

Ideal Carehomes Limited

# Woodthorpe 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 ●

# Summary of findings

## Overall summary

### About the service

Woodthorpe Lodge is a residential care home supporting up to 66 people with a variety of needs, including dementia. Accommodation is purpose built and is provided across two floors, consisting of individual apartments with en-suites and access to a range of communal areas. At the time of our inspection there were 29 people using the service.

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

People were supported to stay safe. Risks were identified and measures taken to keep people safe as far as possible whilst supporting their independence. There was a system in place to report any incidents, including safeguarding concerns, which were analysed for any themes or trends. People were supported by enough staff who knew them well and had been safely recruited. Medicines were administered safely and as prescribed. The environment was clean and good infection control procedures were followed.

Staff were supported to provide good care through effective training and induction to the service. Staff worked with health and social care professionals to help people maintain their health and well-being. People had access to the foods they liked, and staff encouraged them to choose healthy options. The environment had been designed to meet the needs of the people using the service, this included the provision of comfortable communal areas and a cinema room. 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.

Staff were caring and kind to people. It was clear bonds had been formed and people told us the staff were kind and listened to them. Relatives spoke highly of the good work the staff team had done to ensure their family members remained well cared for and safe. People were given choices and encouraged to maintain their independence. Staff could describe how to support people and were aware of people's routines. This supported staff to provide personalised care.

People's care plans were regularly reviewed to ensure they reflected people's current needs and met their aspirations. People were encouraged and supported to make suggestions for activities and staff used this feedback to develop meaningful activities and stimulation for people. Staff communicated with people's families as required. A complaints process was in place and the registered manager understood their responsibilities in relation to this.

The registered manager together with the management team had oversight of the service and completed regular audits and walk arounds to monitor and improve the service. Staff felt supported and benefited from guidance, advice and positive teamworking. The management team worked in partnership with other professionals and multi-disciplinary working led to best outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 08/10/2019 and this is the first inspection.

#### Why we inspected

We undertook this inspection in response to concerns around the management of COVID-19 and infection prevention and control. We found no concerns during 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.

#### Follow-up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 Safe.  
Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was Effective.  
Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was Caring.  
Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was Responsive.  
Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was Well-Led.  
Details are in our Well-Led findings below.

Good ●

# Woodthorpe Lodge

## 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 Care Act 2014.

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

The inspection was completed by two inspectors 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.

#### Service and service type

Woodthorpe Lodge 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider had not been sent a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they

plan to make. We gave the registered manager the opportunity to share this information during the inspection visit.

#### During the inspection

During the inspection we spoke five people who used the service to gain their views about the care and support provided. We also spoke with eight staff members including the registered manager, the care manager, the area manager, a housekeeper, activity co-ordinator and two care staff. We contacted three care staff and spoke with six relatives by telephone.

We reviewed care plans and care records for four people and looked at a sample of medicines and medicine records. We reviewed three staff supervision and recruitment files and training records for all staff. We looked at audits and checks to monitor and improve the service. We also looked at processes, policies and procedures that supported the provider, people and the staff team.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found, including planned improvements to food and mealtimes.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and the staff team were confident they could report any concerns they had to the registered manager, people's families where appropriate, or the local authority safeguarding team.
- People told us they felt safe while being supported by the staff team. One person described how staff had responded well when they had an accident to make sure they received the care and treatment they needed. They told us staff had implemented measures to reduce the risk of further accidents which made them feel safe. A relative told us, "It is a safe, good home."
- Staff received training in safeguarding people from abuse. Staff could describe what action to take if they suspected abuse was occurring and were aware of the whistling blowing policy to protect staff to raise concerns with external agencies.

Assessing risk, safety monitoring and management

- Risks people faced had been assessed and responded to in collaboration with people and other relevant parties. People described how staff had supported them to access services for equipment, such as walking aids, to help keep them safe whilst retaining their independence.
- Risk assessments were kept under regular review, including after any incident or accident. This helped to ensure measures identified to reduce risk were effective in meeting people's current needs.
- Risks from the environment had been assessed and actions taken in response. People had individual personal evacuation plans to be followed in the event of an emergency. Staff attended regular fire drills to ensure they were able to respond effectively in the event of a fire.

Staffing and recruitment

- Staff were recruited safely with the appropriate pre-employment checks in place before employment commenced. This included a check with the Disclosure and Barring Service (DBS) which helps employers make safer recruitment decisions.
- There were enough staff deployed to meet people's needs. Staff told us the recent outbreak of COVID-19 had impacted on staffing levels but felt things had improved now staff were returning to work.
- Relatives felt the level of care had not been compromised through the recent outbreak and felt there were sufficient staff around to meet people's needs, One relative told us, "Staff don't appear to be stretched. I have not had to wait long before a staff member comes to the door".
- The management team ensured the staff supporting people were familiar and consistent.

Using medicines safely

- People received their medicines as prescribed. Medicines were clearly recorded and signed for by trained

staff members.

- Regular checks of medicines were in place to monitor stock levels and ensure they were being given correctly.
- Protocols were in place where people were prescribed as and when required medicines (PRN) for pain relief and for medicines that required close supervision and monitoring, such as transdermal patches (medicines applied directly to the skin).
- Staff received training in administering medicines safely and had their ability to safely manage medicines assessed through regular competency checks.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors were provided with personal protective equipment (PPE) and testing. A dedicated room had been fitted with intercom and screen to afford people privacy whilst keeping them safe.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 observed staff taking PPE on and off safely and changing PPE for tasks. Staff wore face masks consistently.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to prevent future occurrences. The provider maintained oversight of accidents and incidents. They ensured root cause analysis was completed to reduce the re-occurrence of further events.
- Staff worked together to discuss the support provided to people and what worked well. This was shared amongst staff and incorporated in to people's care plans.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received a full assessment of their needs prior to moving into the service. The assessment process captured people's wishes, needs and aspirations and looked at the specific characteristics that staff needed to meet, such as cultural, lifestyle or spiritual needs.
- Assessments were undertaken with the person at the heart of the process. Relatives, friends and other agencies involved in people's care were also consulted.
- Assessment outcomes were used to form the basis of people's care plans.

Staff support: induction, training, skills and experience

- Staff received training in a range of areas. Training was regularly reviewed and refreshed using a combination of face to face training, training through zoom and on-line sessions.
- New staff received a detailed induction. Staff who were new to the service told us the induction process was thorough and supportive. One staff member told us, "I had a week of enhanced training, with a specific topic covered each day. I could not have asked for a better introduction to care. Everything was explained thoroughly and not rushed; it was perfect! I am able to refresh my knowledge through on-line learning."
- Staff received regular, structured supervision. Staff told us supervision was regular and they received good support from their line managers. One staff member told us, "I can go to my senior with anything at any time."

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

- People were supported to eat and drink a healthy and nutritious diet. People felt there was a good choice of meals and they could choose where they ate. Some people expressed a wish for more consistency in the quality of meals served as they felt some meals were better than others. We discussed this with the registered manager who took immediate action to make improvements to mealtimes using people's daily feedback.
- We saw people were provided with regular drinks and snacks throughout our inspection visit.
- If there was a concern with people's eating and drinking or weight management, this was reported to an appropriate health professional promptly.

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

- The staff team worked with health professionals to support people to maintain their well-being and enabled people to attend health appointments in and away from the service.
- The provider had a clear approach as to the nature of people's dependency and needs staff were able to

support and this was communicated within the pre-admission process. Where staff were not able to provide support with health conditions, they referred to health care professionals. This was reviewed on an individual basis to ensure the person received effective care and treatment and staff received appropriate training in specific areas, where required.

- Relatives said staff were proactive at accessing other health services for their family members. One relative told us, "Staff contact me to clarify anything. For example, they recently asked when did [family member] last have a flu jab? [Family member] recently had a rash and staff contacted the GP without delay."
- People were supported to maintain good oral health care. One relative told us, "Recently [family member] broke a tooth on the denture. Staff sorted it out straight away".

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

- The provider and registered manager had thought carefully about the design and decoration of the building to ensure it met the needs of the people using it. The environment was clean and modern whilst maintaining a homely and comfortable feel.
- People had their own apartments, which could be personalised as they wished. There was range of communal areas for people to use, including a cinema room, small lounges and hair dressing salon. The registered manager was in the process of developing a shop for people to purchase their favourite items.
- We saw people enjoyed using the space and areas as they wished. One person told us, "It is lovely here, home from home. I enjoy the peace and quiet, and can talk to people when I want to."

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 MC, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and relatives told us staff respected their wishes and choices. One relative told us, "When there was a problem with [family member's] heating, [family member] didn't want to move rooms temporarily. Staff respected this decision and didn't make [family member] move, even though I said it was okay."
- People had their mental capacity assessed and where there were concerns about a lack of capacity, a DoLS referral was made to the local authority.
- Decisions were made with people, their relatives and professionals to support people with personal care, medicines management and to remain safely at the home, in people's best interests.
- Decisions were clearly recorded and reviewed. These included decisions recorded on resuscitation and end of life care.
- Staff received training on mental capacity and DoLS. We saw staff consistently sought consent from people before providing care and support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with told us staff were kind and caring. One person told us, "The biggest asset of this place is the care staff. They are so kind and caring which makes such a difference to our lives. They are so kind and lovely to the older people it makes me cry." A relative told us, "Staff are very friendly, smiling and joyous, nothing ever seems too much for them. I often overhear the staff giving complimentary comments to residents; they are just lovely. "
- We saw kind interactions between staff and people living at the service. Staff could describe how they supported people to ensure they felt safe and secure. We saw friendly joking between people and the staff.
- Staff told us they treated people as individuals and could describe people's routines. This included recognising people's preferences around communication, support to socialise and wish for reflective time alone.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in planning their care. One person told us how they had spent time at the service getting to know the staff team and environment before making a decision about moving in.
- Relatives told us they were involved in all aspects of care planning. One relative told us, "We had a long telephone assessment. Staff were interested in [family member's] life and hobbies. It was a very thorough interview about [family member's] care needs."
- People told us and records confirmed, they were consulted on how they wish to spend their day. We saw staff responded to people's wishes. This demonstrated a personalised approach.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful that some people required one to one support which could be intrusive. We observed staff were respectful and careful to provide the support people required whilst ensuring they had space and privacy.
- People's care plans contained information on what the person could do themselves and how staff could support them. Staff demonstrated a good understanding of how to support people's independence and the importance of this.
- People were encouraged and supported to maintain relationships with family and friends.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support that was individual to their needs and preferences. There was a detailed admission process in place that helped ensure staff got to know people and their preferences in advance of them using the service.
- People's care plans were detailed and contained information for staff to enable them to support people in a person-centred way.
- Care plans included personal profiles around people's routines and rituals, preferred choices, wishes, likes and dislikes. Staff were aware of this information and could describe people's preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed. Staff supported people with their preferred communication aids, such as hearing and visual aids.
- Staff were able to adapt information to people's preferred language or format if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to attend activities of their choice. During our inspection, the staff member who co-ordinated activities had arranged a meeting to discuss forthcoming activities. The staff member explained they consulted with people and used their feedback to develop activities. This helped to ensure activities were relevant and met people's needs.
- People were busy planning a talent show which a person had suggested and staff were helping them to plan and organise. People were also supported to pursue relevant crafts. The activity staff member was able to show people finished products on-line which helped people to make decisions about what they wanted to do.
- People continued to be supported to maintain relationships that were important to them, both inside and outside the service.
- Relatives spoke about staff encouraging them to visit safely and making them feel welcome during visits. One relative told us how their family member's well-being had improved since moving into the service as they were no longer socially isolated or lonely.

#### Improving care quality in response to complaints or concerns

- People told us they would speak to staff or their family if they had any complaints. A relative said they wouldn't hesitate to pick up the phone and know they would be listened to.
- Complaints were recorded and responded to in a timely manner.
- Any concerns raised of a safeguarding nature were reported appropriately to the local authority for further investigation.

#### End of life care and support

- People and their relatives were supported to discuss end of life wishes if they felt able to. Care plans included details of people's wishes and preferences where these had been discussed and agreed.
- Staff had good links with GPs to assist in supporting end of life care, and worked with health professionals who oversaw end of life for people.
- Staff were trained to support people through end of life care with compassion and dignity.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager and provider had a clear vision and values that put people at the heart of what they did. For example, activities were led and developed through people sharing ideas and suggestions, which were supported by staff.
- The person-centred and inclusive ethos was demonstrated by staff during our inspection. Staff were able to tell us about the provider's vision and were committed to improving the quality of people's lives. One staff member said, "This home is like part of our extended family. Every staff member really is here for the residents; we all make sure people are fully involved in their care. We provide very person centred care."

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 open and honest with us throughout the inspection. There was good communication in place with people, relatives, and professionals.
- The registered manager understood their responsibility to comply with the duty of candour. Staff were aware of what action to take to report any concerning information or complaints.

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

- Audits to monitor and improve the service were completed regularly. Where any concerning information was raised, prompt follow up action was taken. For example, audits identified further investigation and information was needed to ensure appropriate measures were in place following a person's fall.
- The provider maintained an oversight of the service through regular audits and checks. Outcomes of these were used to develop an action plan for the service and benchmark quality across the provider's services.
- Staff received the support they needed to understand their responsibilities and develop within their roles.

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

- The registered manager had reviewed systems and processes in place and introduced new practises into the team. This included 'resident of the day' where the person was able to feedback on all aspects of their care and support. This included full audits from all departments including care and maintenance to ensure everything was provided in line with the person's wishes and preferences and was meeting their needs.
- People were able to attend meetings to share their views and be involved in decisions about the day to

day running of the service. For example, a meeting held in December 2020 showed people had asked for plates to be warmed at mealtimes and more exercise videos to be made available in the cinema room. The registered manager had actioned this feedback.

- Staff told us they were able to share their views through a variety of formal and informal meetings. One staff member told us, "I find the management team are approachable and seniors are good managers. I could not ask for a better staff team."
- Relatives described effective and reliable communication from staff and the registered manager. One relative told us, "Throughout the last year we have had comprehensive emails on what the home and staff were doing keeping everyone safe and how visits were to be conducted."
- Although community interaction had stopped since the pandemic, the service was integrated into the local community. The service had previously acted as a community hub for local community groups to meet and access the services on offer. The registered manager hoped to re-start this once it was safe to do so.

Continuous learning and improving care; Working in partnership with others

- The provider had systems in place to support continuous learning and development.
- Staff worked with a range of people to ensure they reviewed and developed the service to meet the needs of people using it.