Greenhold Care Homes Ltd

Woodlands Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection carried out on 10 February 2017.

Woodlands Court Care Home can provide accommodation, nursing and personal care for 54 older people and people who live with dementia. There were 46 people living the service at the time of our inspection. The accommodation is provided in two buildings that are next door to each other. One building is a two storey older property to which staff refer as being the, 'house'. The other property provides purpose-built single storey accommodation to which staff refer as being the, 'bungalows'.

The service was run by a company who was the registered provider. There was a registered manager in post. 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. In this report when we speak both about the company and the registered manager we refer to them as being, 'the registered persons'.

Suitable steps had not always been taken to avoid preventable accidents and parts of the accommodation were not clean. Medicines were not always being managed in the right way. Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse, including financial mistreatment. There were enough staff on duty and background checks had been completed before new staff were appointed.

Some areas of the accommodation were not well decorated or maintained. Staff knew how to care for people in the right way and they had received training and guidance. People enjoyed their meals and were assisted to eat and drink enough. Staff ensured that people received all of the healthcare they needed.

The registered persons had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had taken the necessary steps to ensure that people only received lawful care that respected their rights.

People's right to privacy was not fully promoted. Staff treated people with kindness and compassion. Confidential information was kept private.

People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed. People had been helped to pursue their hobbies and interests and there was a system for quickly and fairly resolving complaints.

Quality checks had not always effectively resolved problems in the running of the service. People had been consulted about the development of their home and the service was run in an open and inclusive way. Good team work was promoted and staff were supported to speak out if they had any concerns. People had benefited from staff acting upon national good practice guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People had not always been protected from the risk of avoidable accidents.

Parts of the accommodation were not clean.

Medicines were not always managed safely.

Staff knew how to keep people safe from the risk of abuse including financial mistreatment.

There were enough staff on duty.

Background checks had been completed before new staff were employed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Parts of the accommodation were not well decorated and maintained.

Staff knew how to care for people in the right way and they had received training and guidance.

People had been assisted to eat and drink enough.

Care was provided in a way that ensured people's legal rights were protected.

People had been assisted to receive all the healthcare attention they needed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's right to privacy was not fully promoted.

Staff were caring, kind and compassionate.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been consulted about the care they wanted to receive and this had been provided in the right way.

Staff promoted positive outcomes for people who lived with dementia.

People were helped to pursue their hobbies and interests.

There was a system to quickly and fairly resolve complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality checks had not always resulted in problems in the running of the service being quickly put right.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

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 registered person 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 registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 10 February 2017. The inspection team consisted of one inspector and the inspection was unannounced.

During the inspection we spoke with 10 people who lived in the service and with six relatives. We also spoke with three care workers, a senior care worker, two nurses, the deputy manager and the registered manager. We observed care that was provided in communal areas and looked at the care records for four people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

Requires Improvement

Is the service safe?

Our findings

People said that they felt safe living in the service. One of them said, "I'm well enough here. It's okay. I get on with most of the staff and I'm as settled as I will be anywhere I suppose." Another person who lived with dementia and who had special communication needs gave a 'thumbs-up' sign when asked about this matter. All of the relatives with whom we spoke said they were confident that their family members were safe in the service. One of them said, "The place is a bit rough at the edges but the staff are kind and I can see that my family member is well cared for here."

However, we found that there were shortfalls in one of the arrangements that had been made to prevent people from experiencing avoidable accidents. We noted that in the house several radiators had not been fitted with guards. They were very hot and we could not touch them for more than a few seconds. We also noted that one of these radiators was directly next to a person's bed and increased the risk that they would burn their feet at night. In addition, we found that some of the carpet that was laid in a frequently used corridor was loose and slipped under foot. In another place we found the carpet to have been joined with a worn and raised seam. These defects increased the risk that people would fall and injure themselves. A further problem was that some of the windows in the bungalows were not fitted with safety latches to prevent them from opening too far. This increased the risk that people would be injured or would fall when opening the windows concerned. We raised our concerns with the registered manager who assured us that steps would immediately be taken to keep people safe until the necessary repairs could be made. Shortly after our inspection visit the registered pesons sent us evidence in the form of photographs, receipts for work completed by contractors and action plans showing that all of the defects had been or were in the process of being addressed.

Staff had identified other possible risks that could lead to people having accidents. An example of this was some people agreeing to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Other examples were people being provided with equipment such as walking frames, raised toilet seats and bannister rails. In addition, staff had taken action to promote people's wellbeing. An example of this was people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas.

In addition, records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this was people being offered the opportunity to be referred to a specialist clinic after they had experienced a number of falls. This had enabled staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future.

We found that there were shortfalls in the arrangements used to promote good standards of hygiene. One of these was the condition of the medicines store room in the bungalows. We saw that the carpet was heavily stained as was an unsealed wooden shelf upon which various containers had been placed. In addition, the

room was also used to house a large number of wall-mounted electrical consumer units. There was also a telephone switchbox from which numerous wires stuck out because the unit did not have a cover. Each of these items was dusty and given their purpose they could not be readily cleaned. Other problems we noted included there being no soap or towels in three of the communal toilets we examined in the house. Indeed, we found that two of them did not even have any toilet paper. These various shortfalls had increased the risk that people would acquire avoidable infections. We raised our concerns with the registered manager who said that each of the problems would quickly be addressed. Again, shortly after our inspection visit the registered persons sent us evidence to show that each of these problems had been resolved.

There were reliable systems for ordering, securely storing and disposing of medicines. However, we found that mistakes had been made in a small number of instances because staff had not correctly recorded each medicine that had been dispensed. This reduced the assurance we could be given that the people concerned had received all of the medicines that had been prescribed for them. We also noted that staff had not always checked to ensure that medicines were being stored at the right temperature. This is necessary because some medicines lose part of their therapeutic effect if they are kept above a certain temperature.

We noted that in the 12 months preceding our inspection there had been two occasions when staff had not administered a medicine in the right way. Records showed that in each case the registered manager had carefully established what had gone wrong. They had then used this information to make improvements to reduce the risk of it happening again. These measures included providing individual members of staff with additional training and strengthening some of the procedures that governed how medicines were managed in the service.

People who lived in the service said that there were usually enough staff on duty to promptly provide them with the care they needed. One of them commented, "I'm looked after quite well. The staff are busy but in general I don't have to wait too long if I need help." Another person remarked, "The staff are very busy in the morning and they probably need more staff then. But in general the staff do their best and the place seems to run okay."

The registered manager told us that they had completed an assessment of how many staff needed to be on duty taking into account how much assistance each person needed to receive. We noted that during the week preceding our inspection all of the shifts planned on the staff roster had been filled. During our inspection we noted that staff quickly responded when people who were in the bedroom used their call bell to ring for assistance. We also saw that when people who were sitting in the lounge asked for help this was given without delay. We concluded that there were enough staff on duty because people were promptly being provided with care that met their needs and expectations.

We examined records of the background checks that the registered persons had completed before two new staff had been appointed. They showed that a number of checks had been undertaken. These included checking with the Disclosure and Barring Service to show that applicant did not have relevant criminal convictions and had not been guilty of professional misconduct. Other checks included obtaining references from relevant previous employers. These measures helped to ensure that the applicants could demonstrate their previous good conduct and were suitable to support the people in their home.

Requires Improvement

Is the service effective?

Our findings

People said that they were well supported in the service and they were confident that staff knew how to provide them with the practical assistance they needed. One of them said, "The staff seem to know what they're doing and I like knowing there's a nurse on duty." Relatives were also confident that staff had the knowledge and skills they needed. One of them said, "I'm confident in the staff because I can see how much my family member has improved since they've moved in." Another relative said, "I'm satisfied with this service as when I telephone the staff always know where my family member is sitting and don't have to search around for them."

However, we noted that some parts of the accommodation were not well decorated or maintained. On the outside of the house the paint on some of the wooden windows was discoloured and peeling off. At one side of the building a small area of brickwork was damaged and falling off. Furthermore, in this same area there was a pot that was overflowing with cigarette ends some of which were also scattered over the ground nearby. We visited four bedrooms in the house. In two of them the carpet was threadbare and in three rooms the painted plaster walls were scuffed and marked. In another bedroom one of the curtains was hanging off its runner. In three of the bedrooms the wash hand basin hot water tap did not work. Indeed, in one of rooms the mixer tap was heavily encrusted with lime-scale and did not work at all. Although the registered persons had completed audits of the accommodation, records showed that none of the defects we noted had been identified as needing attention. However, the registered manager told us that they were preparing a comprehensive development plan for the house. They also said that they would ensure that all of the problems we noted were quickly put right. After our inspection visit the registered manager sent us evidence showing that all of the defects had been or were in the process of being addressed.

Staff told us and records confirmed that new staff had undertaken introductory training before working without direct supervision. The registered manager said that this training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new staff that is designed to equip them to care for people in the right way.

Records showed that nurses and care workers had also received refresher training in key subjects. These included how to safely assist people who experienced reduced mobility, first aid, infection control and fire safety. We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this was nurses knowing how to correctly support people to manage particular health care conditions. Other examples were care workers knowing how to correctly assist people who needed support in order to promote their continence. Another example was nurses and care workers knowing how best to help people to keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin and understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing. We also noted that all of the care workers had either obtained or were working towards a nationally recognised qualification in the provision of care in residential settings.

Staff told us that the deputy manager regularly worked alongside them to provide nursing care for people.

This enabled them to give useful feedback to staff about how well the assistance they provided was meeting people's needs and wishes. Records also showed that nurses and care workers regularly met with a senior colleague to review their performance and to plan for their professional development.

People told us that they enjoyed their meals with one of them remarking, "The food is good here but I'd prefer not to get so much on my plate because sometimes I can't finish it." Another person remarked, "I have my meals in the dining room because it's nice to be with other people and we all enjoy it." We asked a person who lived with dementia and who had special communication needs about their experience of dining in the service. We saw them point towards the dining table at which they were sitting and smile.

Records showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion. People chatted with each other and with staff as they dined. In addition, we saw that some people who needed help to use cutlery were discreetly assisted by staff so that they too could enjoy their meal.

We noted that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked. This had helped staff to reliably identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. Records showed that as a result of this measure some people had been invited to use high calorie food supplements to help them keep their strength up. We also noted that the registered manager had arranged for some people who were at risk of choking to be seen by a healthcare professional. This had resulted in staff receiving advice about how best to specially prepare some people's meals so that they were easier to swallow.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the registered manager and staff were supporting people to make various decisions for themselves. An example of this occurred when we saw a member of staff explaining to a person who lived with dementia why it was advisable for them to use a medicine at the correct time and on a regular basis so that it helped them to stay well. The member of staff pointed to the medicine in question and then to a nearby clock to indicate that it was the usual time for them to accept medicines. We noted how the person responded positively to this information after which they were pleased to receive the medicine in question.

Records showed that the registered manager recognised the need to consult with key people when a person lacked mental capacity and a decision needed to be made about their care. We saw that they had liaised with health and social care professionals and relatives to make sure that important decisions were taken in a person's best interests. An example of this was the registered manager working with care managers (social workers) and relatives when a person needed special assistance so that they could rest in safety and comfort when in bed. They had done this so that careful consideration could be given to deciding if the proposed arrangement would gently provide the person with the support they needed.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager knew about the requirements of the Deprivation of Liberty Safeguards and had taken

the necessary steps to ensure that people were only provided with care that protected their legal rights.

Records showed that some people had made legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. We noted that these arrangements were clearly documented and were correctly understood by the registered manager. This helped to ensure that suitable steps could be taken to liaise with relatives and representatives who had the legal right to be consulted about the care and assistance provided for the people concerned.

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A person spoke about this and said, "The staff are pretty much quickly on the telephone if I need to see the doctor." Relatives also commented on this matter with one of them saying, "I know that the staff do arrange for my family member to have the healthcare they need because they tell me each time something is necessary and about what they've done."

Requires Improvement

Is the service caring?

Our findings

People were positive about the quality of care that they received. One of them said, "In general the staff are okay and I have no problem with them. They can be rushed a bit but that's the world I suppose." Relatives also told us that they were confident that their family members were treated in a compassionate way. One of them said, "I find the staff to be caring and my family member hasn't said anything to the contrary." Another relative remarked, "Overall, the staff are caring, there's always some you like more than others but none of them are unkind I think."

However, we found that suitable provision had not been made to enable staff to fully promote people's privacy. This was because none of the bedroom doors in the house were fitted with working locks and so people could not secure their personal space if they wanted to do so. We also noted that none of the communal toilets or the walk-in shower in the house had a working lock on the door. We were near to one of the toilets when they were in use. We heard that the person who was using the facility had to call out to another person who was attempting to open the door. They were doing this because they had assumed that the toilet was not occupied. Later on we spoke with the person who had been using the toilet and they said, "I don't know why we can't have a lock on the toilet. I don't like people walking in like that." Shortly after our inspection visit the registered persons confirmed to us that all of these problems had been or were being addressed.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms and private bathrooms. The bedrooms were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture. We saw staff knocking before going into bedrooms and making sure that doors were shut when they assisted people with close personal care.

During our inspection we saw that people were treated with respect and with kindness. Although staff were busy they made a point of speaking with people as they assisted them. We observed a lot of positive conversations that supported people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about their joint experiences of living and working in the area. The person concerned was pleased to reflect upon how farming had changed over the years with the introduction of more machinery.

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this involved a member of staff speaking with a person about one of their relatives who they did not see regularly because they did not live in the area. The member of staff encouraged the person to enjoy recalling when they were younger and regularly saw their relative more frequently.

We noted that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures

included the service having links to local lay advocacy groups. Lay advocates are independent of the service and who could support people to express their opinions and wishes.

We noted that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wished to do so. A relative commented on this saying, "I do usually see my family member in their bedroom because it's more private and the staff are fine about it and indeed bring us both a cup of tea and biscuit." In addition, we noted that people could use the service's business telephone from the comfort of their bedroom if they wanted to make or receive a call in private.

We saw that paper records which contained private information were stored securely. In addition, electronic records were held securely in the service's computer system. This system was password protected and so could only be accessed by authorised staff. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Good

Is the service responsive?

Our findings

People said that staff had consulted with them about the care they wanted to receive. We noted that the results of this process were recorded in an individual care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving all of the nursing and personal care they needed. An example of this was people being assisted by the nurses to safely manage specific medical conditions. Another example was care workers helping people to reposition themselves when in bed or when seated in their armchair so that they were comfortable. A further example was the way in which staff had supported people to use aids that promoted their continence.

We noted that staff promoted positive outcomes for people who lived with dementia. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person was becoming upset because they were not sure when they would be assisted to return to their armchair after lunch. The member of staff quietly explained to the person that they had not yet been served with their pudding. After this, we saw that the person was happy to wait until the next course was available. Shortly afterwards we saw the person enjoying their pudding and chatting with other people who were seated at the same dining table. The member of staff had known how to provide the person with the reassurance they needed.

There was an activities coordinator and people told us that they were satisfied with the opportunities they were given to enjoy social events. One of them said, "The staff lay on various things for us to do and I personally wouldn't want any more." Records showed that people had been supported to take part in a range of social activities including things such as arts and crafts, quizzes and gentle exercises. In addition, we noted that entertainers called to the service to play music and engage people in singing along to their favourite tunes. During the course of our inspection we saw two people spending private time with the activities coordinator in their bedrooms. One of them was chatting about their grand-children and another was being assisted to enjoy doing some artwork.

We noted that people's individuality was respected and promoted. We were told that arrangements had been made for several people to regularly meet their spiritual needs by seeing a vicar or a priest. In addition, the registered manager was aware of how to support people who had English as their second language. This included being able to make use of translator services.

We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

People and their relatives said that they would be confident speaking to the registered manager if they had any complaints about the service. A relative said, "I've not had to complain so far. If there's a minor niggle it gets sorted out without any fuss."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had received 11complaints in the 12 months preceding our inspection. We examined records relating to several of these concerns and they showed that the registered manager had suitably investigated and resolved each matter.

Requires Improvement

Is the service well-led?

Our findings

People told us that they considered the service to be well managed. One of them said, "Things are okay for me in that I get the care I need. I'd rather be at home of course but this is okay as the next best." Most of the relatives also said that the service was well run. One of them remarked, "Yes, overall it's good enough. If the staff weren't so rushed on some days it would be better still."

In their Provider Information Return the registered persons said that they used robust systems to check on the quality of the service people received. Records showed that a number of quality checks were being completed in the right way. These included robust audits of the delivery of nursing and personal care, the provision of training and the steps taken to comply with the Mental Capacity Act 2005. However, other quality checks had not always been effective in quickly putting problems right. In more detail, we found that each of the problems we found in the running of the service had been the subject of quality checks that had not clearly identified the need for improvements to be made. These included the mistakes we have described earlier in our report relating to preventing avoidable accidents, managing medicines and promoting suitable standards of hygiene. Other mistakes were the way in which privacy was promoted and the arrangements made to suitably maintain the accommodation. In addition to these problems, we noted that some of the checks of the fire safety system had not been completed in the right way and some had not been completed at all. This had reduced the level of protection people could be given in the event of a fire. We raised our concerns with the registered manager who assured us that the registered persons' quality checks would immediately be strengthened in response to each of the shortfalls we had identified.

People said that they were asked for their views about their home as part of everyday life. One of them remarked, "I like having a chat with the staff and they ask me how I'm doing and if I need anything else." In addition, we noted that people had been invited to suggest improvements to their home by contributing an annual quality assurance questionnaire. We saw that when people had suggested improvements action had been taken to introduce them. An example of this was revised arrangements made in the laundry to ensure that garments were always thoroughly cleaned before being returned for people to wear.

People and their relatives said that they knew who the registered manager and the deputy manager were and that they were helpful. During our inspection visit we saw both of them talking with people who lived in the service and with staff. We noted that the deputy manager had a thorough knowledge of the care each person was receiving. In addition, both of them knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to run the service so that people received the care they needed.

We found that staff were provided with the leadership they needed to develop good team working practices so that people received safe care. There was always at least one nurse on duty and in charge of each shift. During out-of-office hours either the registered manager or the deputy manager were on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were staff meetings at which staff could discuss their roles and suggest improvements to further develop

effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and deputy manager. They were confident that they could speak to them if they had any concerns about another staff member. Staff told us that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

We noted that the registered persons had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this was the activities coordinator who had accessed national guidance about how best to engage the interests of people who lived with dementia. As a result of this, the registered persons had purchased some mobile sensory equipment that could be used in people's bedrooms. This was an innovative development that was designed to promote positive outcomes for the people concerned.