

Heatherland Health Care Limited

Woodlands Care Home

Inspection report

19-23 Lovedean Lane
Lovedean
Waterlooville
Hampshire
PO8 8HJ

Tel: 02392594427

Date of inspection visit:
07 December 2022

Date of publication:
12 January 2023

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Woodlands Care Home provides accommodation with personal care for up to 31 people. The service provides support to people living with dementia, mental health conditions and people over 65 years. Accommodation was provided on 2 floors accessed by stairs and a lift. People had their own room and access to communal areas such as a lounge and dining room. There was a garden which is accessed from the ground floor. At the time of the inspection there were 25 people living at the service.

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

Some aspects of the environment needed repair. For example, we found radiator covers were not always attached to the walls securely. The registered manager took action to address this concern during the inspection and make sure all radiator covers were secure or repaired. The registered manager told us there was a plan to update the environment. People's rooms were being refurbished as and when possible.

Prior to our inspection, we were told a fire exit was blocked. We checked during our site visit and found it was not blocked but equipment stored nearby needed better organisation. The registered manager took action to address this during our inspection.

Whilst there were some shortfalls with the environment the home was clean and smelt fresh. Systems were in place to make sure all areas of the home were thoroughly cleaned.

People had their medicines as prescribed. A new electronic system for medicines management had been installed since the last inspection. This alerted staff to any missed medicines so staff could take immediate action. People who were prescribed 'as required' medicines did not always have guidance in place for staff to follow. The registered manager took action to address this during the inspection.

People were being supported by enough staff. We observed during our site visit people's needs were met in a timely way. However, some people and staff told us there were times there were not enough staff available at night. We shared this with the registered manager who told us they would review peak times with staff. Staff had been recruited safely.

Staff received training on a range of topics and had support from the provider. This included areas such as safeguarding and infection prevention and control. New staff had induction which included shadowing of more experienced staff. We observed staff were working safely following good infection prevention and control procedures.

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.

Mealtimes were relaxed and unhurried. People had their meal in a timely way from staff who were aware of their nutritional needs. People had access to snacks and drinks throughout the day. People's health needs were met as staff referred them to healthcare professionals in a timely way.

Risks to people's safety had been assessed and care plans were in place to give staff guidance. The provider had updated their care planning system to electronic recording which enabled staff to access all the information they needed. There was a daily handover where updates were shared, and staff told us there was good communication amongst the teams.

Systems were in place to monitor quality and identify areas for improvements. There were various action plans in place which were produced following quality audits. The registered manager and provider kept oversight of actions to make sure they were carried out and closed. Incidents and accidents were recorded and reviewed by management. Any lessons learned to prevent reoccurrence were shared with staff during handovers and meetings.

People, relatives and professionals all shared positive comments about the staff approach to care and told us they felt people were safe and well cared for. All relatives we spoke with told us they would not hesitate to recommend the service to others. People and relatives had opportunity to share feedback via surveys and in meetings.

There was a registered manager in post, and we were told their approach was inclusive, open and transparent. Communication from the management was good and the registered manager knew people's needs well.

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 requires improvement (published 7 February 2019) and there was 1 breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 3 December 2018. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at 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 Woodlands Care 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Woodlands Care 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

This inspection was carried out by an inspector and an assistant inspector.

Service and service type

Woodlands Care Home 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. Woodlands Care Home 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 reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people about their experiences of care received. 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 reviewed 5 people's care records, multiple medicines records, health and safety records, quality monitoring records and staff recruitment files for 3 staff. We spoke with 4 members of staff, the registered manager and regional support manager.

After the inspection

Following our site visit we contacted 5 relatives for their feedback about the service, we spoke with 4 on the telephone and 1 responded to us by email. We also contacted 3 professionals by email for their feedback about the service and all 3 responded.

We continued to validate evidence found. We reviewed training and supervision data, complaints and safeguarding information, meeting minutes and further quality monitoring information.

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 requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some aspects of the environment needed repair. We found some radiator covers were not securely attached to the walls. The registered manager told us they would address this without delay and confirmed the required work had been carried out.
- Prior to our inspection we had received information about fire exits being blocked. During our site visit we found the fire exits were not blocked though equipment being stored nearby needed to be better organised. Following our site visit, the registered manager confirmed they had disposed of unwanted equipment to provide more room for storage.
- Risks to people's safety had been assessed. Staff had written detailed management plans which gave guidance on how to support people safely.
- Where people experienced distress, there was detailed support guidance in place for staff to follow.

Staffing and recruitment

- At our last inspection we found improvement was needed to make sure people had enough staff supporting them at night. The provider took action following the inspection and increased staffing numbers.
- At this inspection we found this had improved in part. An additional member of staff had been added to the night staffing rota, however, staff told us during peak times this was still not enough.
- People we spoke with told us staff were available but seemed to be busy at times. Comments included, "They could do with a few more staff, rushing here and there. They [staff] are very good and come quickly" and "They [staff] are busy, but we are patient and can wait."
- The registered manager told us they had planned some night checks to review peak times with the night care in the near future. They kept staffing numbers under daily review and carried out analysis of the call bell response times to monitor how quickly they were answered.
- Staff had been recruited following pre-employment checks. This included obtaining references from previous employers and a check with the disclosure and barring service.
- Whilst those checks had been carried out, there was not always a full employment history obtained for all the files we reviewed. The registered manager told us a new human resource electronic system was being introduced which would give them opportunity to review all staff files.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service was safe and people were well cared for. Comments included, "All the residents are happy, they are dealt with extremely well, there is always supervision. No-one is left out,

the staff are happy and work well as a team", "[relative] is at home there, [relative] is 110% safe, happy and well cared for" and "Yes I do feel safe, I can lock my door if I want to."

- Staff had training on safeguarding and told us they would not hesitate to report any concerns. The registered manager shared any safeguarding concerns with the local authority and notified CQC as appropriate.

Using medicines safely

- People prescribed 'as required' medicines did not always have protocols in place to give staff guidance. We did not see impact of this shortfall and people told us they had their 'as required' medicine when they needed it. One person said, "I have [as required] medicine when I want it."
- The registered manager told us they had swapped paper records to electronic systems prior to our inspection. Whilst this had improved safety for medicines management, the protocols had not transferred over in all cases. They took immediate action to start putting them in place.
- People had their medicines as prescribed. There were no gaps in the records we reviewed. The system alerted staff to any medicine not given as prescribed. This meant action could be taken without delay to give people medicines in a timely way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- People could have visits from friends and family without restrictions. We observed that people had visitors during our inspection both in their rooms and communal areas. One relative told us, "We like the fact that we don't have to make appointments to visit, I can pop in if I fancy it."

Learning lessons when things go wrong

- Incidents and accidents had been recorded and reviewed by the registered manager. Any lessons learned were identified and shared with staff during handovers or meetings. The provider also reviewed incidents and accidents for quality monitoring purposes.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection we found people did not have enough support to eat and drink. We found people in their rooms had meals left with them while they were sleeping. This meant the provider could not be assured people had their meal.
- At this inspection we found this had improved. Mealtimes were inclusive and people had the support they needed in a timely way. Staff supported people to eat where they wished. When people chose to eat in their room, staff were available to make sure they had their meal while hot. One person said, "I eat in my room and it is always hot. [staff] bring a menu around every day." Another person said, "The food is good, there is enough and I can ask for more and get it."
- We observed people were offered drinks and snacks throughout the day.
- People's needs in relation to eating and drinking were recorded in their care plans and if people had issues with eating and drinking, staff referred them to the relevant professionals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to moving into the service people's needs were assessed. This covered a range of areas to make sure the service could meet people's needs.
- Staff used nationally recognised tools such as Waterlow to assess people's needs for skin integrity. If additional monitoring or equipment was needed staff contacted relevant professionals or services.

Staff support: induction, training, skills and experience

- New staff received an induction when they started work which included training and shadowing more experienced members of staff.
- Inductions included completion of the Care Certificate, which meant staff had observations of their practice to make sure they were competent.
- Staff had supervisions where they could discuss training needs. One member of staff said, "I do find [supervisions] supportive, I can get across what I want to say and it is heard."
- Training was updated and refreshed when needed. Staff told us during COVID-19 some training had moved to online due to restrictions meeting face to face. However, gradually training was being completed in person due to easing of COVID-19 restrictions.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had daily handover and communicated well with each other. One member of staff said, "The

communication is good, we have very thorough handovers, nothing is missed. We talk about moods, we tell each other things, everyone is up to date, everyone always knows what is going on."

- People were able to access healthcare when needed. Staff made referrals in a timely way. Records demonstrated a range of healthcare had been accessed by people at various times.
- Relatives told us staff kept them updated with any changes of needs or if any healthcare professionals visited. One relative said, "They [staff] are straight on the phone to me, they tell me what is happening, and they also update me with the outcome. Staff volunteer the information, they tell us."

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

- People had their own rooms and access to communal space. The lounge area was small and at times it felt people were short of space. The regional support manager told us they had recognised this and were planning on extending this area to give people more space to mobilise.
- People were able to personalise their own rooms. Relatives told us they had been able to bring in pictures, small pieces of furniture and personal belongings. A maintenance person was employed who could respond to requests in a timely way.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training on the MCA and were knowledgeable about the principles. They understood how the principles applied to their day to day work and what to do if people did lack capacity.
- For some restrictions in place such as sensor mats to monitor movements, it was not always clear who had been involved in the decision making. The registered manager told us, when staff moved paper records to the electronic system, some documents had not been transferred over. They told us they would address this immediately. They provided evidence after our site visit of work they had carried out.
- The registered manager had applied for DoLS and some had been assessed and authorised. Where there were conditions, the registered manager made sure these were being met. Some authorisations were being processed by the local authority. The registered manager kept track of these applications.

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; Continuous learning and improving care

At our last inspection the provider had failed to make sure records were kept securely and that governance systems were effective in identifying and driving improvements. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection we found records were not being stored securely. At this inspection that had improved. People's records were kept securely on an electronic system and staff records were locked securely in the registered managers office.
- At the last inspection quality monitoring had not always identified areas for improvement. At this inspection quality monitoring had improved and checks were being carried out in a range of areas.
- Quality monitoring was being completed by different members of staff within the service and by other managers from the provider's other services. The registered manager told us this meant that "fresh eyes" were looking at different parts of the service to provide a different view.
- Actions identified were added to action plans. These were monitored by the registered manager and the provider to make sure they were completed. There was a quality monitoring schedule in place for the year to make sure all areas were reviewed.
- There was a staffing structure in place and a registered manager in post. Staff were clear about their roles and who to approach for guidance if needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were being supported by staff who told us they enjoyed their work. Comments from staff included, "I love my job, every day is different. It feels like a home from home environment, there is always lots of laughter" and "It is a very rewarding job, knowing you have an impact on their [people] day. It is a nice home; we all get along."
- People and relatives were positive about the care they received and told us they were happy living at the service. Comments from people and relatives included, "Staff love [relative], they care for [relative]. I can't praise them enough. We are more than happy" and "It is nice, they [staff] care for you, they are there for you." One professional told us, "The home is friendly, homely and the team obviously know the residents

well."

- The registered manager was visible and approachable, and people, relatives and staff told us they would share any concern with them. Comments about the registered manager included, "[registered manager] is very supportive, she is always around, she pops in and out of the office, and the door is open for us to go in" and "Our manager has been so supportive, she is easy to talk to, I can go to her with any problems, she is always there. If anything happens, she will come out and help, she will work on the floor, she is so involved which is lovely. That is what makes it a team, everyone is involved. We all have different job roles, but we all work together."

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 provider was aware of their duty of candour responsibility and had systems in place to monitor and respond if needed.

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

- People could attend meetings regularly to share their views and discuss all aspects of the service. Meetings were usually chaired by the activities person who knew people well. Minutes were recorded and shared with people, relatives and staff.
- Relatives told us about events that were held at the home which were inclusive for people, relatives and staff. One relative told us, "There was a Christmas party last weekend, it was lovely seeing them [people] all enjoying themselves. It went really well. It brought us all together, it was nice to meet other families."
- Staff were able to attend meetings to share their views and the provider also carried out staff surveys.
- The service worked closely with areas of the local community to help improve outcomes for people. One project involved local nursery children visiting the service weekly to spend time with people. This included having meals and doing activities together.
- Staff involved in the project told us they had carried out evaluation and had seen improvements for people including better appetites for meals and improved mobility. One member of staff told us, "It has been so successful. I can see the changes in my residents, they seem so much happier. They [people] were eager to eat more at lunch, they encouraged the children to eat, the children would encourage the residents to eat."

Working in partnership with others

- Staff worked with healthcare professionals to make sure people's health needs were met. One healthcare professional told us, "I have found Woodlands to provide a good standard of care, my main person of contact is the home manager as this aids continuity of care. [registered manager] expresses a good understanding of the resident's need, physical and mental health ensuring that holistic approach is implemented."