

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: 12 December 2013

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December 2013

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Complaints	✓	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 Care Home is situated in Kirton near Boston. It can accommodate up to 54 adults including people living 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

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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 12 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

The service provided care and support in two buildings. One was referred to as 'The Bungalows' and the other as 'The House,' where people who lived with dementia were cared for.

We spoke with nine people who used the service about their experiences of the service they were provided with. People told us that they were happy living in the service. One person said, "If everywhere was like this there would be no problems, I don't want for anything." Another person said, "I am happy, couldn't be any better." Another said, "It is a good place, I get on okay with everyone."

We looked at the care records of six people who used the service and found that people experienced care, treatment and support that met their needs and protected their rights. We found that the service worked with other professionals involved in people's care to ensure they were provided with a consistent service. People's comments and concerns were listened to and acted upon.

Staff training records that were seen showed that they were trained to meet the needs of the people who used the service.

We looked around the service and found it to be clean and hygienic. We saw records which showed that the health and safety in the service was regularly checked to ensure people were provided with a safe environment to live in.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People told us that they were consulted about the care and support they were provided with and the staff listened to them and acted on what they said. One person said, "They (staff) listen to me."

During our inspection we observed staff acting on people's choices, such as where they wanted to be in the service and their choices of drink and food.

We looked at the care records of six people who used the service. The records included evidence which showed that people and their representatives, where appropriate, participated in their care planning. People's care plans included information about their capacity to make decisions, their likes and dislikes, preferences about how they wanted to be supported and cared for and their decisions about end of life care. People had signed documents, such as consent to use bed rails, to show that they had consented to the care and support they were provided with. We saw that where people had declined to accept care, for example, the advice given by a dietician, their views and choices had been listened to and respected.

The service was participating in a new pilot scheme in the local area with the National Health Service (NHS) to reduce hospital admissions and to support people to return home after being cared for in the service. We looked at the care records of two of the four people who were placed in the service as part of the scheme. None of these records showed that people's choice and consent had been considered. We spoke with the registered manager about this and they told us that they would discuss this with the placing authority who were responsible for carrying out pre-admission assessments. This was to ensure that people were provided with the choice of where they were cared for and had agreed to the care and treatment that was planned.

We saw the minutes from 'resident's meetings' which showed that people were provided with the opportunity to discuss their preferences about the activities that they participated in and the menu and the service they were provided with. These meeting minutes showed that people's comments were listened to and acted upon.

We saw that guidance on the Mental Capacity Act 2005 was available in the service for staff to refer to when needed.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People told us that they were happy living in the service. One person said, "If everywhere was like this there would be no problems, I don't want for anything." Another person said, "I am happy, couldn't be any better." Another said, "It is a good place, I get on okay with everyone." Another said, "We are looked after so well."

People told us that the staff treated them with respect. One person said, "They (staff) are all lovely." Another person said, "They (staff) are kind to me." This was confirmed in our observations, we saw that the staff interacted with people in a friendly, caring and respectful manner. One person asked for a cuddle from a staff member, which was given. The person told us, "They (staff) always give me a cuddle when I ask for one, it is nice to have a cuddle sometimes isn't it?" This showed that staff responded to people's needs.

We looked at the care records of six people who used the service and found their needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans seen included information about the care and support provided to people. This included support with their personal care needs and mobility. The records identified the areas that people could attend to independently and how their independence was promoted and respected. The records included information about how people's diverse needs were met, which included their diverse dietary needs, their spiritual needs and how they communicated.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that risk assessments were included in people's records which identified how the risks in their care and support were minimised. These included risks associated with pressure area care and prevention, bed rails and moving and handling. However, one person's care records showed in their daily records that they had used a bed rail to ensure their safety but did not include a bed rails risk assessment. We told the registered manager about this and we saw that they took immediate action to address the issue.

People told us that they were provided with enough to eat and drink and the quality of the food provided was good. One person said, "The cooks are all good, I like the porridge."

Another person said, "The food is lovely." We spent some time in the lounge of The House, where people enjoyed a buffet tea. People chose what they wanted to eat and were provided with the amount of food that they wanted. We saw the menu which showed that people were provided with a choice of meals and a healthy and varied diet. A staff member told us if people wanted something different to what was on the menu, this was provided. Two members of the catering staff told us that they were kept updated about people's dietary needs and preferences and they spoke with people about their choices on a regular basis.

We saw that people were provided with their choice of hot and cold drinks throughout our inspection. We saw that two people had a large mug for their hot drinks and one said, "We can have a mug if we want one or a cup if we want a little drink." We saw that the drinks trolley had cups and mugs and a staff member confirmed that people could choose which they wanted. This meant that people's choices were listened to.

People told us that they were provided with an activities programme that they could participate in. One person said, "We have got a party next week (for Christmas)." Another person said, "We don't get bored." During the morning of our inspection we saw a group of people participate in a quiz in The Bungalows. When we visited The House, we could see that people had made festive decorations. We asked one person what they had made and they showed us some decorations that were displayed in the service. We saw that there were 'rummage boxes' in the service that people could handle which provided sensory stimulation. This meant that people were provided with activities that were suitable to meet their needs.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We looked at the care records of six people who used the service and found that their health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others. This meant that people were provided with a consistent service that met their needs.

We saw that the service had obtained information about people from the placing authority when they first moved into the service. This meant that they were informed about people's needs and wellbeing.

We saw that where staff identified concerns with people's wellbeing, they sought support and guidance from healthcare professionals. We saw that this guidance had been incorporated in people's care plans, for example, advice received from a dietician. Where people had been provided with treatment from healthcare professionals the outcomes were recorded in their care records. This meant that the service recognised when people needed support from other professional and took appropriate action to access services to meet their needs.

The service was participating in a pilot scheme in the local area with the National Health Service (NHS) to reduce hospital admissions and to support people to return home after being cared for in the service. We saw that the service had attended meetings with the professionals involved to ensure that people were provided with a positive experience and care that met their needs. We saw that the NHS staff visited people in the service to check that they were receiving the care that they needed. We asked the registered manager how people's needs were assessed who were placed in the service as part of this scheme to ensure that the service could meet their needs. They told us that the assessments were undertaken by NHS professionals who communicated this information to the service, upon arrival people's needs were further assessed. We looked at the care records of two of the four people that were using the service in this scheme. We found that information about one person's needs had been provided. However, the other person's records did not include information provided by the placing authority. We discussed this with the registered

manager and a staff member and explained the potential risks of not having this information, such as if the person had a serious allergy. We saw that the registered manager and the staff member took immediate action, they contacted the placing authority to ask for the required information. They also developed a document which included the information that they must receive about people before they accept them into the service. This showed that the service worked with other professionals to provide a safe and effective service.

We spoke with a visiting social care professional who told us that the service worked with them effectively to ensure that people's needs were met.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

People told us that the service was always clean. One person said, "It is always clean." Another person said, "They (staff) clean my room every day, I share a shower and that is always clean."

We looked around the service and found it to be clean and hygienic throughout and we noted that there were no offensive odours. This showed that the staff took appropriate actions to ensure that spills of body fluids were cleaned effectively. We looked at a sample of four mattresses and found them to be clean. We saw that bathrooms, toilets and the laundry were provided with liquid hand wash and disposable towels for use to minimise the risks of cross infection. We saw that there were procedures in place which advised staff on how to wash their hands effectively.

During our inspection we saw the staff using gloves and aprons when serving food and when preparing to support people with their personal care needs. We looked around the service and found that there were gloves and aprons available in toilets, bathrooms and the laundry for staff to use. A staff member told us that there were sufficient stocks of gloves and aprons for them to use.

We looked at the service's training records which showed that staff were provided with training in infection control and food hygiene. However, not all staff had received this training. The registered manager told us that they were in the process of rolling out this training to all staff and that there was a named staff member who was the infection control lead. They attended regular workshops and meetings to receive information about good infection control procedures and shared them with the team. We saw the provider's infection control policy which explained the actions that staff should take to minimise the risks associated with cross infection.

We saw the provider's legionella risk assessment and records of checks that were in place to ensure that the risks of legionella bacteria in the water system were minimised.

We looked at the provider's contract to show that clinical waste was disposed of appropriately.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

People told us that they were happy with the environment that they lived in and with their bedrooms. One person said, "It is very comfortable." Another person said, "I like my bedroom."

We looked around the service and found it to be well maintained and homely. We saw that there was furniture in the entrance hall to 'The Bungalows', which the manager said was to provide a reception area. We saw that the carpets in the hallway in 'The Bungalows' were stained. We spoke with the registered manager about this and they told us that new flooring had been purchased and was due to be laid. This told us that the provider had identified areas for improvement and taken action to address them.

We saw that there were two bedrooms in 'The House' which had light dimmer switches and the knob was not in place. We spoke with the registered manager about this and they noted it for the maintenance staff member to repair. We also saw that two of the toilets had bare light bulbs, with no lamp shade. The registered manager told us this would be addressed.

We saw that there were items of furniture which had been disposed of in the grounds of the service. A skip was booked to arrive the day after our inspection. This meant that the provider had taken action to ensure that rubbish was appropriately disposed of to ensure that the risks to the environment, including fire safety, were minimised.

We saw records which identified that the health and safety in the service was regularly checked to ensure people were provided with a safe environment to live in. This included checks on fire safety and water temperatures. We also saw records which showed that equipment used in the service, including hoists, weighing scales and portable electrical appliances were regularly serviced and/or checked to ensure that they were fit for purpose and safe for use.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People told us that when they needed assistance the staff were always available to help them. One person said, "They (staff) soon come if they are wanted." Another said, "There is always one (staff) around." We saw that staff were attentive to people's needs and responded to verbal and non-verbal, including the call bells, requests for assistance promptly.

The registered manager and a staff member told us about the staffing arrangements for each 24 hour period. This was confirmed in the staff rota which we looked at and our observations during our inspection. Four staff members said that they felt that there were sufficient staff numbers to meet people's needs. The registered manager explained that the staffing levels were adjusted when people's care needs increased to ensure that these changing needs were met.

We saw the service's records which showed that staff were supported to undertake industry recognised qualifications including the previous National Vocational Qualification (NVQ) or the current Qualifications and Credit Framework (QCF) diploma in health and social care.

Four staff members told us that they felt that they were provided with the training that they needed to meet the needs of the people who used the service. The staff training records that were seen showed that they were provided with training such as safeguarding vulnerable adults from abuse, fire safety and moving and handling. We saw that staff were provided with refresher training where required. We saw that not all staff had been provided with training in dementia. The registered manager told us that a staff member, who was the dementia care champion, had attended training to allow them to provide this training to their colleagues. We spoke with the staff member who confirmed what we had been told.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We saw the provider's complaints procedure which explained how people could raise complaints and how they were managed.

We asked four people who used the service if they knew how to make a complaint if they were unhappy with the service they were provided with. All said that they knew who to speak with if they were unhappy. One person said, "I would talk to the manager, but I don't have any." Another person said, "Everything is alright, don't need to complain." Another said, "If I was not happy, I would do something about it."

We saw records of complaints which showed that people's complaints had been fully investigated and resolved, where possible, to their satisfaction.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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