

Coverage Care Services Limited

Woodcroft

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service: Woodcroft is a care home that provides personal care for up to 50 people, some of whom are living with dementia. At the time of the inspection 43 people lived at the service. Most people lived there permanently, and some people spent short periods there to provide respite to their main carers.

People's experience of using this service: The service provided outstanding care and emotional support to people living in the home. The registered manager and staff were exceptionally caring and encouraged people to do well in achieving their goals. Staff demonstrated a real empathy for the people they cared for. The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life, this was reflected in the care and support that people received.

There was a strong recognition that people were individuals and the care and support provided ensured their needs were met and resulted in positive and improved outcomes for people. People received a service that was extremely responsive and based upon a person-centred approach and best practice. They had achieved exceptional results and improved people's emotional and psychological wellbeing.

The registered manager and staff worked extremely hard to find ways to ensure people were engaged and stimulated. Activities were meaningful and people were provided with choice and opportunities dependent on their needs or interest.

The registered manager and staff worked in a way that put the needs of people first. Care plans were extremely informative and reflected people's likes and dislikes in detail. The registered manager and staff knew every person they cared for in depth, what was important to them and the best way to provide care to them.

The registered manager displayed exceptional leadership qualities, drive and enthusiasm. They empowered staff to provide care that was tailored to individual's needs. Staff were highly motivated by the registered manager and showed pride in their work and the support they gave to people.

Without exception people, their relatives and professionals told us they experienced compassionate care from staff. This ensured the service was run in the best interest of people who used the service.

A comprehensive programme of audits and checks was in place to monitor all aspects of the service, including care delivery, accidents and incidents, health and safety, infection prevention and control and medicines. Audits resulted in clear action plans to address shortfalls or areas of improvement.

Rating at last inspection: The service had been rated Good at the last inspection in September 2016.

Why we inspected: This was a scheduled inspection based on the previous rating of the service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Woodcroft

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspection manager and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Woodcroft is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with eleven people and seven relatives to ask about their experience of the care provided. We spoke with three members of care staff, the administrator, the deputy manager and the registered manager. We also spoke with the provider on the telephone.

We reviewed a range of records. This included four people's care records and medicine records. We also looked at three staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Everyone we spoke with told us that they felt safe in the home. Comments included "I'm fine living here, feel safe, someone here all the time, staff about when I need them, don't wait long, when use buzzer in room I don't have to wait" and "Everything here makes me feel safe. There is always someone about when you need them."
- The home had developed innovative ways of managing risk to maximise people's independence, reduce risks and support people to receive care in the way that they wished.
- Another person in the home had a very high risk from falls and was continually falling. There were 27 falls in a period of 10 months. The home worked closely with other health professionals to explore a number of options to try and reduce these falls. Many options were explored but the risks continued. The home consulted with the person, their family and the district nurse team and identified a ultralow bed which could meet all of the person's physical needs as well as reduce the falls risk.
- This person had also been choosing to spend lots of time in bed. The staff identified that this was because the person did not like to be assisted with the hoist. The person also did not like to sit in a wheelchair and would choose to stay in bed rather than do so. The home worked closely with the family of the person and identified a specialist chair. The chair helped to keep the person safe, enabled them to change their posture and have the option of relieving pressure whilst also being light enough for the staff to push it around the home from the person's bedroom to the lounge. This reduced the number of hoist transfers that the person didn't like. The chair also enabled the person to spend time in the communal areas in the home and join in activities. Since the introduction of the ultralow bed and the specialist chair the person had no recorded falls which dramatically improved their safety as well as their quality of life. The person's family reported "They have a life again."
- The home had updated their call bell system since our last inspection. This allowed them to monitor and record response times. The previous system did not allow accurate recording and the home thought that the people who lived in the home could benefit from the new system. The system also had an emergency call button which we observed in use during the inspection. This made a different noise that alerted staff that there was an emergency. When this alarm sounded we observed staff respond quickly to get to the source of the emergency. We could see that this was a useful tool in the event of a serious situation requiring urgent action.
- The registered manager recognised that a detailed pre-assessment was imperative to keep people safe. We saw that falls featured heavily in the pre-assessment paperwork and falls risk assessments were completed on admission to the home. We saw that PIR sensors were placed in the person's bedroom for the initial 72 hours following admission. A PIR sensor is a small device which transmits a small infrared beam. If the beam is broken (eg, by an individual's movement) this then activates the call bell which alerts a member of the staff team that the individual may require assistance. These were kept in place for the initial 72 hours whilst an individual is familiarising themselves with their new environment. We saw that these PIR sensors

were also used on an interim basis when additional monitoring may be required due to ill health. They were also used on a long term basis for people who were identified at a high risk from falls. The results were excellent and the home could demonstrate that their use resulted in less falls for people.

Systems and processes to safeguard people from the risk of abuse

- The staff had all received safeguarding training and were able to explain what action they would take if they had concerns.
- Safeguarding information was available on the notice board in the home.
- We saw that staff took action to protect people. One example was a person who was at risk from financial abuse from a person outside of the care home. The matter was immediately referred to the local authority safeguarding unit and processes were put into place to protect the person from potential abuse.

Staffing and recruitment

- We looked at staff recruitment and looked at three files for staff members who had been recruited during the last year. We saw that this had been done safely and all the required checks had been completed prior to new staff commencing work in the home.
- There was minimal agency staff used in the home and the registered manager had ensured that the agency staff was provided consistently so the same staff were working in the home.
- The shift patterns in the home had been changed since our last inspection. This was because the shift times had been amended to suit the needs of the people living in the home and minimise the number of staff handovers to support consistent care.

Using medicines safely

- The provider had an in depth medication policy that was closely followed in the home. Staff had a comprehensive induction, training and competency assessments before they could administer medicines without supervision.
- The home had identified that the medicines storage needed improvement so a medicines room was created and this had helped to ensure that medicines were stored at the required temperature as the room was bigger, brighter and easier to regulate.
- Weekly medicine stock checks and regular audits of medicine administration were carried out.

Preventing and controlling infection

- We looked around the home and saw that it was clean and tidy and audits were regularly carried out to ensure that the home was kept clean.
- Gloves and aprons were available in all the bathrooms and toilets for when they were required.
- The kitchen had been awarded five stars at the last environmental health inspection which was the highest possible score.

Learning lessons when things go wrong

- We looked at the records relating to accidents and incidents and saw that audits were carried out by the registered manager that looked at every event that had occurred and documented them to look for trends and patterns that could minimise future events.
- Every month a post accident/incident analysis was carried out and a diagram updated to display where falls had occurred in the home. This was to highlight where the high risk areas were to encourage staff vigilance in these areas.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were detailed, expected outcomes were identified and care and support was reviewed when required.
- Staff had been developing their skills in supporting people living with dementia and used learning from best practice.

Staff support: induction, training, skills and experience

- We looked at the support that staff received and saw that it was good. All staff received training when it was due and records were regularly updated. The staff induction was comprehensive and reviewed at regular intervals.
- Staff told us that they found the registered manager and management team approachable and they had regular access to supervision and team meetings where they could express their views and receive support to do their jobs.

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

- The home had established a nutrition and hydration team. These individuals were to champion best practice and to advise staff and people who lived in the home about how to stay well.
- We saw that people's preferences were communicated to the catering team in the home and that alternative food and snacks were purchased to meet people's needs and preferences.
- We saw that the home had adapted how food and snacks were presented to people to encourage them to eat. For example cake stands were used to make food look visibly more appealing. The home also served ice cream in small cardboard pots with plastic spoons that people used to get at the cinema. The registered manager told us that they had identified that people were more likely to eat them when they were presented in this way.
- People who lived in the home were involved in the preparation of food and this also encouraged them to eat it.
- Everyone we spoke with told us that they enjoyed the food in the home. Comments included "The meals are ten out of ten" and "There is a good choice of food – you can choose everyday."

Staff working with other agencies to provide consistent, effective, timely care

- The service had positive relationships with the local GP surgery's and they worked together to meet people's needs.
- The home had a very positive relationship with the district nurse team and they worked together closely to help people remain in the home for as long as possible when their needs changed.

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

- The home was purpose built, designed and decorated to support people who are living with dementia.
- A refurbishment program was underway and people and their relatives told us that they were very pleased with the new flooring and furniture.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw that the staff had a good understanding of consent and capacity issues and that people were actively encouraged to make their own decisions.
- When people could not make their own decisions we saw that mental capacity assessments were carried out. The audit trails in relation to these decisions were clear and recorded well to show who had been consulted in the decision making process.

Is the service caring?

Our findings

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- Comments we received about the care that was provided and the staff who worked in the home was overwhelmingly positive. One person told us "Staff here are very good, always happy and jolly and do what they need too" and another person said "Staff are wonderful, no trouble at all, no criticisms of the staff at all." People also told us that staff treated them respectfully and in a dignified way. One person said "Staff treat me with respect. They don't just walk into my room. They knock and wait until I say it's ok."
- One person had lived in the home for a long time and their needs had changed significantly resulting in them needing to stay in bed for their comfort and them not wanting to be around other people. The staff had considered what they could do to make the person as comfortable as possible. The person had lived in a rural area all of their life and had enjoyed nature. The staff looked at how they could support the person to continue to enjoy this whilst keeping them safe and supporting their preference to stay in their room. A large 3D style wall transfer was purchased and placed on the wall in the person's bedroom where they could see it from their bed. The transfer gave the illusion of a window looking out into a forest. They also purchased a white noise machine which was used to give gentle sounds of a forest such as birds singing.
- Staff in the home were skilled in supporting people who live with dementia. The registered manager told us how they spent time getting to know the person and how they had spent their lives, so that they were able to look for clues in their behaviour and at the times when they became distressed. One person would occasionally become agitated but the staff had identified that the person could be distracted and if engaged in an activity that they enjoyed they would calm down. This then reduced the need for any calming medicine to be administered. This had achieved outstanding results as the person's well-being and happiness had considerably improved.
- On the wall in the registered managers' office, we saw a picture of a person who looked very detached with a blank facial expression. This person did not look very happy. Next to this picture were other pictures of the person having a lovely time, taking a 'selfie' with staff and a picture of them next to 'the boys' which was what the person called some of the staff. This person had given the registered manager their permission for these pictures to be displayed because they were proud of how much happier they were since the first picture had been taken. The registered manager used these pictures as inspiration for themselves and the staff team to remind them of what could be achieved with person centred care.

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

- We spoke with two relatives who told us how happy they were that their relative was living in the home. They told us "They make their own decisions here and the staff support whatever they want. They love it and say it is a home from home. It's much better for us now too. We can be her family and not her carers. It helps that the staff care for us too."

- We saw lots of evidence that demonstrated how the people who lived in the home were involved in the running of the home and changes were made as a result of their feedback. Examples included the purchase of gramophones, record players and vinyl records so that people could enjoy music of their choice played in ways that they were familiar with. We also saw that trips out were arranged at people's requests. We saw that trips had recently taken place to garden centres, local pubs for lunch and the local market which were all activities that people had requested as they were outings that they were used to making throughout their lives.

Respecting and promoting people's privacy, dignity and independence

- A person in the home had decided that they wished to live independently in their own flat. The staff were concerned that the person's views were not being listened to so they secured an advocate to support them in expressing their views. This person, with the support of the home then moved into their own accommodation and tried to live independently. This did not work for them and at their request they moved back into Woodcroft. This person was now much happier as the decision to live in residential care was their decision after they had the opportunity to explore other options. Their right to make choices and be independent had been supported by the staff in the home.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Everyone we spoke with was very positive about the activities they took part in and how they spent their time at Woodcroft. Comments included "I belong to a couple of clubs, my family visit at weekend. I've a good social life" and "I go out for walks everyday and I'm never lonely. There is always something to do here to pass the time."
- The home had identified that people living in the home often mixed up their zimmer frames and would often use the wrong one placed them at risk as zimmer frames are set at the correct height and posture for the individual. The home introduced an initiative called 'Pimp my Zimmer'. This involved people personalising their zimmer frames so they were able to recognise their own. This helped to reduce anxiety and also make the frames distinguishable from the background and easier to see. One person had frequently become anxious because they couldn't identify their zimmer and they would either select the wrong one or try to walk without it and fall over. They had selected purple and their zimmer had been spray painted this colour. They said "I love my frame because I know it's mine now. I am very happy with it." Since the frame had been personalised the person had not had any further falls.
- We spoke with a relative about the 'Pimp my Zimmer' initiative. They were very proud of the home for what they had achieved. The initiative had been widely celebrated in local newspapers and the registered manager and their relative had been interviewed on BBC Shropshire radio describing what they had done and how it had helped people. The relatives brought their Ipad into the home and let us listen to the radio interview on it. The person was very proud of the radio recording and enjoyed celebrating their "15 minutes of fame". They told us that they were "a local celebrity because of it."
- Animals featured very heavily in the care provided at the home. The staff had recognised that many people missed their pets when they went to live in residential care. Some staff members had developed a dog walking club which meant that on certain days they brought their dogs into work and the people who lived in the home took the dogs out walking. This had dramatically improved people's health, well being and mobility. They were also doing something they enjoyed and for many people had been dog walkers for most of their lives.
- The home had then got their own puppy. The puppy was classed as the home's dog but it went home with the registered manager overnight. We saw numerous pictures of people cuddling and interacting with the puppy and many people talked to us about it. One person who lived in the home had been very withdrawn and disengaged with life due to the progression of their dementia. The person had not been outside for a period of 18 months. This person found the puppy to be a source of delight to them and they loved spending time with it. They had started to put on their coat and take the puppy outside for a walk in the garden. This had significantly improved their health, well-being and mobility.
- The staff tried very hard to introduce different opportunities and initiatives into the home to give people new or revisit old experiences. Last year, a visitor had brought two tortoises into the home for the people to

see and handle. A number of people who lived into the home had really enjoyed the experience as they had tortoises as pets during their lives. The home had then purchased two tortoises for the home and we saw that people were actively involved in the care of the animals and people spoke to us animatedly about them. The people in the home had collectively worked together to teach the staff about tortoises; how to hold them and what they liked to eat.

- Many people who lived in the home were involved in meaningful activities on a daily basis. One person spent time knitting small cardigans and booties and they sold these at the home's Christmas fayre to children attending the event for their dollies and teddies.
- Some people in the home had said that they missed the cinema as this had been something that they had enjoyed during their lives. The home had then purchased a projector and a pop corn machine. The pop corn was served in cardboard holders like at the cinema. People had since enjoyed watching films like 'The Wizard of Oz' and 'White Christmas' on the big screen.
- One person had sight problems and had a number of falls at night. The home identified that this was due to the person's difficulty in accessing their call bell at night when they needed support from staff with their personal care. Different options were explored that included attaching the call bell to the person's bedding or pillow but the person continued to have falls as they still couldn't locate it. A pendant button was identified but this could not be used safely in bed at night due to the risk from the person becoming tangled in it. A staff member came up with an innovative idea and developed a wrist strap using an existing pendant button attached to a Velcro strap that the person could wear on their wrist. The person was very happy with this invention and was happy to use it. The person has not had a fall since the introduction of the device and is able to call for staff assistance safely during the night when they need to.
- The home had then developed the pendant alarm idea further. This had included attaching the pendant alarm to sweat bands for other people who live in the home whom may benefit from a wrist option whilst also being suitable for people who have delicate skin.

End of life care and support

- The home prided themselves with supporting people to the end of their lives whenever this was possible. They had ensured excellent working relationships with the local district nursing team in order to be able to do so.
- The home had a member of staff who was the 'End of Life Champion'. This staff member had devised a booklet for people and their relatives. This helped to give people all the necessary information as to what to expect during end of life, answer any questions that they may have and any actions that they would need to take following the passing of their loved one.
- The home had introduced an 'end of life box'. This was a tool kit that they utilised when someone was nearing the end of their life. The box consisted of aromatherapy, extra soft blankets, soothing music and a CD player and the advice booklet.
- We saw evidence that these initiatives had been utilised by a number of families and they had found them very helpful and comforting. Comments received from families to the home had included "Thank you for the thoughtful, sensitive and responsive professional care provided to [person's name] and her wider family at the end." Another thank you card said "You treated them with such kindness and dignity. This helped us cope so much with their decline and eventual death."

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed in the home on the notice board.
- We looked at the complaints log and we saw that complaints were rarely made. However in response to any complaint; the registered manager had completed a detailed investigation and provided a robust response to the complainant.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had come to work at the service about two years prior to the inspection. They demonstrated throughout the inspection that they were committed to providing individualised personalised care. They recognised the challenges that this presented given that there were up to 50 people in the home but they worked tirelessly to achieve high quality care. The provider had supported the registered manager with the initiatives and systems that they introduced and it was very apparent that this had resulted in excellent outcomes for people as described in this report.

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

- The registered manager worked very hard to support their staff team as individuals and as a team. The registered manager had worked with an organisation called Enable to support a staff member who had a disability to return to work following a long term absence. The registered manager had put systems in place to help the staff member feel supported and to develop their confidence.
- The registered manager had introduced a structured approach to meetings in the home to ensure that all of the departments were communicating well with each other to provide the best possible care.

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

- We saw that the rainbow flag was on display in the entrance hall of the home. This is the symbol of the lesbian, gay, bisexual and transgender (LGBT) pride. The registered manager told us the provider organisation was currently working with another organisation called SAND (safe, ageing, no discrimination) to provide better care for people from the LGBT community and support all individuals to live the life they choose. The registered manager was one of four champions for the provider organisation to improve access to care home for people from the LGBT community. They were able to describe to us how they had recently supported a person who had been confused about their sexual orientation.
- The registered manager closely monitored the needs of the people using the service and developed the service around the people's needs. One unit in the home had been a residential care unit. A large proportion of the people living on this unit had been living together for a long time and they and their families had developed close friendships. There had been a noticeable progression in the people's dementia and a higher risk of falls. Rather than move the people to other units in the home the registered manager consulted with the people and their families about what they wanted and they wanted to stay together. A joint decision was made to change the unit to a unit for people who were living with dementia. This enabled the registered manager to increase the staffing levels to keep people safe and ensure that the people had

the access to the help that they needed. It enabled the people to stay in the current location with their friends and allow continuity to their care.

Continuous learning and improving care

- The registered manager had a 'Woodcroft Continuous Improvement plan' that was a working document that identified the improvements that they had made and improvements that they planned to make. This was linked to the CQC Key lines of enquiry and what they were trying to achieve in the home. The service completed many audits and checks to ensure that standards were maintained in the home.
- The registered manager demonstrated that they were continually looking for ways to improve the service. An example of this was their plans to develop a 'Continuous Improvement Group'. This was to develop a group of people who lived in the home, relatives, staff and friends of the home to meet four times a year to feedback their views of the home, identify where changes were required and help to identify how these improvements could be made.

Working in partnership with others

- The registered manager had developed excellent working relationships with people inside and outside of the home to improve the quality of the service being offered. An example of this was the relationship that the registered manager had developed with a relative of a person who lived in the home. The relative had specialist dementia knowledge and experience and they were consulted with on how improvements could be made. They had also worked closely together to secure funding for specific aids that were needed to improve the dignity of one person who lived in the home. The aids that had been funded were not suitable for the person's needs and did not provide them with independence and dignity. After a long battle, the funding had been agreed and this person now had the product that they needed. This had also made it possible for other people to ask for the same type of product if people needed it.