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A Woodlands House

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

This inspection site visit took place on 18 and 23 July 2018 and was unannounced.

A Woodlands House is a residential care home which provides care and support for up to 14 older people living with dementia. At the time of our inspection there were 14 people living at the home. Accommodation was arranged over three floors with stairs and a passenger lift to the first floor, people with better mobility stayed in rooms on the second floor and had been assessed as being able to use the stairs. The ground floor had a dining area and two communal lounges. 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 registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is also one of the providers of 29 years; they were in day to day charge and worked alongside a deputy manager and care staff team to provide care for people.

The service was last inspected on 28 and 29 January 2016 and was rated Good across all questions. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff were aware of their responsibilities in relation to keeping people safe and knew who to contact externally should they feel their concerns had not been dealt with appropriately.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk, actions were identified on how to reduce the risk and referrals were made to health professionals as required.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and people were encouraged to make decisions about their care and treatment. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The members of the management team and care staff we spoke with had a full and

up to date understanding of DoLS. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

There were sufficient staff to meet people's needs and keep them safe. The registered manager told us that they did not use agency staff as they liked to ensure that staff had a good understanding of people's needs and the care they needed. Safe staff recruitment procedures ensured only those staff suitable to work in a care setting were employed.

Staff had undertaken appropriate training to ensure that they had to skills and competencies to meet people's needs. Staff attended regular supervision meetings with the registered manager.

People were supported to maintain good health and had access to health professionals. Dietary needs and nutritional requirements had been assessed and recorded. Weight charts were seen and had been completed appropriately.

Staff were caring, knew people well, and treated people with dignity and respect. Staff acknowledged people's privacy and had developed positive working relationships with them. Relatives spoke positively about the staff at the home.

The care that people received was responsive to their needs. People's care plans contained information about their life history and staff spoke with us about the importance of knowing people's backgrounds.

Complaints were listened to and managed in line with the services policy and procedures.

People, relatives and staff were involved in developing the service through meetings, annual surveys and quality assurance audits.

Staff and relatives continued to speak positively about the registered manager and said there was an open-door policy.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

A Woodlands House

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 is 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.

The inspection site visit took place on 18 and 23 July 2018 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. The expert-by experience at this inspection had experience of dementia and elderly care.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and any improvements they plan to make. We reviewed the PIR and other information we held about the service including previous inspection reports. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection. On the day of inspection, we spoke to a visiting health professional.

During the inspection, we observed the care given by staff to people including how medicines were administered to people and the lunchtime experience. We met and spoke to everyone living at the service and spoke in more depth to one person and four relatives. Due to the nature of people's needs, we were not able to ask everyone direct questions, but we did observe people as they engaged with their day-to-day tasks and activities.

At this inspection we used the Short Observational Framework for Inspection (SOFI). A SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with the registered manager (who was also one of the providers), deputy manager, three care staff and the cook.

We looked at care plans and associated records for four people and 'pathway tracked' two of them to understand how their care was being delivered in line with this. We reviewed other records, including the registered manager's internal checks and audits, medicines administration records (MAR), health and safety maintenance checks, accident and incidents, compliments and complaints, staff training records and staff rotas. Records for three staff were reviewed, which included checks on newly appointed staff and staff supervision records.

The service was last inspected on 28 and 29 January 2016 and was awarded the rating of Good.

Good

Is the service safe?

Our findings

People told us that they felt safe living at A Woodlands House. One visiting relative said, "I feel my relative is safe because of the security of the home and staff." Another relative said, "Any concerns about my relative and the manager would contact me."

Policies and procedures were in place to protect people from abuse. Staff received safeguarding training and continued to understand their responsibilities to raise concerns and discuss concerns with managers and colleagues. Safeguarding information could be found on the staff noticeboard.

Staff told us, "We check peoples care plans and risk assessments to see how people should be supported to help us keep people safe." One member of staff told us, "if I see a bruise on someone I would check how it happened and refer to the individuals body map, care plan and discuss with staff to see if the person had a fall. If I suspected abuse I would raise it with the registered manager, deputy manager or senior staff to ensure it was recorded."

Safeguarding concerns were logged identifying any learning for the service. The learning was shared with staff at handovers, team meetings and through supervision. Staff were aware of the whistleblowing policy and knew how to report concerns to a senior manager, or directly to external organisations. The registered manager could give examples of when the whistleblowing policy had been used.

Risks to people continued to be identified, assessed and managed safely. Risk assessments were found within people's care plans and the information was regularly audited and updated to ensure staff were aware of any changes to people.

People were supported to take positive risks. A member of staff gave an example where a person went outside without shoes on. The staff member encouraged the person to come back inside and put shoes on, explaining the potential risk of the person cutting themselves or falling over.

Accidents and incidents continued to be recorded identifying learning outcomes for the service. Staff explained that 24-hour observations were used to monitor people after a fall.

Staff could talk about how they supported people with behaviours that challenge. One member of staff told us, "I try to divert the person's attention by changing activities or environment, like going out into the garden. I talk calmly to people and sit with them offering reassurance."
People had access to call bells when needed and people told us that staff responded quickly. One person told us "I have used my call bell and they do come and answer it."

The premises and equipment continued to be monitored and checks were undertaken regularly. Ongoing maintenance issues were logged into a general message book and actioned appropriately. Personal emergency evacuation plans (PEEPs) were in place to guide staff in safe evacuation in the event of an emergency. Fire alarms, emergency lighting and call bell checks took place regularly to ensure people's

safety.

Personal protective equipment (PPE) such as hand wash, gloves and aprons were available in all bathrooms, at the entrance of the building, people's rooms and in the communal areas. To protect people from risks relating to cross infection. The service was clean and tidy. One visiting relative told us, "It's always perfectly clean here." Staff had a good understanding of their role and responsibility in relation to infection control and hygiene.

Policies and procedures continued to ensure the safe ordering, administration, storage and disposal of medicines. Medicines Administration Records (MAR) were in place and had been correctly completed to evidence that people had received their medicines as prescribed.

Only trained staff administered medicines. The registered manager completed an observation of staff to ensure they were competent in the administration of medicines. Fridge temperatures were checked daily. We carried out a random check of the stocks of medicines and identified expired liquid medicines. We spoke to the provider who explained that an external agency visited in May 2018 to carry out an internal audit of medicines and did not identify the expired liquid medicine. The provider took immediate action to dispose of the medicines.

There continued to be sufficient staff to meet people's needs and keep them safe. We reviewed the rota and the number of staff on duty matched the number recorded on the rota. The rota included details of staff on annual leave, training or sick leave. The registered manager did not use agency staff and were able to cover shifts with existing staff. Staff turnover was low with many staff having worked at the service for many years, this meant that staff were consistent and familiar to people living in the service.

New staff were recruited safely and records confirmed this. Two references were obtained, identity checks carried out and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people.

Good

Is the service effective?

Our findings

People's care, treatment and support continued to be delivered in line with current legislation. People's care plans and assessments were comprehensive and representative of people's needs and we observed that staff knew people well to deliver effective care.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making decisions on behalf of people who may lack mental capacity to do so for themselves. This 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Many people living in the service had given a family member valid and active lasting powers of attorney to take decisions. We checked people's files in relation to decision making for those who were unable to give consent. Documentation in people's care records showed when decisions had been made about a person's care and where they lacked capacity, these had been made in the person's best interests.

Staff spoke confidently about the principles of the Mental Capacity Act 2005 and records confirmed that staff had completed training in MCA and DoLS. We saw staff seeking consent from people regarding their day-to-day support by using communication techniques individual to the person. We observed one member of staff explaining to a person why they should keep their leg elevated. The staff member knelt beside the person held their hand and talked about what was wrong with the person's leg and why it was important for them to keep their leg up.

People can only be deprived of their liberty so that they can receive care and treatment when this is in line with their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). On the day of inspection, the registered manager confirmed there were two approved DoLS in place and ten applications that had been submitted to the local authority a copy of these applications could be found in the person's care plan.

Staff training continued to ensure that staff they had the skills and competencies to meet people's needs. Staff received a combination of e-learning and practical training in a range of areas essential to the job role.

Staff received regular supervision and appraisals. The care team met through team meetings and handovers during the day. The registered manager told us that they used team meetings to update staff on policy changes, safeguarding and other training needs.

New staff undertook a comprehensive induction programme which included essential training and shadowing of experienced care staff. New staff completed the Care Certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and standards of care that are expected from care workers.

People were supported to maintain good health and had access to health professionals. Relatives felt confident that staff would know when to contact health care professionals. One relative told us, "They are

always good at getting the Doctor in, they tell me what goes on." Staff worked in collaboration with professionals such as doctors and the falls prevention team to ensure advice was taken when needed and people's needs were met.

On the day of inspection, we met with a visiting health professional who told us, "The staff here are always helpful and will explain the best way to support the person I am visiting."

The registered manager told us that A Woodlands House wanted to create a 'home from home' feel for people. People had access to a main lounge and a smaller quieter lounge to meet with visitors. We observed people enjoying the garden and chatting. Bathrooms and toilets contained some contrasting colours to assist people to use these facilities. We discussed with the registered manager the lack of signage to support people at key decision points. The registered manager took action to order new signage to ensure the environment promoted people's independence effectively.

People's dietary needs and nutritional requirements continued to be assessed and recorded on a monthly basis. Referrals or advice was sought where people were identified as being at risk.

People were supported to have enough to eat and drink to maintain a balanced diet. All the food at A Woodlands House was homemade. People were offered a choice of drinks throughout the day with biscuits and homemade cakes in the afternoon. The chef kept a note of people's dietary requirements such as a soft food diets, specific dietary needs and any allergies.

We observed lunchtime and found that people were asked where they wanted to have lunch. Some people chose to eat in their rooms or in the lounge area. The atmosphere was calm and not rushed and staff encouraged people to be as independent as possible with tasks, serving food that was specific to the person's needs. Staff gave examples where; one person was not able to hold a knife and fork so staff assisted the person with eating. Another person had poor eyesight and was given a special bowl to make eating easier. One person told us, "I have no complaints about the food. If there's something I don't like they will do me something else." We saw staff supporting people to eat, waiting for the person to finish their mouthful and asking if the person was ready for more food. We observed staff chatting to people and humming songs.

Good

Is the service caring?

Our findings

A Woodlands House had a homely, friendly feel, people and relatives spoke positively about the staff. We saw good interactions between staff and people, they knew each other well and had developed caring relationships.

Relatives spoke highly of the staff and told us they were always made to feel welcome. One relative said, "The staff here have been exceptionally kind." Another relative told us, "My mum gets lots of love and attention from the staff, she responds very well to them."

We observed people being treated with dignity and respect. People were supported to maintain and develop their independence as far as possible and encouraged to make decisions on a day to day basis. We observed that staff were kind and respectful to people and had a good understanding of people's needs, likes and dislikes. We observed staff knocking on people's doors, offering people drinks and snacks, one person was served tea in their own china cup. Staff addressed everyone by name and the atmosphere felt calm and relaxed. One staff member told us, "How I treat others is how you are treated back and I would always question, would I like that done to me."

Staff supported people with privacy and dignity. One member of staff told us, "When giving personal care I always make sure the door and curtains are shut and I encourage people to do as much as possible to remain as independent as possible, giving the person reassurance."

People had as much choice and control as possible in their lives and were involved in making decisions about their care, treatment and support. Some people were unable to be fully involved as many lacked understanding in day-to-day decisions about their care and treatment. Upon admission to the service, initial discussions are held with the person, family, previous carers and professionals regarding the persons health and medication. After 72 hours the persons care plan was updated to a comprehensive care plan identifying the persons, needs, choices and preferences.

The registered manager gave examples of where they had involved advocacy services to support people in making decisions about their care and treatment.

People and relatives were involved in developing and reviewing care plans. Each person had a 'knowing me file' to help ensure people's views and wishes were known in areas such as people's earlier lives; likes and dislikes, occupation, family history, and the activities they liked to do.

The register manager told us, "Staff have a clear understanding of the fundamental ethos of person centred care developed by 'Tom Kitwood' and we continually strive to make daily life for people as good as it can be, regardless of people's race, sexuality, religion and beliefs."

People's bedrooms were personalised with photographs of themselves and the people important to them. Some people had brought their own paintings and furniture with them.

The registered manager held regular relatives' and resident's meetings to give people and families the opportunity to share stories and experiences of the home.

Good

Is the service responsive?

Our findings

Care plans continued to be developed around the person's needs; mobility, communication, end of life care, religious and cultural preferences, dietary needs and medication. Where appropriate people had a Do Not Attempt Resuscitation (DNAR) orders in place at the front of their care plan. A DNAR is a legal order which tells medical professionals not to perform cardiopulmonary resuscitation on a person.

Where people displayed behaviour which may challenge, we saw behaviour monitoring charts in place which detailed when and where an incident had taken place, events leading up to the incident and what action had been taken. The care plan detailed how best to support the person to reduce the likelihood of them becoming upset.

Care plans were reviewed monthly to ensure people's needs were met and any changes to care and treatment were recorded and updated. Each person had a, 'Knowing Me' page enabling staff to have a good understanding of the persons care and support needs. Families were involved with reviewing their loved one care plan and one relative told us, "We do a care plan every year with the registered manager."

Staff completed daily records for people, which showed what care they had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in.

Staff were able to give examples of how they met people's individual needs. One member of staff told us, "We support one person by praying with them, the manager has printed out a pray for staff to do with the person day and night." Staff did not wear a uniform and the registered manager told us that night staff wore pyjamas to support people to distinguish between night and day.

People were supported to make decisions about their preferences for end of life care. Staff worked with people and relatives to ensure care plans set out their preferences and choices for end of life care. The provider information return (PIR) gave an example, where a person had been referred to the End of Life Care Team. They advised the staff to obtain an airflow mattress to maintain tissue viability and to make the person as comfortable as possible.

The provider had a policy on Accessible Information Standards which provided a framework to support people and staff who have information or communication needs relating to a disability, impairment or sensory loss. We observed that care plans reflected people's communication needs.

The provider did not have access to technology such as tablets or Skype but people were able to telephone family and friends.

People we encouraged to take part in daily activities. The registered manager who told us that activities were organised based on how people felt on the day. External activities were arranged such as visits from the local Church, entertainers including animal shows. We saw photographs of people taking part in workshops and enjoying fibre optic sensory equipment.

The registered manager told us that the service had not received any complaints or concerns from people and relatives over the past 12 months. The registered manager spoke with us about how they would respond to a complaint; keeping a written record of the complaint, responding in a timely way and documenting if the complaint was upheld and what action had been taken to resolve the concerns.

One relative told us, "If I had any concerns I would contact the registered manager."

Good

Is the service well-led?

Our findings

The registered manager had jointly owned and worked at A Woodlands House for over 25 years, and was supported by a deputy manager. The registered manager could describe the vision and values of the service and said they always ask the question; Is this home good enough for my mother? The registered manager told us, "We have established a stable and close-knit team of staff who are dedicated to the care of our residents and we aim to provide a home from home feel. Our strategy is to promote a happy positive culture that is person centred, open, inclusive and empowering enabling the service to achieve good outcomes for residents, families and staff."

Staff shared this vision and spoke with us about their positive focus on delivering person centred care and treating people with dignity and privacy.

Relatives and people spoke positively about the registered manager and care team as a whole. One relative told us, "I don't worry about my mum at all. I have complete trust in the team. I feel they treat mum with 100% dignity and kindness. I recommend A Woodlands House to people." Another relative told us, "The home is extremely well managed. The registered manager and deputy manager have a good presence in the home and they are both approachable."

The service continued to have robust quality assurance systems in place to review the quality of the service that was provided. There was an audit schedule which included reviewing; medicines, care plans, risk assessments, infection control, incidents and accidents. Audits were used to identify and manage risks to the quality of service and to drive improvement.

The service regularly engaged with people, relatives, staff and other professionals in a meaningful way to help shape and develop the service and captured feedback through annual questionnaires and meetings. The information and feedback was shared with people and relatives. We reviewed thank you cards from relatives and letters of recommendation from professionals which the service had received. We also noted a high degree of satisfaction with the service on an external website where families had left reviews.

Staff meetings were held regularly giving staff the opportunity to receive updates and discuss any changes to the running of the home. Staff were encouraged to bring new ideas and suggestions to support people. Staff said they felt listened to, valued and that the team worked well together.
There was an open-door policy enabling staff to communicate to the management team about any worries, questions or concerns they had. The registered manager told us they encouraged and recognised staff success and innovation through praising staff, training and being a flexible employer.

The registered manager spoke warmly to people and staff and visitors were made to feel welcome. There was a homely atmosphere at A Woodlands House.

The service had good working relationships with other agencies such as the GP and was proactive in seeking advice from health professionals and referring people to services when needed, for example, a dietician

when people displayed a lack of appetite, End of Life Care Team (EOLC) to ensure people's needs were assessed and made comfortable and the community psychiatric nurse (CPN) if changes in people's behaviour developed.

The registered manager had good links with other local care homes and were members of the West Sussex Partnership in Care which is a forum for registered managers and providers to meet regularly and keep abreast of local and national changes in health and social care.

The service had a policy regarding their duty of candour and the registered manager was open and transparent, acting in accordance with CQC registration requirements. The registered manager sent notifications to the CQC as required to inform us of any important events that had taken place in the service.

Staff and people's records were kept securely in individual files stored in a locked cupboard.