

West Bank Residential Home Limited

Woodland Court Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Woodland Court Residential Home is a residential care home providing personal care to 28 people aged 65 and over at the time of the inspection. The service can support up to 30 people, some of whom may be living with dementia. Accommodation is arranged over three floors with lift access to all floors.

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

People felt safe. Systems were in place to protect people from abuse. Staff we spoke to were aware of how to identify, prevent and report abuse. There were enough staff to keep people safe. There were plans in place for foreseeable emergencies.

People were supported by staff who knew them well. Staff we spoke with were enthusiastic about their jobs and showed care and understanding for the people they supported.

We were assured that infection prevention and control practices were in line with current guidance. Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Governance systems were effective in promoting a person-centred culture and to ensure people received high quality care. Staff felt very supported in their role and that management were very approachable.

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

Rating at last inspection and update

The last rating for this service was good (published 10 January 2020)

Why we inspected

We received concerns in relation to governance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good on the findings of this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodland Court Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Woodland Court Residential Home

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 Health and Social Care Act 2008.

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

One inspector carried out the inspection. There was an expert by experience, who was not on site but who carried out phone calls on the 28 June 2022. An expert by experience is a person who has personal experience of using or caring for someone who uses this kind of service.

Woodland Court Residential Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

Some people were not able to fully share with us their experiences of using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We spoke with three people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager, deputy manager and head of care.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff 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. We received feedback from 13 relatives and a further eight staff members. We also received feedback from six health and care professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt safe at the service. One relative told us, "The care home staff from day one have been absolutely fantastic. I have no concerns whatsoever about safety and when I go there all the girls are brilliant." Another relative said, "We are happy that she is safe there. She has been there six years and during that time she has never had any bed sores." Other comments included, "I feel that she is as safe as she can be", "I think in his case he is very safe there."
- Staff had the knowledge and confidence to identify safeguarding concerns and act on them. Staff were required to complete safeguarding training as part of their induction.
- People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff we spoke with were all aware on how to keep people safe.
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.

Assessing risk, safety monitoring and management

- Relatives felt the service managed risks well. One relative told us, "I have observed the staff with the residents on a number of occasions and they are very patient and caring. They don't hurry the residents. She walks with a frame and that is managed risk wise well. The staff will always ask Mum if she is ok and whether she needs any help." Another relative said, "They are aware that his memory has gone. They know that he shuffles around and can get out of breath, so the staff make sure that he takes his time."
- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. These included assessments on the risks of poor nutrition, mobility, falls and personal hygiene.
- Risk assessments had been completed for the environment and safety checks were conducted on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Personal emergency evacuation plans (PEEPs) were in place to guide staff in how to keep people safe during an evacuation

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Feedback from relatives was that staffing levels were sufficient. One relative told us, "There are enough without question "There is always a large contingent when I go in and a lot have been there since Dad went into the Home." Another relative said, "Prior to COVID there were always sufficient staff and since things have eased up, there are still enough. Mum needs two members of staff to now manage her needs, and there is never any problem with that." Other comments included, "I imagine the girls might say they could do with another pair of hands. I think a few more might ease the pressure on the girls who are there", "Yes, there always seems to be adequate staffing."

- We observed that staff were not rushed and responded promptly and compassionately to people's requests for support. Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection.

- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Relatives we spoke with were satisfied that their relative received their medication at the right times and in the proper manner. One relative told us, "I know that they do the medication at the same times and I do not think that is a concern in any way. They have been fabulous in every way like that." Another relative said, "I know that they have a qualified member of staff there who administers the medicines. Mum is a diabetic, and she gets her medicine on time, and they always keep us informed about anything regarding her health." Other comments included, "He takes quite a lot of medication, and they appear to be totally on top of this", "I tend to go in once a week, and I think the medication is controlled in an orderly way. I am happy that she is getting her medication properly."

- Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Guidelines were in place for when prescribed 'as required' (PRN) medicines should be given.

- There were effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.

- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

- Staff were trained in medicines administration and were checked for competency.

Preventing and controlling infection

- The home looked clean and there were no malodours. One relative told us, "Whenever I have been it has always been clean and tidy. As far as I am concerned the cleanliness has always been exceptional, and her room has also been kept clean and tidy." Another relative said, "It certainly does appear very clean. When I went up to Mum's room, it was all much cleaner and well laid out than I expected. There were no unpleasant smells either."

- 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.
- Visitors were welcomed and we saw visitors come into the home following safe guidance.

Learning lessons when things go wrong

- The registered manager had systems in place to monitor incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- People and their relatives felt the service was well led and were happy with the care provided. One relative told us, "I think the size of the home is nice. It is peaceful, a happy atmosphere and he feels very safe and cared for. I think the carers are wonderful and everyone we have had dealings with treat the residents with respect. I do think the home is well run. [person's name] is happy there and if he is, we are." Another relative said, "I have not got anything negative to say about the place. Dad feels comfortable there as it is a small Home and the care is more personal. The staff are really welcoming, and Dad is being looked after well there. The home is well-run, and the staff are great."
- We observed people received person-centred support and care delivery ensured people were enabled to maintain skills and independence. Care plans were detailed and showed person centred approaches.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Not all relatives knew who the registered manager was, but those that did provided positive feedback. One relative told us, "I can ring them about anything whether it is financial or any other matter. They are always very helpful and amenable. I can't think of the name of the general manager, but she is very nice They are all very honest with me and will help me if I have any questions." Another relative said, "I know [managers name] well and the management team. She is lovely and very approachable. On the whole I am very happy. I get respect from them and that is both ways." Other comments included, "Every dealing I have had with the office staff there has been dealt with in a cordial, friendly and professional way. I am not sure of the manager's name, but the one I think it is certainly seems to know what she is doing."
- Staff were positive about the registered manager. One staff member told us, "I feel very supported in my role the managers are always available whether we have any issues or we need to vent they are there. I joined the Woodland Court family in July 2020 and from the very first day I felt welcome and part of the work family all of us staff work hard and do our very best at all times the residents are treated like our own family and I think that really shines through when our residents are happy and content." Another staff member said, "I can talk to the manager and management team at any time I want, including over the telephone when I need some advice, they are always fair in their approach to all staff and they always support staff in both their work and private lives where possible. Both [managers names] address concerns proactively and are always looking at how to improve the home and make it better. They have the time of day for everyone and if they are busy then they will always ensure that they go back to that person that wants to talk with them. They are by far the best management team I have worked under here; they have a positive mindset;

great work ethic and they have the best interest of others at heart".

- During the inspection the registered manager, and deputy manager were always available to discuss any matters arising from the inspection and were approachable. Most staff we spoke with told us management were approachable and that they operated an open-door policy.
- There were a number of systems and processes in place for monitoring the quality of care. These included audits of medicines, call bells, catering, fire safety, laundry, infection control, maintenance and health and safety. Where issues were identified remedial action was taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Some relatives felt communication could be improved. One relative told us, "Nobody has fed back to us anything about Mum's care plan. There is really not that much communication. We really have to initiate anything that needs asking." Another relative said, "I have not had a review of my Mum's care plan, but her needs have not changed much since she has been there. I think when Mum first went in, I had more contact and conversation with them. Mum's needs are not that great so she is quite easy, and they don't need to get in contact that much. Based on my experience so far, I am confident that if I needed more contact, I would get it."
- Other relatives felt communication was good. One relative told us, "I speak to them nearly every day anyway. They keep me up to date with everything and am kept informed on a daily basis. I have to a degree been kept involved regarding her care plan. She has had an assessment recently, which they are going to share with me." Another relative said, "They send me Mum's care plan every year and also when it is reviewed. If there are any amendments to her medication or changes in her health requirements, the care plan is always updated. They send me a copy of it to check that I am happy with it. I have felt involved with everything from her care plan to things like chiropody, hairdressing and also if they want to take her out on activities."
- Daily meetings were held with all heads of departments and the registered manager. Everyone was encouraged to participate and discuss their activities of the day. In addition to these meetings there were handovers between staff throughout the day and night to make sure that important information about people's well-being and care needs were handed over to all the staff coming on duty.
- Staff were supported by meetings. Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice. Records showed from a meeting in May 2022 that staff champions for end of life care and infection control were discussed.
- The registered manager told us they felt supported by their line manager and that they were always available for them and were approachable.
- Complaints were responded to in line with the providers policy. One relative told us, "There was a complaint about four years ago when Mum looked unloved. I was not happy with one of the carers. I made my case clear, and that carer is no longer there." Another relative said, "Absolutely no complaints. I have asked questions about things but have never had to complain as I have always got satisfactory answers. I have a good relationship with the management and the staff."
- The service worked in partnership with the local doctor's surgeries and community health teams. Feedback from health and social care professionals was positive and no concerns were raised. One professional told us, "The manager, deputy manager and senior carers appear to exhibit good leadership qualities." A relative told us, "I am fully informed when she is not feeling well. I am also told if she has got any medical appointments, and I take her to them once they come through."

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

- There was an open and transparent culture in the home. The previous inspection report and rating was

displayed prominently in the reception area.

- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.