Care Quality Commission

Greenhold Care Homes Limited

Woodlands Court Care Home

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

We inspected Woodlands Court Care Home on 16 December 2014. The inspection was unannounced. The last inspection took place on 12 December 2013 during which we found there were no breaches in regulations.

Woodlands Court Care Home provides care and treatment for up to 54 older people, some of whom may experience needs related to dementia. There are two units in the home; one called The Bungalows and the other called The House. There were 46 people living within the two units on the day of our inspection.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS

Summary of findings

are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves.

At the time of the inspection no-one who lived at the home had their freedom restricted. People's rights were also protected by staff who understood the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards, and followed the correct procedures.

People liked living in the home and felt safe there. They were involved in planning and reviewing their care and were able to voice their opinions and views about how the service was run. Appropriate equipment was available for them to help maintain as much independence as they could.

There was an open and inclusive atmosphere within the home. Relatives were consulted about people's care where appropriate and felt welcome in the home whenever they visited.

People and their relatives knew how to make a complaint or raise concerns and there were systems in place to manage them.

There were enough staff to meet people's needs. They were recruited, trained and supported to meet people's needs in the right way.

People's health, safety and well being was protected by staff who understood how to identify, assess and manage any risks or concerns related to people's care. People had access to appropriate healthcare professionals and support services and their medicines were managed safely. They were also provided with a nutritious and varied diet that took account of their likes, dislikes and preferences.

Staff treated people with warmth and kindness and showed respect for their privacy, dignity and opinions. Staff listened to their views and made any changes to their care and support that they wished for.

Systems were in place for on-going assessment and monitoring of the quality of services provided for people. Actions were taken as result of any issues identified.

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?
The service was safe.

People's health, welfare and safety were protected by staff who understood how to identify and report any concerns they identified.

There were enough staff who were appropriately recruited and trained to make sure people's needs, preferences and wishes were met.

Arrangements were in place to ensure medicines were safely stored, administered and disposed of.

Good

Is the service effective?
The service was effective.

People were cared for by staff who were trained and supported to meet their needs in the right way.

They were supported to maintain their health and well being because there were systems in place to ensure they received good nutrition and had access to appropriate healthcare professionals.

People's rights were protected by staff who understood the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards, and followed the correct procedures.

Good

Is the service caring?
The service was caring.

People were treated with kindness and warmth and their privacy and dignity was respected.

Their views and opinions were sought and respected and they received their care in the way they wanted it.

Good

Is the service responsive?
The service was responsive.

People were involved in planning and reviewing their care which took account of their wishes and preferences.

They were supported to engage in social and individual activities which they had helped to plan and had meaning for them.

People knew how to make a complaint or raise an issue if they needed to and there were systems in place for dealing with them.

Good

Is the service well-led?
The service was well-led.

People and staff were supported by a registered manger who promoted an open and inclusive atmosphere.

People and staff had the opportunity to share the views and opinions of the service to help improve people's experience of care.

Good

Summary of findings

Systems were in place to assess and monitor the quality of the services provided for people.

Woodlands Court Care Home

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.

This inspection took place on 16 December 2014 and was unannounced.

The inspection team consisted of 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.

Before the inspection, we asked the provider to complete 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. The provider returned the PIR and we took this into account when we made our judgements in this report.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with six people who lived in the home and two relatives who were visiting. We looked at eight people's care records. We also spent time observing how staff provided care for people to help us better understand their experiences of care.

We spoke with eight members of care staff and the registered manager. We looked at five staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Good

Is the service safe?

Our findings

People and their relatives described the home as being a safe place to live. One person said, "I feel very safe here." Another person said, "Oh yes, I'm safe enough here."

Relatives said they thought staff understood how to keep people safe and responded well if there was an emergency. One relative told us, "My relative had gone a bit faint, the staff arrived from everywhere, that was brilliant."

Staff received up to date training and demonstrated their understanding of how to identify and report if they witnessed or suspected any form of abuse. Staff said they would comfortable to report any situations of this type. Policies and procedures were in place for staff to follow if they witnessed or suspected any form of abuse. Records showed the manager and staff had worked with the local authority safeguarding team to promote people's safety.

We saw staff were trained to deal with emergencies such as the outbreak of a fire. Staff told us about emergency procedures that were in place for them to follow. We saw an emergency resource box and checklist was in place to ensure staff took appropriate actions.

Risks to people's safety had been identified and assessed and plans were in place to minimise the risks. For example, we saw risk management plans for needs such as pressure area care, falls and moving and handling. The plans were reviewed regularly to ensure they continued to reflect people's needs. Staff told us and records showed they had been trained about how to identify and manage any risks. Incident records for events such as falls were reviewed by the manager to ensure the right actions had been taken and to see if there were any lessons to be learned from the event.

Risk assessments and management plans were also in place for environmental issues such as working in the laundry area and replacing flooring. On the day of our inspection we saw the manager monitored and regularly reviewed actions required as a result of a new heating system installation that was taking place. This was in line with the assessment and management plan that had been developed in advance of the work starting.

We saw equipment such as hoists, walking frames, wheelchairs and bed rails were available to people where they were assessed as needing them in order to maintain their safety. Staff generally supported people to use the equipment safely and they told us they had received training about how to help people move around. However, we saw staff supported one person to move in a wheelchair without foot plates. We told the manager about this and they took action to rectify the issue.

People, their relatives and staff members told us there were enough staff on duty to meet people's needs. During our inspection we saw the numbers of staff on duty reflected the rota, which included qualified nurses, care workers and anciliary staff. The manager said staffing levels were calculated based on people's assessed needs and were regularly reviewed. A member of staff described a situation in which a person's short term needs had increased and extra staffing was made available to meet those needs.

There was a thorough recruitment process in place which ensured staff with the right experience and skills were employed to support people. We looked at recruitment records for staff employed in a range of roles. The files contained information about their identity, work history and references from previous employers. Checks had also been made through the Disclosure and Barring Service (DBS) to ensure they were safe to work with vulnerable people. Staff confirmed they had experienced this recruitment process which also included an interview before they were offered employment.

People told us they received their medicines in the way they wanted. They told us medicines for things like pain relief was available to them, as prescribed by their GP, outside of the usual medicine administration times. One person said, "The medication side of things is very good. We receive medications at the same time each day."

We saw one person who managed some of their own medicines. Staff demonstrated their knowledge of how the person wished to be supported and this was in line with the person's care plan. The person told us they were satisfied with the support they received.

Two people received their medicines hidden in substances they liked to eat. We call this 'covert administration'. This was done because they could not make an informed decision to take medicines which would sustain their health. Records showed how the decision to administer medicines covertly had been taken in people's best interest and had involved the appropriate health professionals.

Good

Is the service safe?

Staff carried out medicines administration in line with good practice and national guidance. They ensured people knew what medicines they were taking and signed records only when they were assured the person had taken or refused the medicines. Staff who administered medicines told us, and records confirmed, they received regular training about how to manage medicines safely.

Staff demonstrated how they ordered, recorded, stored and disposed of medicines in line with national guidance. This included medicines which required special control measures for storage and recording.

Good

Is the service effective?

Our findings

People told us they were well looked after and staff knew about their needs. Relatives echoed this. For example, one relative said, "[my relative] is supported very well because the stroke affected their swallowing, they [staff] do very well." Another relative told us, "On the occasions when I have spoken with them [staff] I can tell they know what [my relative] likes."

Staff demonstrated a clear understanding of people's needs and preferences and how to support them. They told us they were trained to meet individual needs and felt confident to do so. They spoke about training in subjects such as dementia awareness and end of life care. One staff member said, "I've signed up for a number of courses and I'm enjoying the study."

Staff told us they received a good induction to the home when they were first employed which helped them to understand people's needs. They said they were supported by experienced staff until they felt confident in their job role.

Records showed staff also received training in subjects such as diabetes, infection control and oral health which was in line with people's assessed needs. Most staff had achieved or were working towards nationally recognised care qualifications and qualified nurses were enabled to retain their registration to practice by way of appropriate training. The manager told us they planned to introduce a nationally recognised induction programme for staff in the near future to help ensure a more consistent process.

Records showed staff received regular supervision and appraisal sessions. Staff confirmed this when we spoke them and said the sessions suited their needs. One staff member said, "I can voice my opinion and feel my opinion is valued."

Staff understood the responsibilities of their varied work roles. Some staff took lead roles in specific areas such as infection control, arranging activities for people and auditing care plans. They all demonstrated a commitment to their lead roles and sharing information with colleagues. Some members of staff showed us the research they had carried out a part of their role and told us how they planned to use the research to positive effect within the home. For example, they had shared information with colleagues about aspects of end of life care and begun an audit process to monitor the impact it was having on people's care.

The manager and staff demonstrated their understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Records showed that where a person did not have capacity to make a decision, the correct procedures had been followed to ensure the decision was made in the person's best interest. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection no-one who lived at the home had their freedom restricted.

Care plans recorded how staff should help people with their decision making and choices. Throughout the day we saw staff asked people for their consent to carry out care tasks with them and respected their decisions about this. On one occasion a person was not ready to be assisted with care and the staff member said, "No problem [person's name], let me know when you're ready and I'll come back." When the person indicated they were ready the same member of staff went back to help them.

People told us there was always plenty for them to eat and drink and they could have snacks when they wanted. We saw cold drinks were freely available for people and staff made hot drinks whenever people asked for them. Staff demonstrated that they knew what people preferred to eat. A relative described how the staff and the chef had met with their relation when they were admitted in order to get to know their preferences.

Menus were based on people's likes, dislikes and nutritional needs, which catering staff had clear knowledge of. Regular surveys were carried out with people so they could say what they wanted included in the menu. We saw comments from the latest winter menu survey such as, "I think the menu as it stands is very good," and "I want more fish." The chef told us how they had incorporated more fish dishes into the menu.

Staff recorded people's dietary intake so they could monitor if there were any changes in a person's needs.

Good

Is the service effective?

Nutritional risks had been identified for people and referrals had been made for appropriate professional support where necessary. Nutritional supplements were available in the home for those people who needed them.

At meal times we saw staff supported people to eat balanced diets and offered alternatives and gentle encouragement when people initially refused a meal. We saw this approach was successful in encouraging two people to eat during the lunch time meal. Care plans identified where people needed things like special cutlery or crockery and, where appropriate, what size plate or bowl they preferred. We saw staff followed the plans during lunch.

People and their relatives told us they were able to see their GP or other health professionals whenever they needed to. One person said, “If you need a GP they [staff] will ring the GP, I’m prone to falling over and they get the GP to check me or take me to hospital.” A relative said, “[my relative] had a tooth come out, they [staff] had it looked at by a dentist and they made sure it had been removed properly.”

We saw healthcare professionals, such as community nurses, GP’s and dieticians had been involved in planning for people’s healthcare needs. Health care professionals told us staff followed their advice. We saw, for example, staff followed professional advice about how to support someone who was walking with a frame.

Care plans recorded how staff monitored and managed people’s health needs. For example, records showed when wound dressings were changed, how the person felt about the process and how the healing process was progressing. We saw that staff were following people’s care plans, for example, with continence needs and people told us they were supported appropriately with them. However, we saw 15 continence monitoring records had not been consistently completed by staff. The manager said they would address this with staff to ensure records were completed in full to help assess whether continence care plans were effective for people.

We saw staff at shift handover time reviewed people’s care and current needs and how they had or were going to respond. This included things like referring people to other healthcare professionals and encouraging people to eat or drink more.

Good

Is the service caring?

Our findings

People who lived at the home said they were happy with the care they received. They told us staff respected their views, and maintained their dignity and privacy. They made comments such as, “I think they are helpful” and “I do think the carers listen to me.”

Relatives spoke about staff in a complimentary and praiseworthy way. They made comments such as, “They’re [staff] are always so kind to [my relative], in fact I find the young carers are best” and “[my relative] says to me these girls work very hard, they make [my relative] laugh, they have a laugh and a joke with [my relative].” Relatives also told us they felt able to visit whenever they wished to and were welcomed by staff when they arrived. One relative told us why they chosen the home for their relation to live in. They said, “I walked in one day and this was the home I liked, I felt it was a nice size and the ambience was good, all the staff are lovely.”

We saw care and anciliary staff displayed a warm, friendly and cheerful manner with people and their visitors. Staff in all roles made time to speak with people when they were moving though different areas of the home. Regardless of their roles, if people asked them for anything staff members took time to respond to the person before caring on with the work they were previously doing. For example, we saw domestic staff arranged for a person to have a cup of tea when they requested one. We saw a care worker, passing through a communal area, stopped to support a person with doll therapy to relieve their increasing anxieties.

Staff took time to listen to people’s views and opinions. For example, the chef came into the dinning room during lunch to ask people how they had found their meal. We saw people responded with confidence, saying what they thought and pointing out any adjustments they wanted. Other care staff sat with people to help them with their meals and encouraged them to eat as independently as they were able to.

Staff generally made sure people’s needs were managed in a timely and private way, which maintained their dignity. A relative gave an example of how staff regularly checked if people needed help with continence and provided the support in a personalised way. We saw a member of staff displayed a warm and reassuring approach with someone who said they did not feel well. They helped the person to their room to rest and to carry out the care the person needed.

We saw staff taking people to private areas for care, talking with people in quiet voice tones away from others and staff handover meetings were held away from communal areas. Qualified nurses who were administering medicines at lunch time spoke with people in quiet voice tones about their medicine needs. However on two occasions we saw care staff who were administering medicines called across the dinning areas to see if people needed pain control. The manager said this had previously been highlighted by their own quality assurance checks and they would take further action to address the issue.

Good

Is the service responsive?

Our findings

People told us they were happy with the level of involvement they had in planning and reviewing their care. They said they knew they had a care plan but most people said they preferred relatives or staff to "take care of the paperwork."

Relatives told us they were consulted about their relation's care and confirmed their relation's were involved in planning and reviewing care. One relative said, "They [staff] are always telling [my relative] what is happening with their care and treatment."

We saw care plans recorded people's preferences about they way they wanted to be cared for. They were reviewed regularly to make sure the plans reflected the person's current needs. One person told us, "They [staff] know what I like and don't like, they come when I need them." Other people told us staff responded quickly if they wanted any support. For example, when discussing call bell response times one person said, "They [staff] do come as quickly as they can."

Staff knew what people's individual needs were and also how they liked to be cared for. One member of staff described how a person liked to get up later in the morning than most people; another member of staff described which cup a person preferred to drink from. Other staff spoke about how a person's dementia impacted on their daily life and what steps they had taken to help the person to stay as independent as they could be, such as providing equipment to help them mobilise in a safer way.

People told us they were able to make a choice about how they spent their day. We saw there were two members of staff who helped people to pursue activities and interests. One of these staff members helped people on an individual basis to pursue the activities and interests they had. Volunteers also came into the home on two evenings a week to support people with group activities such as bingo.

We saw people had the choice to participate in events such as visits to local garden centres and music events in and outside of the home. During the inspection we saw staff in The House encouraged people to join in with a gentle exercise based session. People who lived in The Bungalows told us they did things like play scrabble or had singing sessions. One person told us they were not interested in doing things with other people and just liked to watch their TV and listen to music. We saw they were supported to do this.

Relatives told us they were satisfied the home provided an assortment of activities for everyone to join in with. One relative told us how they had been able to discuss the things their relation liked to do when they had been admitted. People had completed a survey in 2014 about their experience of care within the home. The outcomes showed people rated their experience of social activities as either 'good' or 'excellent'. Records of meetings showed people had helped to choose and plan social activities.

People and their relatives told us they would feel comfortable to raise a complaint if they needed to. They told us they knew how to do so and felt any issues would be dealt with in the right way.

We saw the provider's complaints procedure was available to people. Our records showed six complaints had been received by the provider since we last visited the home. The manager had addressed the complaints in line with the provider's procedures. We saw the actions the manager and staff had taken in response to one complaint about medicines and the person involved told us they were happy with the outcome.

Good

Is the service well-led?

Our findings

During the inspection, we experienced an open and friendly culture within the home. Staff in all roles worked alongside each other well.

There was registered manager in post who had worked at the home for seven years, firstly as the deputy manager then latterly as the manager. The manager and the current deputy manager both held a nationally recognised management qualification. During the inspection they were visible around the home, talking with people, their relatives and staff. People and their relatives told us they knew who the manager of the home was and could talk with them when they needed to.

The manager demonstrated a good oversight of the home. For example, they knew which staff were working in each of the units and their individual skills; they knew details of people's individual care needs and what the current care plans entailed. They also had good knowledge of the provider's plans for improvements to the service such as the timescales for replacing worn and stained floor coverings and general redecoration.

Staff were aware of the management structure and told us they were well supported by the manager and senior staff. They said they felt able to raise any issues with them and felt their views and opinions were listened to and responded to. One member of staff said, "I really love it, it's the best job I've had." Another member of staff said, "You can talk to any of the staff and they help you when you need it. It's a good team here." Some staff had lead roles for things like care plan audits, infection control and activities and interests. Staff knew who the leads were for specific issues and told us they could go to them for specific advice

Staff told us they knew about whistleblowing procedures and would be comfortable to use them if the needed to.

People and their relatives told us they had the opportunity to help shape the way the home was run through things like surveys and meetings. We saw the outcomes of a survey completed by people during 2014. In all of the responses people rated their experience of things like standards of care, nutrition and laundry as 'good' or 'excellent'. One comment recorded, "1st class in all areas." The manager told us meetings were held with people twice a year and we saw minutes of those meetings where people had, for example, discussed and planned social events . We also saw feedback forms were generally available for people to complete when they wanted to.

Staff meetings were also held in the home. Staff told us they were a good source of information and one way in which they could raise ideas for improving the service. Minutes of meetings showed staff received feedback from things like audits and safeguarding investigations so that they could learn lessons and improve the way they did things.

There were systems in place to regularly assess and monitor the quality of the service provided within the home. We saw regular audits were carried out for topics such as staff training, quality of care plans and medicine arrangements. We saw action plans with time scales for completion were in place to meet any identified issues. However, we saw 15 continence monitoring records had not been consistently completed by staff, which audits had not identified. The manager said they would address this with staff to ensure the audit process was carried out in amore robust way.

The manager showed us the system for monitoring and reviewing areas of risk such as falls. We saw that the manager reviewed incident records to see that appropriate actions had been taken. We also know from our records, the manager notified us in a timely way of any event in the home which they were required to do in line with their responsibilities.

The manager told us they were in regular contact with the provider organisation who supported them to maintain standards of care within the home. We also saw records of annual meetings between the manager and directors of the provider organisation. They showed topics such as people's needs, staffing levels, complaints and quality assurance processes were reviewed.