entertainers who visited the service on a regular basis and regular religious services were held.
- People were happy with the activities available. One person told us, "I like the entertainment, I went to watch the man with a banjo, I sang along, I enjoyed it and I went to the Reminiscence group. I like being outside, they do nice things"

Improving care quality in response to complaints or concerns

- The service had a complaints procedure and a copy was provided to people using the service and their relatives.
- People told us that they would speak with the registered manager or a senior member of staff if they had any concerns. A relative told us, "I have never had to make a complaint, but I know where the manager is, she is in the office downstairs."
- Staff were aware of the procedure and the action to take in they received a complaint.
- All complaints were investigated thoroughly and when complaints were upheld action was taken to improve the service.

End of life care and support

- Guidance was available in people's care records about their end of life wishes.
- Staff had received training in caring for people at the end of their lives. Staff liaised with health care professionals, the GP and palliative care teams. To ensure that people who chose to could remain at the service at the end of their life, without the need to be admitted to hospital.

## 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Duty of candour was promoted by everyone working at the service. The registered manager supported staff to report incidents. Notifications were made to the CQC as required.
- The registered manager was committed to developing a person-centred culture within the service. Staff were also committed to providing high quality care and support. Staff were positive about working at the service and all said that they would recommend Woodlands Care Service to a relative.

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

- Staff were positive and motivated. Comments made by staff included, "The manager always has time for us, she is there if we need her." Also,, "There is good team working here, we all care".
- The registered manager understood the legal requirements of their role. Policies and procedures were discussed with staff to ensure that they understood how they needed to work.
- Quality assurance processes were in place and used to identify where improvements were required. The registered manager was aware that some records required further development.

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

- The registered manager was committed to ensuring that a high-quality service was provided.
- People and their relatives felt listened to. One relative told us that they were kept up to date with any changes. They said that they couldn't fault anything.
- Staff meetings provided staff with an opportunity to feed back their views and suggestions for improvements.
- There was a positive management structure in place which was open and transparent. The registered manager was very visible and worked as part of the team. People knew who the registered manager was. One relative said, "If I had a complaint I would go and see her, I feel that I have a good rapport with her".

Continuous learning and improving care

- There was a development plan in place to ensure that the staff focussed on making improvements.
- The registered manager stated in the PIR that, "We have an organisational culture, which is open, fair, transparent, supportive, informed, challenging and continuously learning." The staff confirmed this during the inspection.

#### Working in partnership with others

- Staff worked in partnership with other organisations such as, social and health care professionals and commissioners to achieve good outcomes for people. The registered manager contacted other organisations appropriately.