Greenhold Care Homes Ltd

Woodlands Court Care Home

Inspection report

Boston Road
Kirton
Boston
Lincolnshire
PE20 1DS

Tel: 01205723355
Website: www.woodlandscourt.org

Date of inspection visit:
16 August 2018
17 August 2018

Date of publication:
20 November 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 16 and 17 August and was unannounced.

Woodlands Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Woodlands Court Care home provides nursing and residential care and accommodates 35 people across two buildings. There were 31 people living at the home when we inspected.

There was a registered manager for the home. 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.

At the previous inspection the service was rated as requires improvement, at this inspection the provider had made the necessary improvements and the service was rated as good.

People's medicines were administered safely. However, stock counts were not always completed and action was not taken when issues were identified.

People's care plans accurately reflected their needs and planned how to keep them safe from any identified risks. Care was delivered in line with their care plans.

People told us the service was well led and the provider had systems in place to monitor the quality of care provided. However, they had not identified the concerns around medicines and would care recording.

People were happy with the food offered to them and staff referred people to other healthcare professionals if they had any concerns about people's nutrition.

People knew how to complain and were confident complaints would be resolved.

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.

The provider's recruitment processes ensured that staff were safe to work with vulnerable people and for most of the time there were enough staff to meet people's needs. Where needed agency staff were used to fill the rota. Staff received training and support which enabled them to provide safe care for people.

Most staff were kind and caring and people were offered choices in their everyday lives and their privacy was respected. People's end of life wishes were recorded and relatives were supported to spend as much time as

possible with people at this difficult time.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were safely administered. However, action was not taken when discrepancies in stock were identified.

People felt safe living at the home and staff knew how to protect them from harm.

Risks to people were identified and care was planned to keep people safe.

Incidents were reviewed and action taken to prevent similar incidents occurring.

People were protected from the risk of cross infection.

There were enough staff to meet people's needs.

Is the service effective?

Good

The service was not consistently effective.

There were systems in place to identify best practice guidelines.

Staff received training and support which enabled them to provide safe care.

People were happy with the quality and choice of food.

People were supported to access healthcare when needed.

The environment was clean and well maintained.

People's rights under the Mental Capacity Act (2005) were protected.

Is the service caring?

Good

The service was caring.

Most staff were kind and caring and engaged with people.

People were able to make choices about their everyday lives.

People's privacy was respected.

Is the service responsive?

Good

The service was responsive.

People's care was accurately recorded in their care plans and met people's needs.

People wishes were respected at the end of their lives.

People knew how to make a complaint.

Is the service well-led?

Good

The service was not consistently well led.

Systems in place had not identified concerns around wound management and monitoring of medicines.

People's views about the care they received were used to improve the home.

Staff felt supported by the registered manager.

Woodlands Court 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.

This inspection took place on 16 and 17 August 2018 and was unannounced.

On the first day our team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day our inspector returned alone to complete the inspection.

In preparation for our visit we reviewed information that we held about the home. As well as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies including the local authority contracting and safeguarding teams. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, two deputy managers, two care workers and a housekeeper. We also spoke with seven people living at the home and one visitor to the service.

We looked at a range of documents and written records including three people's care files and two staff recruitment records. We also looked at information relating to the administration of medicines and the

auditing and monitoring of service provision.

Requires Improvement

Is the service safe?

Our findings

There were systems in place to monitor the administration of medicines and to complete a daily count of the medicines in the home. However, we saw that the counts had not always been completed and some medicine had not been administered as prescribed. For example, we saw that one person had only been given one asthma tablet instead of two. We raised this with the registered manager who told us that this had been done by agency staff but they could not tell us what they had done about this. In addition, we saw one person's 'as required' medicine had not been available for them on four days in August 2018. Records showed that they had required this medicine to help them remain pain free at least once a day prior to it being unavailable.

People told us that they received their medicines safely and on time. One person said, "I take a tablet every morning. It always comes on time, but I am not sure what it is for, I think I have forgotten." A relative said, "My mother takes a lot of medicines and they give them to her three times a day. They check that she has taken them, which is good." One person managed their own medicines and told us, "I take calcium for my bones, blood pressure tablets and eye drops. I manage it all myself and have everything locked up in a drawer in my room. I never have to worry about supplies as the staff come and check and stock me up regularly."

We found that arrangements were in place to order, administer and dispose of people's medicines in line with national guidelines. Medicines rounds were split with the nurse administering the medicines to people who required nursing care and a senior care worker administering medicines to people who required residential care. We saw that both the nurse and the senior care worker took time supporting people to take their medicines and did so in a calm reassuring manner.

Records had been kept showing what medicines had been administered and there was clear recording of when courses of medicines such as antibiotics had been started and stopped. Some people had medicines, such as painkillers prescribed to be taken 'as required'. We saw that staff had a good knowledge of people's needs and abilities around medicine. They knew who could request pain medicines and who they needed to monitor for signs of pain. However, there was no written record to support the consistent administration of these records. This had already been identified as an issue in the community pharmacy audit completed in May 2018. We discussed this with the registered manager who told us that they were aware of the issue and had plans in place to develop these records for all people taking a medicine prescribed 'as required'.

People told us they felt safe living at the home. One person told us, "The staff make me feel happy and really secure and that's important. They help me with a lot of things." Another person said. "I feel safe here, I would rather be at home living on my own, but I know that really wouldn't be safe. I need to be here to be looked after." A third person commented, "I definitely feel safe and I am well looked after, there are always plenty of people to look after me. I have no complaints."

We found that people were safeguarded from situations in which they may experience abuse. Records showed that care staff had received training and knew how to recognise and report abuse so that they could

take action if they were concerned that a person was at risk. The registered manager had investigated all concerns raised and had taken action to reduce the risk of similar incidents occurring again in the future.

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Staff completed risk assessments on people when they moved into the home and updated them on a regular basis. Where risks were identified, care plans were put in place to keep people safe and if needed equipment was made available for people. For example, we saw risk assessments were in place around supporting people to move safely, helping people to maintain a healthy skin and managing people's distressed reactions.

Environmental risks were also identified and action taken to keep people safe. For example, radiators were covered so that people would not be able to burn themselves. The provider also had an emergency plan in place should anything happen which would make either of the buildings uninhabitable. This ensured that people would be safe and well cared for in an emergency.

People told us that there were usually enough staff to keep them safe. One person said, "There seems to be enough staff. Sometimes you have to wait a little time for them to help you, but they can't always be right here, right now can they?" Another person told us, "Occasionally they are a bit short staffed, but it is usually when someone has rung in poorly last minute and they can't get cover."

The deputy manager responsible for staffing levels told us that they had carefully established how many care staff and other members of staff needed to be on duty. They said that they had taken into account the number of people living in the service and the care each person needed to receive. In addition, they would work as a member of the care team several times a week. This allowed them to see how busy shifts were and staff needed any extra support. If they were unable to fill any shifts with their own staff agency staff were used to ensure people received safe care.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, we saw people had completed application forms and the registered manager had completed structured interviews. Any gaps in people's employment history had been identified and investigated. The required checks had been completed to ensure that staff were safe to work with people who live at the home.

People were happy with the level of cleanliness in the home. One person told us, "They do look after the home. I mean look at it, it's lovely and clean and well decorated." We found that suitable measures were in place to prevent and control infection. There was a cleaning rota in place which ensured that all areas of the home were cleaned daily and deep cleaned on a regular basis. The kitchen had recently received an environmental health inspection and had received the top score of five out of five and no areas for improvement identified.

Staff had received training in infection control and worked to current guidelines and the home's policies to ensure people were protected from the risk of infection. For example, they wore protective equipment such as gloves and aprons and ensured that waste was disposed of safely.

We found that the registered manager had established suitable arrangements to enable lessons to be learned and improvements made if things went wrong. This included the registered manager and deputy managers carefully analysing accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent a recurrence.

Good

Is the service effective?

Our findings

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Where necessary extra training was put into place to ensure staff provided high quality care which met the latest good practice guidelines. An example of this was when a person with a high level of nursing needs was admitted. Records showed the nurses received training in how to provide care. In addition, they were supported by staff from the person's previous home to ensure that they were competent and knew what clinical signs to look for which may indicate that the person was becoming unwell.

People's care plans were audited every three months to ensure that the care provided was fully recorded and in line with latest best practice. Policies outlining how care should be provided were available to all staff in the staff room. However, we found that best practice around recording wound care was not always followed. We looked at the policy and could see that it accurately described how care should be recorded but this was not being followed. Wounds were not routinely measured, described or photographed so it was not always possible to see from the records if wounds were healing or if a different treatment was needed. We raised this with the registered manager and the deputy manager whose responsibility it was to ensure wounds were cared for effectively. On the second day of the inspection they had reviewed their wound recording and put plans into place which should improve the records.

Records showed that new care staff had received introductory training before they provided people with care. All new care staff completed the care certificate and observations were completed to check their competency at each task. In addition, staff had also received on-going refresher training to keep their knowledge and skills up to date. The registered manager monitored the completion of training and prompted staff when training was due. Staff were given a date by which to complete any necessary training. If they failed to complete the training a supervision was held with staff to stress the importance of maintaining their knowledge and that if they failed to complete the training they would be subject to disciplinary action and removed from the rota until all training was completed. Nurses were supported to complete additional clinical training to support their registration.

Staff told us that they received regular supervisions with their line manager and had an annual appraisal to discuss their career and any extra training they would like to complete to help them progress in their careers. This meant staff were supported to carry out their role effectively.

People told us they were happy with the food provided. One person said, "The food is very good, you get a choice and you can always ask for something else. In fact, I have done, and they just see what they can do to make sure you have something to eat that you will enjoy." Another person told us, "Put it this way you never go without as it is good food. I have asked for a different choice and they have cooked me things like sausages and beans on toast. There is food available on the sideboard such as fruit, crisps and biscuits. People just go and help themselves." We saw that people were offered a variety of hot and cold drinks throughout the day.

Some people were unable to eat safely and needed their food to be given via a tube into their stomach. Staff had completed training in this and had received support from a dietician to ensure the person was receiving enough nutrition to keep them healthy. We saw that the care needed to maintain the tube was completed and recorded.

Other people's weights were routinely monitored and audited to ensure that they maintained a healthy weight and action was taken should any concerns be identified. For example, people were referred to their GP for advice and support.

People's care plans contained the information needed to ensure they ate safely. For example, some people needed a textured diet. This is where food is either cut up small, mashed or pureed and is needed when people are unable to swallow whole food safely. Where needed people had been referred to healthcare professionals for advice on the type and consistency of the food they could safely eat.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. Systems were in place to ensure that if a person went to hospital or moved to another home that the information about their medicines was available to the people who would be supporting them. Care plans contained emergency grab sheets so that all appropriate information was ready to hand over to other healthcare professionals in an emergency.

People told us they were supported to access healthcare. Records viewed supported this. For example, we saw that people could have their eyes tested and that they were supported to attend any healthcare screening they were invited to. In addition, people were able to access care from a GP or community nurse when needed. Where people were living with conditions that may be more complex to manage, staff liaised with specialist nurses for guidance and support.

People told us that they were happy with the home environment. One person told us, "My room is very nice; the housekeeper comes in and cleans it regularly. I have my own sink with hot water, towels and soap and if I need the toilet I just have to walk around the corner. There is a lock on the toilet door." Another person said, "My room has recently been upgraded; they put a sink in, which is really nice for my privacy. I had the patio doors open in the nice weather and that was lovely. I have had a new carpet fitted."

Since our last inspection where we raised concerns about the environment the provider had shut down most of the rooms in the house as the facilities were not of an appropriate standard. There were three rooms still in use and these were all on the ground floor, nicely decorated and with nice furniture. There was a large pleasant lounge also on the ground floor. In addition, plans were in place to develop the bungalow to include a brand new kitchen, laundry, clinical room, new dining room and storage. In addition, an enclosed safe garden area that people can access independently was planned.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff we spoke with were able to demonstrate a clear understanding of the MCA and were able to describe how they used this when providing care. Records recorded if people had completed a legal process to allow another person to make decisions on their behalf.

One person who lacked capacity was refusing to take their medicines. The registered manager was in the process of gathering their views of family and healthcare professionals. This would enable them to make a decision in the person's best interest of whether to administer the medicines covertly. For example, by hiding it in their food.

Some people had bedrails in place to keep them safe. This is a form of restraint and needs to be either agreed by the person or the decision made in their best interest. We found that while most people had their consent recorded in their care plan, one person did not. We raised this with the registered manager who told us they would ensure this was reviewed and appropriate action taken immediately.

Good

Is the service caring?

Our findings

People told us they were happy living at the home. One person told us, "We are happy living here as we are well looked after. The staff are very kind, and they do what they are asked to do. They look at us and see that we have got everything we need." Another person said, "I have been here a long time and the staff know me well. The staff are very kind, and a lot have them have worked here a few years." A third person commented, "The staff have always been very kind and helpful to me. They are so helpful when I need them, they are very, very nice. It really is like being in a hotel."

We saw that the service ensured that people were treated with kindness and that they were given emotional support when needed. The staff chatted with people, starting conversations and providing reassurance and assistance as required. At lunchtime the tables were well presented with cloths, cutlery, napkins and a central flower arrangement. The atmosphere during lunchtime was relaxed and pleasant. The people were asked if they would like mayonnaise or salad cream on their salad and then asked whereabouts their choice should be put on their plates. Everyone was offered salt and pepper.

However, we did raise a concern about the care from one member of staff as they did not always appear to listen to people. For example, we saw that they told a person where they would be sitting instead of asking them where they wanted to go. We also saw that a person complained about having a dry mouth but the member of staff did not offer them a drink or discuss the problem with the person. Finally, we saw them with a colleague support a person to move using a hoist, there was minimal communication apart from instruction and the person was withdrawn and quiet. Their dignity was not maintained as their skirt rucked up and their bottom was on display. The registered manager told us that they would speak to this member of staff about the care they provided.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. People told us they were able to make decisions about their food. One person told us, "I've chosen gammon and salad today, I know it will be nice, it always is. The staff asked me yesterday what I would like so that the cook can prepare it for today. I had turkey yesterday and that was lovely. I tend to go in the dining room and sit in the same place, I prefer that as I chat to my friends who also sit at the same table. I think that's good as it is lovely to talk to other people."

Staff told us how they supported people living with dementia to make choices about their lives. They did this by simplifying the choices for people. So instead of asking a person what would you like to wear, they would ask if they would like to wear a skirt or trousers. In addition, they would show the person the clothes to help them make a decision. Giving people living with dementia a limited choice helps them to make decisions for themselves.

Staff told us how they supported people to maintain their privacy. For example, by ensuring doors and curtains were shut while care was provided. In addition, they would keep the person covered as much as possible and encourage them to provide as much of their own personal care as they were able.

People told us they felt their privacy was respected. One person said, "I often go to my room in the afternoon. I can come and go as I please and I go to my room to rest and have a bit of privacy. I am independent to do what I want to do." Another person told us, "I really look after myself and I am supported to do that. In the morning I stand at the sink and wash myself and the staff just come and wash my back and rub some cream in. We have a good routine." A third person commented, "I love what they do for me at night. They put a commode next to my bed which allows me to get on and off the toilet independently and that works well for me as it supports me to be independent. Things like that make such a difference."

Suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

We found that people received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. Records showed care plans had been updated when people's needs had changed and that they contained the information needed so that the care met people's individual needs. Staff told us that while they did not always have time to read all the care plans detailed handovers between shifts ensured that they were always up to date with people's current care needs.

When people required respite care the registered manager and staff worked with them and the people who cared for them at home to ensure that there was a continuity of care provided. Where people needed specialised nursing support there was a clear guidance of the care which was needed and records showed that it had been completed in line with the guidance.

We saw that staff monitored people's health and took action when they had any concerns. For example, we saw that staff had noticed when a person may have a urine infection and had ensured that the appropriate tests were completed and the GP contacted for support.

Suitable provision had been made so that people could be supported at the end of their life to have a comfortable, dignified and pain-free death. We saw that where appropriate people had a death and dying care plan in place and people's wishes for the end of their lives were recorded. For example, we saw one person's care plan noted that they would like to avoid hospital admissions if possible. Families were supported to spend as much time with their loved ones as they wanted.

The staff worked with other healthcare professionals to ensure that palliative care was supportive and helped people to remain comfortable and pain free. To support this, anticipatory medicines were in place. These are medicines which are arranged in advance of being needed so that they can be administered without delay if the person is in pain. In addition, care was taken to support people's long term conditions such as diabetes as they reached the end of their life.

People showed us and records confirmed that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. One person told us, "There is quite a lot going on. We sometimes play games such as bingo and they have singers come into the home and we all join in." Another person said, "There is an activities lady who comes around to our rooms and helps us to do things. We have quizzes sometimes." A third person commented, "They do have activities going on, but I chose not to join in. There are plenty of people who sit in the lounge and get lots of enjoyment from them though."

There was a board in the lounge which advertised the activities for the coming week. We saw that people were able to do some gardening, play bingo and have a sing along. The activity coordinator told us that they would take people out into the local community for the Friday morning and afternoon activities. The home also had a session where they kept people up to date on the local community by reading articles from the

local newspaper. There were also visits from the local church and people of other religions are supported to practice their religion. The home recognises occasions throughout the year such as Easter, harvest festivals, Halloween, Bonfire night, Christmas to help people orientate to the time of year.

The care plans we reviewed contained information about people's ability to communicate and if they had any special requirements in how information was presented to them. The registered manager was aware of the Accessible Information Standards and were looking at ways information could be presented to help people living with dementia or other people with specific communicating needs access the information independently. The Accessible Information Standard requires the provider to identify if the person has any disability which means they have specific communication needs, to ensure that information provided is accessible to the person and that information about communication needs are shared.

There were systems in place to ensure that people's concerns and complaints were listened to and responded to in order to improve the quality of care. People told us that they were happy to raise a complaint and were confident issues would be resolved. One person said, "I did have a problem with one staff member and I spoke to the manager about it and everything was sorted. It was a big thing for me to speak to the manager, but I am pleased I did as she really listened." Another person told us, "If I wanted to complain I would tell the staff and they would sort it out or I would walk around to the manager's office and have a word with her as I know I could and that wouldn't be a problem." The provider had a complaints policy in place. They had investigated all complaints thoroughly and had taken action to stop the same issues occurring in the future.

Good

Is the service well-led?

Our findings

People told us that they considered the service to be well run. One person said, "The manager is very nice, she walks around the home and comes and chats to us." Another person told us, "The manager is very good. She is in the office if I want to see her, I know just where she is. She comes and sees us to check we are okay."

We noted that the registered persons had taken steps to ensure the service's ability to comply with regulatory requirements. There was a registered manager in post. In addition, records showed that the registered persons had correctly told us about significant events that had occurred in the service. Furthermore, we saw that the registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.

We found that systems were in place to help care staff to be clear about their responsibilities. These systems were meant to ensure that the home was safe for people and that care met people's needs and followed best practice guidance. When we found that the systems had failed to do this in regard to the management of wounds and management of medicines. We identified both of these concerns with the registered manager and they took action to resolve both issues immediately.

Staff told us that they worked well as a team and were happy to provide additional support when colleagues were sick. Staff told us they felt supported by the registered manager and deputy manager. They were kept up to date with changes in the home through group and individual meetings and were confident to raise any issues they identified.

We found that people who lived in the service and their relatives had been engaged and involved in making improvements. This had been achieved through sending out surveys and inviting people and their families to meetings. While people we spoke with could not remember completing the surveys they had no concerns about the care provided. One person told us, ""There really is no need to complete a survey or attend a meeting about what is it like living here because everything is done for you and everything is good anyway, so there would be no point." Surveys had been completed by people living at the home and their relatives in February 2018. The survey results showed that people were happy with the care they received and any individual concerns had been dealt with by the registered manager.

We found that the provider had made many arrangements that were designed to enable the service to learn and innovate. This included members of care staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles. In addition, staff had regular supervisions and team meetings where they could discuss any changes in the home and any learning they required.