SCL Care Limited

Woodlands Gate Rest Home

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 unannounced inspection took place on 22 June 2016.

At our last comprehensive inspection in March 2015 we found the provider's capacity to recognise and report potential safeguarding concerns was limited. Medicines were not reviewed for safety and staff had not always ensured people were referred to healthcare professionals following accidents. Arrangements to check and monitor the service needed improvement. The provider sent us an action plan and at this our most recent inspection we found that the provider had made the improvements needed.

Woodlands Gate Rest Home provides accommodation for up to 20 older people some of whom have a diagnosis of dementia. At the time of our inspection 18 people lived at the home.

Since our last inspection in March 2015 the manager had registered with us as is required by law. 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.

People who used the service and their relatives told us that they felt they received safe care. Staff had been trained to recognise harm or abuse and systems were in place for reporting these.

Staff were able to describe in detail the needs of people they supported and how to promote people's safety. Risks to people's safety had been identified, assessed and were regularly reviewed. People told us they had their medicines when they needed them and the arrangements in place for managing people's medicines were safe.

People were satisfied with the numbers of staff on duty. People and their relatives had no concerns about staffing levels and described the staff as friendly and caring.

Staff had an induction into their role and support and training to ensure they had the skills to meet people's needs.

The Deprivation of Liberty Safeguards (DoLS) had been considered as part of people's care planning to protect the legal and civil rights of people using the service. People's consent was actively sought before care was delivered.

People told us they enjoyed the meals provided and we saw they had the support they needed to eat and drink enough. People were supported to have their routine health care needs met and medical advice was sought to keep people safe and well.

We observed positive interaction between staff and people who lived at the home. People told us staff were kind, patient, respected their need for privacy and protected their dignity.

People were actively involved in planning all aspects of their care. Personalised care plans were in place and staff understood and followed people's preferences regarding how they wished their care to be delivered. People were actively supported to follow their interests and take part in social activities.

People, staff and relatives were encouraged to share their opinions about the quality of the service. We saw that the provider had a system in place for dealing with people's concerns and complaints.

The provider had systems to monitor and improve the quality of the service provided and were effective in ensuring the home was well led.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were cared for by staff that had the skills and knowledge to protect them from harm.

Risks to people were identified and managed to protect their safety and well-being.

People had their medicines when they needed them and staff had been trained to administer medicines safely.

Is the service effective?

Good

The service was effective.

Staff had training and support to meet people's needs effectively.

Staff understood the principles of gaining people's consent in line with Mental Capacity Act (2005) and understood how to support people whose liberty had been restricted.

People enjoyed their meals and had the support they needed to ensure they ate and drank enough.

Is the service caring?

Good

The service was caring.

People were satisfied with the way staff communicated with them and the information they were provided with.

People spoke positively about the caring and kind nature of the staff.

People were treated with dignity and staff respected people's right to privacy.

Is the service responsive?

Good

The service was responsive.

People experienced person centred care and had access to a range of activities centred on their interests.

People were clear about how to make their views known and information was displayed about how to make a complaint.

Is the service well-led?

Good

The service was well led.

The registered manager promoted a positive and open culture and provided opportunities for people who used the service and their relatives to comment and influence the quality of the service provided.

The registered manager carried out quality assurance checks regularly in order to develop and improve the service.

Woodlands Gate Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

This inspection took place on 22 June 2016 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with nine people who used the service, three relatives, a visitor, the three members of staff, the registered manager, the quality manager and the provider. We observed care and support provided. Not all the people using the service were able to communicate with us so 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.

We reviewed a range of records about people's care and how the service was managed. These included reviewing six people's care records, six people's medication records, two staff recruitment records, safeguarding records, accident and incident records and records related to the quality of the service.

Good

Is the service safe?

Our findings

At our previous inspection in March 2015 we identified areas that required improvement. This was due to the provider not taking appropriate action when safeguarding incidents or accidents occurred. Risks posed to people had not been assessed and medication records were not correctly maintained. Following that inspection the provider sent us an action plan informing us of the action they would take to make the required improvements. At this inspection we found that improvements had been made.

People told us that they felt safe in the home. One person told us, "I feel quite safe as there are always staff around to assist me". Relatives told us they had no concerns about people's safety. One relative said, "The staff are very good I've never had any concerns about how staff look after my mom".

Staff we spoke with were aware of the signs of possible abuse and they knew what action to take if they suspected that someone was being abused. Staff told us that they had contact numbers for the local authority and were aware of the policies and procedures for protecting people. One member of staff told us, "We have done training and we discuss safeguarding in our meetings, we all know how to report any concerns". The registered manager was aware of their responsibility to report any concerns to outside agencies. She had taken action to review safeguarding incidents and lessons had been learned. For example she had implemented a post falls protocol and guidance for staff about seeking medical help following a fall. This was following a safeguarding incident where there was a delay in seeking medical attention. At the time of our inspection visit there were no safeguarding concerns about this service.

Risks to people's health and safety had been identified and managed. Care plans contained information for staff about what they should do to protect people from harm, for example where people were at risk of falling, weight loss or developing pressure sores. Staff we spoke with were knowledgeable about risks to people and could describe how they supported them. For example we saw one person had a sensor mat to alert staff to their movement. Staff told us that where people's needs changed risk assessments were updated. We saw from people's records that timely action was taken where risks to people had increased to ensure the staffing levels or equipment they needed was in place to keep them safe. People's risk assessments identified the required staffing when providing personal care and we saw that people had two to one care when staff provided personal care to them.

Recruitment processes were effective and included the required checks on staff to ensure they were safe and suitable to work with people. Checks on people's identity and character references were in place. Checks with the Disclosure and Barring Service (DBS) were also evident. A DBS check identifies if a person has any criminal convictions or has been banned from working with people. Staff we spoke with confirmed that these checks had been completed before they commenced working in the home.

People that we spoke with told us that there were enough staff to support them. One person said, "Staff always come when I buzz from my room", another person said, "They are very good some people need a lot of support and the staff are always there to help them". Relatives told us they had no concerns about staffing; one relative said, "When I visit there is plenty of staff and I've never been concerned". Our

observations showed that staffing levels met the assessed needs of people. Some people who had a higher level of dependency required two and at times three staff to assist them and we saw that this was evident through the day. The registered manager told us they reviewed their staffing levels and the delegation of staff so that at busy times people had the support they needed. Staff told us that the way the shift was organised ensured there was enough staff on duty to support people.

We spoke with some people about their medicines. One person told us, "I had a short course of medicine recently and the staff never missed it". We observed a medication round and saw the staff member followed the procedures for checking medicines and administering and recording them. Medicine records were correctly signed and dated and codes were used correctly to indicate if a person had refused their medicines. Our checks on people's medicines showed that the balance of medicines matched people's records evidencing that the medicines had been administered as prescribed. Staff had been trained to administer medicines safely and had additional training in record keeping. Where people required the use of medicines described as 'as required' there was clear guidance to staff as to how people should receive this medicine including the frequency and the reasons it should be administered. Staff were aware of the potential side effects of medicines and how this might place people at risk. For example one staff said, "One person's medicine lowers their blood pressure and makes them dizzy so when they stand up we know they are at risk of falling". Audits had been conducted and showed that medicines were regularly checked for safety.

Good

Is the service effective?

Our findings

At our previous inspection in March 2015 we identified areas that required improvement. The issues identified included staff not always seeking consent from people and people not receiving the support they required at mealtimes. Following that inspection the provider sent us an action plan informing us of the action they would take to make the required improvements. At this inspection we found that improvements had been made.

People told us they felt confident that staff understood how to meet their needs. One person said, "They look after me very well and I'm very happy with the staff." A relative said, "I am very pleased that (name of person) is happy and well cared for".

Staff told us that they received training in order to meet people's needs effectively. One staff member said, "The manager is supportive and I've had regular opportunities to do training and updates". The registered manager had reviewed and identified staff training needs and staff had attended a range of training relevant to their roles. This included national vocational training qualifications. We observed that training had been provided in the skills needed to meet people's specific needs. For example continence training had taken place so that where people required a catheter staff had the training and skills to manage this. Staff had undertaken dementia awareness training and we saw they used their skills effectively when they supported people who had dementia. They understood the need to prompt, repeat and reassure people. This approach worked effectively with a person who was showing signs of confusion and agitation. It was particularly positive to see that in response to one person's level of dementia staff had been delegated to work with the person to maintain consistency. A staff member said, "It really does help because (name of person) does respond and recognises our voices. The two of us support them every morning we know their preferences and their behaviours and how to calm them".

Induction processes were in place and staff had the opportunity to shadow more experienced staff as part of their induction. Their induction included initial training in key subjects specific to their care role. Competency checks were carried out regularly to ensure staff used their skills effectively to meet people's needs. Staff had regular supervisions and staff meetings and told us they felt well supported.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA and saw that they sought people's consent before assisting or supporting them. One person told us, "They always check with me if I'm happy for them to assist". Staff had received training and updates in relation to the MCA and DoLS. Staff were able

to demonstrate an understanding of the need to consider people's ability to give consent and how a lack of capacity may affect the way in which they supported people. One staff member told us, "If we believe someone has lost capacity then we would assess this". Staff could identify those people who lacked capacity and how to support them. People's care plans took capacity into account so that staff knew how to support people who were unable to give consent. One person was subject to a DoLS authorisation and there was clear guidance in their care plan as to the restrictions in place. Staff were fully aware of whose liberty was restricted and our observations showed that staff practiced in a way that was least restrictive when the decisions the person made jeopardised their safety.

People told us that they enjoyed the meals on offer. One person said, "I do like the food, and it is generally quite good". People confirmed they had a choice of meals and we saw that pictorial prompts were used to encourage some people to choose between the two meals on offer. People's nutritional needs had been assessed and guidance sought from the dietician where people required specific support. The registered manager had organised training for the cook so that moulds were used for pureed food to improve the presentation of meals. Our observations showed that people had the support they needed during mealtimes with appropriate utensils to enable people to eat independently. We saw staff offered regular assistance to people to cut up their food or assist them to eat their meal. We heard and saw that that staff were very encouraging and prompted people to eat. Staff were aware of the importance of good nutrition and hydration and people at risk of weight loss were monitored and weighed regularly. However the intervals between meals for some people needed further monitoring. Records showed that some people may not have eaten or had a drink since the previous evening. The registered manager felt that this was possibly due to staff not recording intake and told us she would address this. There was no evidence to indicate people had lost weight or were dehydrated as a result.

People told us that they had access to routine health checks and the doctor when they needed this. One person told us, "I've had the doctor out a few times and seen the optician". Timely referrals to healthcare professionals had been made where people's health care needs had changed. Records contained clear information of consultations with healthcare professionals and any recommendations they made. The registered manager had ensured that care plans were updated so that staff had information about managing peoples' health conditions, for example where people had developed pressure sores.

Good

Is the service caring?

Our findings

At our previous inspection in March 2015 we identified areas that required improvement. This was due to staff not consistently promoting people's dignity. Following that inspection the provider sent us an action plan informing us of the action they would take to make the required improvements. At this inspection we found that improvements had been made.

People told us that they had good relationships with staff. One person said, "They are all very kind and friendly". A relative told us, "Staff treat people really well; they are polite and friendly towards them and show a lot of patience".

We saw staff regularly checked on people's well-being and comfort and responded in a caring way to people's distress. Staff knew and understood people's needs and anticipated these well. For example we saw staff reassured a person and sat holding and stroking their hand when they became very agitated. Staff had a good understanding of people's emotional needs; they knew how to re-direct people by using distraction techniques. A staff member told us, "We know what will calm people sometimes it is a song or a dance sometimes it is a favourite item". We saw this approach reassured people. Staff spoke in calm tones or encouraging tones and provided clear instructions to people to aid their understanding. This approach calmed people and showed staff understood how to reassure them.

People were encouraged to express their views and be involved as much as possible in making decisions about their support needs. People told us they had been involved in expressing their views and preferences about their care. One person told us, "We talked about where I need help and what I like and don't like; they know my routines". Staff were observed to give people choices throughout the day; such as what they ate, bedtimes and getting up, and how they wished to spend their time. We saw one person had a regular routine of having a short rest on their bed each afternoon, this ensured their choices were respected. A relative told us, "I was involved in creating a life story and explaining what mom likes as she's not able to do this herself". Staff told us they had explored people's histories with them and their family members. They were able to tell us what people's favourite items were, their favourite drinks and their routines. One staff member told us, "We did a lot of work with people and their families; it was amazing what we found out about people and we use this to keep to the routines they recognise and understand". People's care plans described their communication needs and we saw that staff were patient and took the time to ensure that people understood what was said to them.

Relatives and visitors told us they were happy with how staff communicated with them. They said they had information from the 'service user guide' when they were first admitted to the home. We saw information was displayed about the home, events and routines to keep people informed. Relatives were happy that they were kept informed and involved in day-to-day events.

Where people needed the support of advocates to represent their views information was available in the home on how to access this service. The registered manager told us that no one required an advocate but she was aware of the circumstances where this might be needed.

People's care was delivered in a respectful and dignified way. We saw staff were sensitive and discrete when assisting people with personal care needs. People told us staff spoke with them in a respectful way and that their privacy was respected. One person said, "I manage my own personal mail and affairs but if I needed help they [staff] would read it for me". We heard that staff protected people's dignity by closing doors and curtains when delivering care. People's dignity during mealtimes was protected by providing them with clothes protectors, serviettes and the correct utensils to eat independently. The registered manager actively supported staff understanding of the principles of dignity and respect by providing training and carrying out observations on the way staff championed dignity and respect in their work.

Some people told us how they maintained their independence with regard to washing and dressing and if they needed help with certain aspects this would be provided by staff. We saw that people's care plans identified what they preferred to do for themselves and where they wished to have support. Staff members were well informed about people's abilities and any limitations or choices regarding how they wished their care to be provided.

We were told by people and their visitors that they could visit at any time. Staff recognised the importance of people's relationships with their family and friends. We saw that several family members and visitors were made welcome. One visitor told us, "Staff have always made me welcome".

Good

Is the service responsive?

Our findings

At our previous inspection in March 2015 we identified areas that required improvement. The areas identified included staff not consistently meeting people's individual needs. Following that inspection the provider sent us an action plan informing us of the action they would take to make the required improvements. At this inspection we found that improvements had been made.

People and their relatives were complimentary about the care they received. One person told us, "They are very accommodating; if I need help they will support me". Another person told us, "It's nice to have staff who take the time to chat and have a laugh, they are good at keeping us going".

People confirmed that they had been asked about their care and routines. Care plans were personalised and contained detailed information about people's likes and dislikes and how to deliver their care. Relatives confirmed that they had been involved in this process and staff we spoke with were knowledgeable about the needs of people they supported. We observed that changes to people's care were made in response to their needs. For example where a person required one to one supervision this was consistently provided. We also saw that in response to the risk of falling a person had been provided with a sensor mat to alert staff to their movements.

People's cultural and spiritual needs were considered as part of their assessment and care plan. One visitor told us, "My mother is not here now but was a devout Christian and she had access to services in the home regularly".

We saw daily handovers took place to enable staff to discuss people's care. Any changes were noted and communicated to the senior staff. Senior staff told us they would make changes to people's plans if a need was identified. This ensured that actions in response to people's changing needs were shared and followed up appropriately with for example external healthcare professionals.

People told us they enjoyed a range of different activities such as music, arts and crafts and visiting entertainers. One person said, "We are always doing something; recently we celebrated Father's Day and on Mother's Day we all had flowers and cards". A person told us, "I enjoy the arts and crafts we do, we do that regularly". A relative told us, "They do encourage people to join in and what I like about this home is that you don't see people sleeping in their chairs with nothing to do". Our discussions with staff demonstrated they understood the importance of involving people in interesting things. One staff member told us, "We celebrate everything here; we make lots of arty things, have tea parties and cakes, we make sure people have things to look forward to". Several planned activity days had taken place where families and people had enjoyed refreshments and cakes. We saw people had access to an audio newspaper and subtitled news so that people who had difficulty seeing or reading could keep themselves informed of events. Daily newspapers were also available and people told us either staff or their relatives supported them with small items of personal shopping. Planned entertainment and events were displayed in the hall for people and their relatives to see.

People told us that they could go to staff or the registered manager if they wanted to complain about anything. Relatives told us that they would approach staff as they were receptive. Information about complaints was displayed. No one we spoke with had any complaints about the service. The provider had acknowledged, investigated and responded to complaints received in a timely manner. We saw that action had been taken to reimburse a person for lost possessions. People's views about the home had been sought via surveys, family meetings and compliments and these were captured in the compliments book. The feedback from these was positive and the provider told us they would look at ways to display this to inform people.

Good

Is the service well-led?

Our findings

At our previous inspection in March 2015 we identified areas that required improvement. This was due to the lack of effective systems in place to monitor the service performance. We also identified that care records required improving to ensure they contained clear guidelines and risk assessments to meet people's current needs. Following that inspection the provider sent us an action plan informing us of the action they would take to make the required improvements. At this inspection we found that improvements had been made.

There was a positive and friendly atmosphere in the home. People, relatives and staff we spoke with considered the service was well-led. A person who lived in the home said, "She [the manager] asks me how I am and how things are". A staff member said, "There have been a lot of changes since the new manager came for the better and she gets things done". A visitor told us, "The manager is available on the phone or when I visit, she is helpful". The home had a manager in post who was registered with the Care Quality Commission. We saw she was available to people and staff throughout the inspection.

Staff were motivated and committed to their work. They spoke positively about their roles within the home and understood what was expected from them in relation to supporting people and promoting a positive culture and environment. They told us about the arrangements in place to support them this included meetings, supervisions and access to training opportunities to develop their skills. Staff said they felt listened to and their views were sought on how the home was run. Discussions with staff demonstrated they were aware of the organisations values and said there was an open culture in the home and they felt comfortable to raise any issues. Daily recorded handovers ensured that communication between staff was effective and provided them with the information they needed to provide people with the care and support they required. We saw staff competencies were checked to ensure they cared for people properly.
Staff were aware of the whistle blower procedures and told us how they would report bad practice if they witnessed this. One staff member said, "If I saw that staff were putting people at risk or cutting corners I would whistle blow". The registered manager told us they had taken disciplinary action where the conduct of staff affected people's care or safety or where staff performance had been an issue.

We saw that systems were in place for the review and reporting of accidents and incidents. The registered manager produced a monthly report of any accidents, incidents and events that affected people at the home. There was clear guidance available to staff about seeking medical assistance for people following an accident. The registered manager told us that she had reviewed and updated their accident and falls policy and had received positive comments from the local authority about this.

The registered manager told us she was well supported by the provider. We found both had a good understanding of their responsibilities and had notified us of incidents and events as they are required to by law. The provider understood their legal responsibility to display their inspection rating and they had done so. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had completed and returned their PIR to us within the timescale we gave.

People were supported to express their views about their care via meetings and satisfaction surveys. These were regularly sought and focused on 'themes' such as the food, cleanliness, or respect. We saw that the provider had analysed these and displayed the results for people showing their experiences and opinions about the service mattered.

Systems were in place which enabled the registered manager and provider to monitor the quality of care. Audits were completed and action plans were shared with the staff team. An improvement plan had been developed to address the shortfalls we identified at our previous inspection in March 2015 and the registered manager was able to show us the progress made to date. For example they had improved their auditing system to ensure the arrangements in place for auditing medicines was safe. We also found that there was a management overview of accidents and incidents. This included clear information about what action had been taken to minimise further reoccurrence and outlined the learning and improvements made. For example falls risk assessments included a review of people's medication and how this might make them more susceptible to falling. We saw the registered manager had considered other professional advice, reports and guidance from external professionals to make improvements to the care and support people received. For example they had provided additional training in safeguarding protocols so that staff understood the reporting procedures. We saw safeguarding concerns had been identified and reported to the local authority. We found audits and checks were being completed with an analysis and evidence of actions taken. This meant that the provider's quality assurance process was robust.