

Minster Care Management Limited

Woodlands Court Care Home

Inspection report

Ash Lane
New Springs
Wigan
Greater Manchester
WN2 1EZ

Tel: 01942323352

Date of inspection visit:
09 May 2023
10 May 2023

Date of publication:
23 May 2023

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

Woodlands Court Care Home is a care home providing personal care to older people and people living with dementia. The service accommodates 40 people in one adapted building. At the time of the inspection 33 people were using the service

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

Staff were trained to recognise potential risks and signs of abuse. Risks to people's safety and wellbeing were assessed and reviewed by managers. Staffing levels were safe. The provider managed medicines safely. Staff used personal protective equipment (PPE) appropriately when supporting people.

Managers ensured systems were in place to monitor the running of the service. The provider had procedures in place to receive feedback on how to improve support. Managers audited support records, including accidents and incidents to assure themselves of quality. Lessons were learned when concerns were raised, and these outcomes were communicated to staff. Staff worked well in partnership with other agencies to deliver effective support.

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.

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

Rating at last inspection

The last rating for this service was good (published 13 January 2020).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed. This was to seek assurance about this decision and to identify learning about the DMA process.

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.

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 not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodlands Court 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?

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.

Woodlands Court 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 2 Experts 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

Woodlands Court 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 CQC 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 sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the regional manager, and the deputy manager. We attended a staff team meeting and spoke to 14 staff members. We spoke with 7 people receiving support and 5 relatives. We spoke to 2 visiting healthcare professionals. We reviewed 3 people's care records. We reviewed records and audits relating to the management of the service.

We asked the registered manager to send us documents before and after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

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

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to make sure people were protected from abuse. These were made available to staff and others.
- Staff completed safeguarding training as part of their induction and received regular updates. Staff understood their responsibilities for protecting people from abuse and for reporting any concerns they had about people's safety and treatment.
- Allegations of abuse were reported without delay to relevant agencies and there was good partnership working with them to make sure allegations were properly investigated.
- Healthcare professionals told us staff and people receiving support were involved in local safeguarding initiatives. One healthcare professional said, "Two of the residents at the home have represent Woodlands Court at the local authority safeguarding board. The aim is to promote inclusion for residents and change the culture around safeguarding people to keep them safe."

Assessing risk, safety monitoring and management

- The provider had systems and processes in place to identify risks associated with people's care and support needs and actions were in place to reduce risks occurring.
- The registered manager regularly carried out audits to monitor the safety and quality of the care people received.
- The provider ensured regular maintenance and servicing of fire safety systems, gas, electrical systems, and equipment. Appropriate fire testing took place, and the fire exits were clearly marked and accessible.
- Relatives felt staff kept people safe. One relative told us, "Staff know [my relative] very well and adapt to meet her needs as they change. We could not rest if they were not well looked after, and their needs were not met."

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.

- People and relatives told us they were involved in capacity and consent decisions. One relative said, "[My relatives] shared a room when they first went in; they are not together now due to my relatives health needs. Staff handled the changes very well as [my relatives] capacity diminished."

Staffing and recruitment

- Staff were recruited safely by the provider, and all relevant checks had been carried out prior to them commencing their employment. 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.

- Staffing requirements were calculated based on occupancy levels and people's dependency needs and reviewed regularly by the registered manager. At the time of our inspection, staffing levels and skill mixes matched those required to meet people's needs and keep them safe.

- Healthcare professionals felt staff and managers kept people safe. One healthcare professional told us, "The service has an established staff team. The registered manager and deputy manager have been in post for several years now and have their own area quality manager who also works closely with the home."

Using medicines safely

- The registered manager had processes in place to ensure medicines were managed safely.

- The providers policies and guidelines ensured people received their prescribed medicines at the right times. There were protocols on the use of medicines prescribed for people to be given when required (PRN).

- Relatives felt staff managed medicines safely. One relative told us, "Staff keep in touch if medicines change, or [my relative] sees a GP. We never have any concerns."

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

- No restrictions were in place regarding visiting. We observed safe visiting arrangements were in place which helped to minimise the risk of the spread of infection.

Learning lessons when things go wrong

- The registered manager recorded and investigated concerns in a timely manner to keep people safe.

- Lessons learned were shared with staff to reduce the risk of issues reoccurring and to improve the quality of care provided. For example, recent concerns about security had led to improved health and safety arrangements.

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

- The provider engaged with people about their care and support needs and worked in partnership with others including people's relatives, staff members and health and social care professionals.
- The registered manager and staff created an open and positive culture at the service, which was person-centred and achieved meaningful outcomes for people.
- People felt staff and managers were engaging and responsive. One person told us, "We have resident's meetings where we address issues and staff ask us what we would like to do. Some things we mention might seem are minor, but they are important to the residents, and managers always do something about it".
- Healthcare professionals told us the registered manager was responsive to changes in people's health needs. One healthcare professional said, "Staff are quick to respond to physical and mental health changes, and there is a culture of promoting a lively, engaging atmosphere for people."

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; Continuous learning and improving care

- The registered manager understood their responsibility under the duty of candour and was open and honest when accidents and incidents occurred.
- The provider and manager notified relevant agencies, including CQC, in a timely manner of incidents when they occurred.
- People and others were supported to access the complaints procedure, and details of investigations and outcomes of complaints made, were shared on a need-to-know basis.
- Relatives felt confident concerns would be dealt with by the registered manager. One relative said, "Managers (and staff) are always approachable and listen. If there is something to mention, they act straight away. For example, arranging for extra handrails to make it easier for [my relative] to walk to the bathroom."
- The registered manager told us they were always looking to learn from concerns. For example, the provider had recently reviewed their admissions welcome pack to include information about DoLs following lessons learned.

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

- The provider had governance processes in place which were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.

- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. Relatives told us the service was well managed.
- Supervisions and team meetings were used to discuss issues or concerns and drive improvements in the service. Staff were aware of the providers whistle-blowing policy and knew how they could use this to raise concerns.

Working in partnership with others

- The provider displayed good partnership working with others to make sure people received the care they needed.
- The registered manager worked well with other healthcare professionals and advice was promptly sought and followed to make sure people's needs were met.
- Staff supported people to maintain links which were important to them such as with family, friends, and church groups.
- Healthcare professionals told us the provider worked well with external agencies. One healthcare professional said, "The provider has good relationships with several health and social care partners, including GPs, district nursing teams, other specialist teams. The registered manager engages well with families, advocates, students, and volunteers."