

Woodland Residential Care Home Limited

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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 Residential Home Limited is a residential care home. It is registered to provide accommodation and care to a maximum of 38 older people, some of whom were living with dementia. On the day of our inspection 38 people were living at the home. People's bedrooms were all situated in three units on the ground floor, Morda, Sweeny and Trefonnen. People had access to communal areas within the home and access to the home's gardens.

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

The provider had assessed the risks associated with people's care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm.

People received safe support with their medicines from staff members who had been trained and assessed as competent. Staff members followed effective infection prevention and control procedures when supporting people.

People were supported by enough staff who were available to assist them in a timely way.

People were protected from the risks of ill-treatment and abuse as staff had been trained to recognise potential signs of abuse and understood what to do if they suspected harm or abuse.

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

The provider, and management team, had good links with the local communities within which people lived. The provider had effective systems in place to identify improvements and drive good care.

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

Rating at last inspection

The last rating for this service was good (published 3 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and concerns about the safe management of people's skin integrity. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 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 Residential Home Limited 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 Residential Care Home Limited

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

This inspection was carried out by one inspector and one 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.

Service and service type

Woodland Residential Home Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Woodland Residential Home Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service about their experience of the care provided. 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.

Additionally, we spoke with six staff members including two support workers, the registered manager, deputy manager, activities coordinator and the maintenance person. We also spoke with the provider on the phone.

We reviewed a range of records. This included four people's care plans and records of medicines administration. We looked at a variety of documents relating to the management of the service, including quality monitoring checks. We confirmed the safe recruitment of three staff members.

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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. One person said, "I feel very well looked after here." The provider assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- We saw assessments of risks associated with people's care had been completed. These included risks related to people's mobility, skin integrity, diet and nutrition.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe from avoidable harm.
- The provider completed regular checks to ensure the physical environment was safe for people to live and receive care in. This included regular checks to the emergency equipment and staff completed regular fire drills. This enabled staff to effectively support people in the event of an emergency.

Using medicines safely

- People received their medicines as prescribed and when directed. One person said, "I'm happy with my tablets. They arrive when I expect them."
- Staff members were trained and assessed as competent before supporting people with their medicines.
- The provider had systems in place to respond should a medicine error occur. This included contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- Guidelines were in place for staff to safely support people with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Staffing and recruitment

- People were supported by enough staff. One person told us they sometimes wait at the busier times of day, but it wasn't a problem and they have never needed to raise it as an issue.
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider completed checks to ensure staff had the right to work in the United Kingdom.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risks of abuse and ill treatment. Everyone we spoke with told us they felt safe.
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns. One staff member said, "If I saw anything abusive at all I would make sure the person is safe and report it straight away. There is no place for abuse in a care home."
- Information was available to people, staff and visitors on how to report any concerns.
- The provider had systems in place to share information about any concerns with the appropriate agency. For example, the local authority, in order to keep people safe.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in accordance with the principles of the Mental Capacity Act 2005.
- Staff, and the management team, followed best practice when assessing people's capacity to make decisions and knew what to do to ensure any decisions made were in the best interests of the person concerned.
- The registered manager kept a record of all DoLS applications to ensure people's rights were maintained. They had systems in place to reapply in a timely way should a DoLS expire.

Preventing and controlling infection

- Staff members had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses. This included updated training in response to the COVID-19 pandemic. One person showed us their room. They told us staff kept it all clean and tidy.
- Staff understood how to recognise and respond to signs and symptoms of infection.
- Staff members had access to personal protection equipment which they used appropriately when supporting people.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting visits in line with the Governments guidance.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had effective quality monitoring systems in place. This included regular checks to the physical environment, medicines and care plans. The registered manager completed daily 'walk arounds' where they looked to ensure staff were working safely and in accordance with people's care plans. These checks ensured people received the care they needed and had agreed to.
- A registered manager was in post and was present throughout this inspection. The registered manager had appropriately submitted notifications to the CQC. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The last rated inspection was displayed on the providers website and at Woodland Residential Home Limited in accordance with the law.

Continuous learning and improving care

- The registered manager kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular updates from local authorities, the CQC and Government agencies. The provider supported staff members through attendance on training courses to support existing skills and to update their knowledge.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had positive relationships with the registered manager who they found to be accessible and engaging. Everyone we spoke with was complementary about them and felt supported by them. One person told us they had to raise an issue with the registered manager and they sorted it out quickly and to their satisfaction. They went on to say the outcome had been communicated to them in a timely way.
- The provider regularly asked for people's feedback on their experiences of care. Everyone was given the opportunity to provide feedback on a monthly basis as part of the providers service user satisfaction survey. The results of this was analysed and feedback was provided to people in a 'You said, we did', notice board. For example, we saw people had raised concerns regarding the paving slabs which were subsequently pressure washed. Everyone felt assured their views would be valued and acted on.
- Staff members told us they found the registered manager supportive and their opinions were welcomed and valued. One staff member said, "They are very supportive, and I can go to them about anything at any

time."

- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

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

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and district nurses.