Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Woodlands Court Care Home

Boston Road, Kirton, Boston, PE20 1DS

Tel: 01205723355

Date of Inspection: 31 October 2012

Date of Publication: November 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Greenhold Care Homes Limited
Registered Managers	Mrs. Dawn Clark Mrs. Amanda Perrins
Overview of the service	Woodlands Court is situated in Kirkton near Boston. It can accommodate up to 54 older people or people with dementia.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 October 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We conducted a Short Observational Framework for Inspection (SOFI 2). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us as some people living in the home had a dementia.

We observed staff interacting with people who use the service. There was a good rapport between staff and the people living in the home. We saw staff treat people in a respectful manner. Staff always addressed the person by their preferred name. We saw staff knock on doors before entering people's bedrooms.

We spoke with people who told us care staff responded to their individual needs. One person said, "I didn't want to lose my independence, so I keep my medicine in a lock drawer in my room."

We observed staff giving safe care to people. We did not see any evidence of restriction or restraint. People were respected at all times.

We saw the home had policies and procedures to protect people from harm.

We spoke to people who used the service. They told us they felt valued and staff listened to them.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We conducted a Short Observational Framework for Inspection (SOFI 2). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us as some people living in the home had dementia.

We observed lunch time in the main dining room. Lunchtime was a positive experience for people. The dining room was decorated for Halloween. The tables were set with Halloween themed table cloths and napkins. The lunch menu was on display offering people 'cursed casserole' and 'ghoulish jelly'. People were offered a choice of where they sat. Most people sat in friendship groups.

Staff offered people a choice of cold drinks. We saw most people were able to feed themselves without the support of care staff. Those who required assistance were supported throughout their meal. One person told us, "I've dressed up in the witches hat and wig, it's funny." Another person said of the dining room, "The room is nice, I like the decorations, it's been good fun."

A GP visited the home during lunch. This disrupted lunch for several people as they had to move from their tables to allow the person the GP had come to see to make their way safely through the dining room to their bedroom. The manager informed us the home practiced protected mealtimes. Protecting people's mealtimes reduces the risk of interruptions and provides people with the assistance and support they need. Since our visit the manager has written to the medical practices to advise them of this.

People told us they were involved in the resident's council. One person told us they were the chair person. They said minutes were taken at the last meeting but they had not seen them. The manager told us they would action this and circulate the minutes to all residents. Since our visit the manager contacted us to confirm the minutes have been circulated.

We saw people had items of personal furniture such as arm chairs and occasional tables in their bedrooms. Most bedrooms had photographs and ornaments. Staff told us people

were encouraged to have their own possessions. We saw some bedroom doors were personalised with the person's name and photographs or pictures which were significant to them. Staff said this helped people with dementia recognise their bedroom and maintain their dignity.

We saw information sharing boards in most public areas of the home such as lounges and reception areas. There were a range of information leaflets available from organisations such as Age UK and Alzheimer's Society and photographs of past events.

We observed staff interacting with people who use the service. There was a good rapport between staff and the people who lived there. We saw staff treated people in a respectful manner. Staff always addressed the person by their preferred name. We saw staff knock on doors before entering people's bedrooms.

People expressed their views and were involved in making decisions about their care and treatment.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at the care files for four people.

The care plans we saw reflected people's individual needs and their likes and dislikes. We asked staff how they knew what people liked. They told us they talked to people and looked in the care plans. One senior carer told us, "We try to involve them as much as we can; if the person can't speak for themselves we involve their family."

Staff gave us examples of how people's choices were respected. One staff member said, "This is their home. We support them to do the things they want to do."

We saw people had a pre-admission assessment prior to moving into the home. This recorded people's likes and dislikes and daily routine. We read in one care file, "Goes to bed at 8pm and gets up at around 7am. Not always a good sleeper."

Care staff had completed a 'grab' sheet that recorded information about the person that would be useful in an emergency such as their next of kin details and their medication.

The care files included standard risk assessments such as moving and handling, nutrition and falls. We saw additional risk assessments for special use such as when a person had communication difficulties or was at risk of becoming disorientated.

We spoke with visiting relatives. One relative told us, "Staff know her really well, we were asked about her likes and dislikes before she came in."

We spoke with a visiting professional who told us care staff always put people's needs first and acted in their best interest.

We spoke with people who told us care staff responded to their individual needs. One person said, "I didn't want to lose my independence, so I keep my medicine in a locked drawer in my room."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We observed staff giving safe care to people. We did not see any evidence of restriction or restraint. People were spoken to in a polite manner. We saw care staff respected people at all times.

We saw the staff training matrix. Most staff had received training in safeguarding vulnerable adults. Since our visit the manager informed us staff who had not received training had commenced a safeguarding training programme.

Most staff had received training in deprivation of liberty safeguards and mental capacity act 2005 (MCA). Some staff told us they had a working knowledge of MCA. We saw a capacity assessment in a person's care file.

A recently appointed member of care staff told us they were currently studying for a nationally recognised qualification in health and social care and were studying abuse. They said, "I'm currently writing an assignment and it has really opened my eyes to seeing it from the clients view."

We spoke with members of staff from different disciplines. They told us how to recognise and manage signs of abuse. They told us where they would find further information about safeguarding and how to escalate safeguarding concerns to the manager, team leader or registered nurse.

All the staff we spoke with said that they would not hesitate to whistle blow if they witnessed poor standards of care. One carer told us, "You've got to keep people safe".

The manager told us about a recent safeguarding concern, they told us about the actions they had taken and how the team had learnt from it.

We saw the home had policies and procedures to protect people from harm.

We spoke with people who told us they felt safe and staff protected them form harm.

All care staff had CRB checks and their personal files were securely stored.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The home has two managers who share responsibility for the professional development of residential care staff and registered nurses.

All the staff we spoke with told us they felt supported by both managers. They told us the managers were approachable. One member of staff said, "They are easy to talk to, very approachable."

We saw policies and procedures were accessible to all staff and copies were stored in the staff room.

We saw the training matrix. The care home provides a rolling programme of training. We saw most staff had received training in key areas such as moving and handling, fire safety, medications, and infection control.

Staff told us there were plenty of opportunities for training. The home has subscribed to a distance learning training pack that covered a wide range of topics including dementia care, end of life care and stroke awareness. All the staff we spoke with said their training was pertinent to their role.

Staff told us they attended regular meetings. A care staff meeting was held on the day of our visit. We saw the minutes from this meeting. Issues discussed included maintaining dignity, privacy and confidentiality, professional behaviours of care staff and staff mentoring responsibilities.

Most staff told us they had received an appraisal in the last year. One carer told us, "We discussed my role and I felt supported."

Both managers were appointed to their role six months ago. We were told some staff had not received a supervision session in the last six months. Since our visit the manager has informed us a supervision plan had been introduced. They told us the team leaders had received supervision. The manager told us their intention was for team leaders to cascade supervision throughout their teams. The manager had set a one month target on achieving this.

Staff received appropriate professional development.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We spoke to people who used the service. They told us they felt valued and staff listened to them. We asked them if they knew how to complain if they were not happy. One person said, "I would speak to the manager." Another person said, "We can raise things at the residents' council."

We saw the cooks approach people after lunch to ask for feedback on their meal.

We saw the minutes from the last residents' council meeting. People said they were satisfied with the quality of the catering, raised concerns about the delays in their laundry being returned and discussed future entertainment. The manager told us they actioned any concerns raised at the council meetings.

We spoke with relatives. One relative told us, "I only have to speak to one of the girls if I have a problem." Another relative said, "I can't find fault in them, the standards are the same all the time."

We saw a copy of the complaints policy. Information was available to people on how to complain. The managers had not received a compliant since they came to post six months ago.

We looked at the internal audit processes. Regular audits were carried out on medications, care plans, fire, hygiene and catering.

We spoke with seven members of staff. They told us leadership was good and they felt supported. One staff member said, "The new management team are a change for the better, morale is better."

A visiting professional with responsibility for external training programmes told us, "The managers are always very approachable and open to suggestions to make improvements to policies and procedures."

We saw a folder containing thank you letters and compliments.

People who use the service, their representatives and staff were asked for their views

about their care and treatment and they were acted on.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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