Care Quality Commission

Woodside Lodge Limited

Woodside Lodge

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced comprehensive inspection carried out by one inspector on 5 and 6 January 2016. We last inspected the home in August 2013 when we found the service was compliant with regulations and the standards required at that time.

There was no registered manager at the home at the time of the inspection, the registered manager having recently ceased working at 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. The provider was in the process of recruiting a new manager who was soon to start working at the home.

The home is registered to accommodate 21 people and at the time of inspection 19 people were living there.

Woodside Lodge provided a safe service to people. Staff had been trained in safeguarding adults and were knowledgeable about how to refer any concerns of abuse. The program of update training for new staff was to be taken forward by the new manager.

Summary of findings

Risks to people's health or safety concerning delivery of their care and the physical environment had been assessed with action taken to minimise risk.

Accidents and incidents were monitored and audited to see if there were any trends that could make systems and care delivery safer.

The home employed sufficient staff to meet people's needs.

Robust recruitment procedures were followed to make sure competent and suitable staff were employed to work at the home.

Medicines were managed safely in the home.

The staff team were well-trained and there were systems in place to make sure staff received training when required. Making sure staff receive update training was to be taken forward by the new manager.

The home was meeting the requirements of the Mental Capacity Act 2005, with appropriate applications made to the local authority for people at risk of being deprived of their liberty.

People's consent was gained for how they were cared for and supported.

Staff were supported through one to one supervision and annual appraisals.

People were provided with a good standard of food and their nutritional needs were met.

People were positive about the staff team and the good standards of care provided in the home. People felt their privacy and dignity were respected.

Care planning was effective and up to date, making sure people's needs were met.

The home provided a programme of activities to keep people meaningfully occupied.

The home had a well-publicised complaints policy and when a complaint was made, these were logged and responded to.

There were systems in place to monitor the quality of service provided to people.

There was good leadership of the home and a positive ethos and culture prevailing in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
People received safe care in a safe environment where risks were identified and minimised through risk management.

There were sufficient well-trained staff employed to meet people's needs.

There were robust recruitment procedures followed to make sure suitable staff were recruited to work at the home.

Medicines were managed safely.

Good

Is the service effective?
Staff were well-trained and supported to fulfil their role.

The service was meeting the requirements of the Mental Capacity Act 2005.

People's consent was obtained about the way they were cared for and their treatment choices.

People's dietary and nutritional needs were being met.

Good

Is the service caring?
People who were able to speak with us and relatives were very positive about the home and the quality of the care provided.

Staff demonstrated a kind and caring attitude.

People's privacy and dignity was respected.

Visitors were made welcome and could visit at any time.

Good

Is the service responsive?
People received personalised care and up to date care plans were in place to inform the staff of people's needs.

A programme of activities was provided in the home to keep people meaningfully occupied.

There was a well-publicised complaints procedure and complaints were responded to appropriately.

Good

Is the service well-led?
There was good leadership of the home.

There was a positive, open culture with management seeking to improve the service where this was possible.

There were systems in place to monitor the safety of the service provided to people.

Good

Woodside Lodge

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 was 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. The notifications we were sent had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services department and received feedback from district nurses about the service provided to people at Woodside Lodge.

This inspection took place on 5 and 6 January 2016 and was unannounced. One inspector carried out the inspection over both days when we met everyone living at the home. Because people were living with dementia, the majority of people were not able tell us about their experience of life in the home. We therefore 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 three people who were able to tell us about their experience of living at the home.

The owner/director of Woodside Lodge assisted us throughout the inspection together with the senior staff. We spoke with five members of staff, four visiting relatives and district nurses who were attending the home on one of the inspection days.

We also looked at records relating to the management of the service including; staffing rotas, incident and accident records, training records, meeting minutes, premises maintenance records and medication administration records. We also looked in detail at the care plans and assessments relating to three people and a sample of other documents relating to the care of people at Woodside Lodge.

Good

Is the service safe?

Our findings

The three people who were able to speak of their experience of living at the home had only positive things to say about Woodside Lodge. They told us that they felt safe and had no concerns about their safety or welfare. One person told us, "I have lived here for many years and have always been happy with the way I am looked after".

People were protected from abuse and avoidable harm as people's care and support was well managed and because staff had been trained in safeguarding adults. Information about safeguarding adults was displayed in the office should staff need to refer to this information for guidance. Records were in place to show that all staff had received this training. Some staff were due for update training. The registered manager, who had recently stopped working at the home, had set up new online training for the staff in this area, which had not yet been completed by all staff. The provider agreed to ensure the new manager progressed this ongoing piece of work. The staff we spoke with confirmed they had received safeguarding adults and whistle blowing training and were aware of how to report any concerns.

The provider had systems to ensure risks were minimised in delivering people's care. Risk assessments had been completed for identified risk areas that could affect older people such as malnutrition, falls, people's mobility and skin care. Risk assessments were recorded on the computerised files for the three people whose care we focused on throughout the inspection. People who had bedrails in place to prevent their falling from bed had a risk assessment on file to make sure that the rails were fitted correctly to minimise risk. The assessments had been reviewed each month, or when people's circumstances changed, to make sure that information for staff was up to date. The risk assessments had been taken into account for developing the care plans that were also in place.

The provider had also risk assessed the premises to minimise potential hazards that could cause harm to people. For example, radiators had been covered to protect people from hot surfaces. Window restrictors fitted to windows above the ground floor to prevent accidents and thermostatic mixer valves protected people from scalding water. Portable electrical equipment had been tested to make sure equipment was safe to use. We identified two free standing wardrobes that posed a risk as they could be toppled. The maintenance person had these attached to the wall and made safe on the first day of the inspection. The fire safety system had been tested and inspected to the required timescale and a fire risk assessment had been carried out. The provider showed us certificates verifying that the boilers, the lift, electrical wiring and water systems were safe. The home employed a maintenance worker and there were systems to make sure any issues reported were followed up.

Before the inspection we received some anonymous concerns. One of which was an allegation that lighting in the corridors was turned off at night to save on electricity costs. On the first day of the inspection we arrived early. There were low level LED lights provided in the corridors. The provider told us that some people had complained about being woken by bright corridor lighting when staff checked people at night. The low level lighting had been introduced to assist people in getting a better night's sleep.

Another allegation was that CCTV surveillance was being used. The provider told us that CCTV was in use for monitoring the security of the building with cameras pointed at exits and entrances of the home. Residents and relatives had been consulted in line with CQC's policy on the use of surveillance equipment.

People had personal evacuation plans recorded within their care plans and emergency contingency plans had also been developed. As part of this contingency plan, the home had purchased an emergency generator in the event of loss of electricity to the service.

The provider monitored accidents and incidents that occurred in the home looking for any trend or hazard where action could be taken to reduce further such occurrences. An example of learning from incidents was making sure that relatives had a copy of people's transfer between services information. There had been an instance where a relative took a person out for the day who had fallen and needed medical assistance, when this information would have been of benefit.

People, their relatives and the staff we spoke with said that staffing levels were sufficient to meet the needs of people accommodated. One person told us that if they needed to ring their call bell, it was always responded to within a reasonable period of time. There was a core of longstanding staff in post so that people received care from the consistent staff team. Dependency tools had been

Good

Is the service safe?

completed and were used as part of the assessment for determining staffing levels. Staff and the provider told us that on occasion staffing levels were increased when people's dependency increased or for particular occasions.

At the time of inspection between 8.00am and 2.00pm, there were three care workers and a senior on duty; between 2.00pm and 8.00pm two care workers and a senior. During the night time period there were two awake members of staff on duty. In addition, the home employed a chef, an administrator, cleaning staff and a maintenance person.

Robust staff recruitment procedures were in place and being followed. We looked at recruitment files for three staff who had been employed since the last inspection. All the required records and checks required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were in place as required. Prospective members of staff completed an application form, were subject to interview and references taken up. Checks had also been made against the register of people barred from working in positions of care.

The provider had systems to make sure that medicines were managed safely.

Staff were delegated to manage the ordering of medicines and also for checking medicines received from the pharmacist against those ordered. The staff responsible for administration of medicines had received training in safe medication administration and had also had their competency assessed.

Medication administration records showed people received the medicines prescribed by their GP. There was a system for prescribed creams administered by care staff with information and body maps to show where staff should apply the cream prescribed. There was good practice of a photograph of the person concerned at the front of their administration records together with information about any allergies they had to any medicines. There was also other good practice being followed. For example, where a variable dose of a medicine had been prescribed, the number of tablets given was recorded. Some staff had been trained by the district nursing team to administer insulin for one person. Records were in place to validate this.

The home had adequate storage facilities for medicines. Medicines were stored in an orderly way. The home also had a small fridge for storing medicines that required refrigeration and records were maintained of the temperature range.

During the inspection we observed medication being administered. The member of staff wore a red tabard so that people knew not to interrupt them. The member of staff was patient, explaining why medicines were being offered. The person being given medicines was given a glass of water to assist them in taking their medicines.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to make sure people received effective care.

One member of staff told us, "Being a small family run home we know each person and their needs well." Another member of staff told us, "I feel very supported and if I have a problem can always go straight to Mr Steel, (the provider)." Relatives we spoke with all told us that they had confidence in the staff team.

The provider had a system to make sure staff received core and also specialist training appropriate to their role. This was confirmed by the staff and by records that detailed courses staff had attended and when they were due for update training. We noted some staff were due update training and the provider agreed to ensure this was a priority for the new manager, who was soon to start working at the home. Training courses staff had attended included: food and hygiene, the Mental Capacity Act 2005, dementia awareness, moving and handling, infection control, adult safeguarding and health and safety training.

New members of staff received induction training that included shadow working with more experienced staff. New members of staff were also enrolled on the Care Certificate, which is the recognised induction standard.

Staff told us they felt very supported by management as well as by other colleagues. They told us they received regular one to one supervision sessions in line with the home's policy every three months in addition to an annual appraisal to look at their career development and review their year's performance.

Formal staff meetings were held and minutes of meetings showed that staff were kept informed and could also raise issues affecting them. Staff were knowledgeable about the needs of individuals we discussed with them. They told us there was good communication through staff handovers, the daily diary and a communication book.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions or authorisations to deprive a person of their liberty were being 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Appropriate referrals had been made to the local authority under DoLS but at the time of inspection none had yet been granted. Within people's records we saw that mental capacity assessments had been carried out where people lacked capacity to make specific decisions. Where 'best interest' decisions had been made, there was a record of the people consulted in making the 'best interest' decision.

Throughout the inspection staff sought people's consent for the way they were cared for and supported.

People were supported to have sufficient to eat, drink and maintain a balanced diet. One member of staff had worked with the chef on menu planning and dietary requirements of older people, matching this to people's likes and dislikes and calorific content of individual meal portions. Menus had also been checked for ingredients so that if a person had a food allergy they would not be served food that could cause harm. The chef was aware of each person's dietary needs, for example if a person required a diabetic diet or their food to be pureed or fortified. The staff member told us about moulds that had been purchased whereby pureed foods could be moulded to the shape of particular foods. We were told that this had been successful in encouraging some people to eat. The staff member also told us that they were to introduce pictorial menus to assist people in choosing what they wanted to eat. People and their relatives all spoke highly of the meals provided in the home.

People's weight was monitored each month and steps taken if people were at risk of becoming malnourished. For example, checking that the staff were supporting people appropriately, providing snacks and alternatives as well as fortifying meals. In some cases people were monitored for their food and fluid intake and records were kept in order to assess whether people were eating and drinking enough.

Good

Is the service effective?

We observed the lunchtime period. This was carried out in a relaxed manner and people were asked about what they wanted to eat from the choices on offer that day. One person did not eat their meal and staff made sure alternatives were offered and provided to ensure they had a good meal. Staff knew of the people who needed assistance with eating and this was offered in an unrushed, patient manner.

Good

Is the service caring?

Our findings

A relative told, “The care here is spot on.” One person told us, “The staff are all very kind, this is now my home.” They went on to tell us that the staff respected their privacy and always knocked on their door before entering. Everyone had a single release action door lock on their bedroom door so that they could lock their door without risk of getting locked within their room.

Staff we spoke with were knowledgeable about people’s care needs as well as their life histories. At lunchtime staff knew people’s individual personality and behavior. For example, one person would be more likely to eat their meal if they also had a copy of their daily newspaper to read over their lunch.

Throughout the inspection staff were patient with people and took time to explain and encourage people when offering assistance or support. It was evident that people felt comfortable with staff.

Relatives told us that they could visit at any time and that they were always made to feel welcome at the home.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs.

People we spoke with expressed no concerns about the way care was planned and delivered and were very satisfied with the service being provided. Relatives also gave positive feedback on how the home met people's changing needs.

Assessment procedures were in place to make sure that the home could meet people's needs. Before a person was accepted for a placement at the home, a preadmission assessment of their needs had been carried out.

On admission assessment tools and risk assessments were completed and used to develop an individual care plan for each person. Care plans we looked at were up to date and reflected people's needs. The previous manager had worked on care plans to make them more person centred. The plans provided a good overall picture of each person's ability and how they should be supported by staff to maintain as much independence as possible. For example, relatives provided information about their relative's life history so that care workers could better understand the whole person.

Before the inspection we received some concerns. One of the concerns was that people did not receive person centred care as there was institutional practice of the night staff being required to get seven people up before the day shift started. On the first day of the inspection we therefore visited early in the morning. We did not substantiate this allegation after speaking with people, night staff and looking at records. Night staff were provided with an information sheet that detailed those people who wished not to be disturbed and those who rose early. We spoke with two people who were up having breakfast who both told us that always woke early. One person told us this had been instilled into them from their career in the army. The night staff told us that after they had completed their early morning checks on people, they would assist those people to get up who were awake. They said that if the person did not wish to get up, they would be allowed to continue resting.

People had been provided with specialist equipment where this was needed, such as air mattresses. The provider agreed to put in place a checking system to make sure people's mattress settings corresponded to their weight as we found one person whose mattress had been set at the wrong setting. Hoists were available on both floors of the home and people who required the use of a hoist had their own slings to minimize risk of cross infection.

A program of activities was provided with outside entertainers visiting the home, these being advertised to people in reception. On the first day of the inspection a music entertainer was visiting. Care workers provided individual stimulation to people through conversation and at quieter periods of the day. Some people liked to have a daily paper and a new large screen TV was popular with other people. We noted that throughout the day, music of people's era was playing unobtrusively in the background. The home produced a 'Woodside Lodge Newsletter' with reviews of outings and entertainments provided in the home. The provider told us that they were considering the employment of a dedicated activities coordinator to develop activities further.

The home had a well-publicised complaints procedure. This was detailed on the notice board in the reception area and also within the Service User Guide, a copy of which had been given to each person and their family members when they moved in. No one we spoke with had any complaints about the service. We looked at the complaints log and found that the few complaints that had been made had been investigated and a response made. The provider told us about a complaint where this had led to a change in procedures, demonstrating that complaints were used as a means to improving the service provided to people.

Good

Is the service well-led?

Our findings

Everyone we spoke with said the home was well-managed. The home was without a registered manager at the time of inspection and the provider was in the process of recruiting a new manager. The staff told us that in the period without a registered manager the home had continued to operate smoothly under the direction of the provider as there were good systems in place that staff continued to follow making sure people received well-organised, person centred care.

There was a positive culture at the home that was open, inclusive and and empowering. Staff told us that they could always approach management who were open to suggestion and there was good open communication. The staff we spoke with had a good value base, with a good morale reported amongst the staff team as a whole. Relatives also confirmed that management was open and always available to speak with.

There was a system in place to seek feedback on the quality of service provided. A survey had been carried out earlier in the year involving feedback from relatives, people living at the home and visiting health professionals. The returned surveys had yet to be collated. The provider said results would be analysed to see if any improvements could be made to the service provided to people.

There was a system for monitoring accidents and incidents that sought to learn and make improvements where necessary.

The provider showed us the various audits carried out that also sought to monitor the quality of service and take action where necessary. These audits included medicine management, care plan reviews, policies.

The provider was aware of the issues that required notification to CQC and had submitted notifications as required.

Records we reviewed during the inspection were up to date, accurate and were stored confidentially.