Heatherland Health Care Limited

Woodlands Care Home

Inspection report

19-23 Lovedean Lane
Lovedean
Waterlooville
Hampshire
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Tel: 02392594427

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22 June 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on the 21 and 22 June 2016 and was unannounced.

Woodlands Care Home is registered to provide accommodation and personal care for up to 31 people. The service does not provide nursing care. At the time of our inspection 30 people were living at the home. The home provides a service for older people and people living with dementia. Accommodation at the home is provided over two floors, which can be accessed using stairs or passenger lift. There are large garden and patio area's which provide a safe and secure private leisure area for people living at the home.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always administered, stored or disposed of safely.

People told us they were safe and well cared for at the home. People knew how they could raise a concern about their safety or the quality of the service they received.

The service had carried out risk assessments to ensure that they protected people from harm.

The provider had robust recruitment systems in place.

There were enough staff deployed to provide the support people needed. People received care from staff that they knew and who knew how they wanted to be supported.

Staff had developed caring relationships with people who used the service. People were included in decisions about their care.

Staff knew how to identify abuse and protect people from it.

People were provided with meals and drinks that they enjoyed. People who required support to eat or drink received this in a patient and kind way.

The manager was knowledgeable about The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Mental Capacity Act Code of Practice was followed when people were not able to make important decisions themselves. The manager understood their responsibility to ensure people's rights were protected.

People and relatives were asked for their views on the service and their comments were acted on. There was

no restriction on when people could visit the home. People were able to see their friends and families when they wanted.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Some medicines were not stored or disposed of safely.

People were protected against abuse because staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Thorough checks were carried out on new staff to ensure they were suitable to work in the home.

Is the service effective?

Good

The service was effective. Staff were trained and supervised to ensure that they had the skills and knowledge to provide the support individuals needed.

The manager was knowledgeable about the Deprivation of Liberty Safeguards and how to protect people's rights.

People received appropriate nutritional support. Where people needed support to eat or to drink this was provided.

Is the service caring?

Good

The service was caring. People received the support they needed from staff that they knew and who treated them with kindness and respect.

Staff spent time with people and understood that this was an essential part of caring for people. People were included in decisions about their care and their lives.

Staff supported people to maintain their independence and protected their privacy and dignity.

Is the service responsive?

Good

The service was responsive. Care plans were based on comprehensive assessments. The service had gathered information about people's background and their personal

histories.

There were no restrictions on when people could receive their visitors. People could see their families and friends when they wanted to and could maintain relationships that were important to them.

The registered provider had a procedure to receive and respond to complaints. People knew how they could complain about the service if they needed to.

Is the service well-led?

Good

The service was well led. The atmosphere in the home was open and inclusive. People were asked for their views of the home and their comments were acted on.

The manager spent time with people living at the home and with the staff to ensure that the service provided was of a satisfactory standard.

There was a quality assurance system in place. The manager and provider were open to feedback about the service and took prompt action to address areas which required improvement.

Woodlands Care 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 checked 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 the 21and 22 June 2016 and was unannounced.

The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. A notification is information about important events which the provider is required to tell us about by law. Providers are required to inform the CQC of important events which happen within the service.

We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. 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.

During our inspection we spoke with the manager, deputy manager, three members of the care team, five people living at the home, three relatives and one visiting healthcare professional. Following our inspection we contacted health and social care professionals from the district nursing team, older people's mental health team, commissioners from the local authority and a general practitioner (GP).

We looked at the provider's records. These included four people's care records, four staff files, a sample of audits, satisfaction surveys, staff attendance rosters, policies and procedures.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We last inspected this service in October 2013 where no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "It is comfortable and safe I'm very cosy here". Another person told us, "I feel very safe and settled here, I have the best room in the house and they take a lot of care of me".

Relatives felt their family members were safe in the home. One relative said, "The facilities and staff are very good and X (person) has settled very well". Another relative said, "I am very happy with the care my relative receives here, they know what they are doing and they do it well. He feels safe when they give him personal care and move him which makes me feel he is in good hands". A healthcare professional commented, "I have no concerns at all about the safety of people living at Woodlands". A GP told us, "The home call me in as needed. I have no concerns at about people's safety".

Medicines that were required to be kept cool were stored appropriately. Principle 6 of the of The Royal Pharmaceutical Society's document 'The Handling of Medicines in Social Care' states that: 'Medicines need to be stored at under 25 degrees so that the products are not damaged by heat or dampness. Extreme temperatures (hot and cold) or excessive moisture causes deterioration of medicines and some are more susceptible than others. The appearance of the medicine may not change even though it may not be effective any more. In some cases, it may harm the person who takes it'. People were at risk because the provider did not record the temperature of the room and therefore could not be sure that medicines were not adversely affected by heat.

One person had been prescribed eye drops. The eye drops were dispensed 11 weeks before our inspection. The eye drops although stored correctly in a fridge did not contain a date on which they were first used. Eye drops in bottles can be used for four weeks once the bottle has been opened. Even if there is still some solution remaining after this time the bottle and its contents should be disposed of and a new one used. This will help to prevent the risk of eye infections. People were at risk because the provider failed to follow best practice in the safe administration and disposal of eye drops.

We checked the amount of the Tramadol tablets documented as held (122) against the number of tablets we counted (52) and found that 70 Tramadol tablets were unaccounted for. Tramadol is a schedule 3 controlled drug but is exempt from safe custody regulations. This meant that there was no requirement for it to be stored as such or recorded in a CD register. The change in category for this drug came into force in June 2014. The deputy manager told us the person for whom this medicine had been prescribed had left the home three months before our inspection. Principle 5 of the of The Royal Pharmaceutical Society's document 'The Handling of Medicines in Social Care' states that: The care provider makes sure that unwanted medicines are disposed of safely. CDs should be returned to the pharmacist or dispensing doctor who supplied them at the earliest opportunity for safe denaturing and disposal. The provider failed to follow their own medication policy which stated, "Controlled drugs which have been obtained on individual NHS prescriptions may be disposed of by returning to the supplying pharmacy in a sealed envelope and emphasises the need for regular medication audits. Regular audits would have identified the retention of medicines no longer required and would have identified any discrepancies. This was a breach of regulation

12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Health care professionals have a statutory duty to report concerns involving controlled drugs to the Controlled Drug Accountable Officer (CDAO). We contacted the CDAO following our inspection to report our findings.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. We observed staff providing care in a timely manner to people throughout our inspection. Staff responded to call bells quickly. People said call bells were answered promptly and staff responded quickly when they rang for help. People who were unable to use this system were checked by staff at regular intervals to ensure their safety but also monitor their needs.

Staff were fully aware of how to recognise and protect people from abuse. The home responded to safeguarding concerns and worked with the local authority. They obtained advice from them when appropriate and the manager reported safeguarding issues accordingly. Staff told us and records confirmed they had received safeguarding training. One staff member said, "If I saw anyone being abused I would not hesitate to report it". Staff were aware of the procedures in place to keep people safe and the levels of concern they needed to report.

Risk assessments were in place for all people living at the home. Staff told us that where particular risks were identified, measures were put in place to ensure the risk was safely managed. For example, we saw that people who were cared for in bed had easy and direct access to an alarm call bell. The level and frequency of observations of these people by staff were increased accordingly. We saw from the staff observation records that these welfare checks had been made frequently and were recorded accurately and in a timely manner.

The registered provider had plans in place to deal with foreseeable emergencies in the home. Emergency plans were in place for staff to follow including in the event of a fire or of the lift breaking down while a person was using it. The staff we spoke with told us that they had regular training in the actions they needed to take if there was a fire. Evacuation sledges were located at both stairways which ensure people with limited mobility could be moved safely.

Good

Is the service effective?

Our findings

Before people received any care or treatment they were asked for their consent. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or taking them to the toilet. One person told us, "They [staff] always ask before doing anything". Another person said, "The staff are very good. They never burst into my room. They always knock the door first and wait to be invited". A relative told us, "It's okay here. The staff are very respectful all of the time". Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks.

People and relatives told us they were involved in decisions about their care and treatment. Their consent had been discussed and agreed in a range of areas including receiving medicines and support. Consent forms had been appropriately completed by people's representatives where this was applicable. The forms showed the representative's relationship to the person concerned, and their authorisation to speak or sign forms on the person's behalf or in their best interests.

People were supported by staff with appropriate skills and experience. Staff told us they had the training they needed to care for people and meet their assessed needs. There was an up to date training and development plan for staff which enabled the manager to monitor training provision and identify any gaps. This helped ensure that staff kept their knowledge and skills up to date and at the required frequency. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed the management team to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard.

New staff had undergone an induction which included the standards set out in the Care Certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Training included for example, moving and handling, infection control, food hygiene, medicines management, dementia awareness, safeguarding of adults at risk and the Mental Capacity Act 2005 (MCA 2005).

Records confirmed that there were systems in place to monitor people's health care needs, and to make referrals within a suitable time frame. The health records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing. Staff described the actions they had taken when they had concerns about people's health. For example, they repositioned people who were cared for in bed on a regular basis to minimise the risk of pressure ulcers developing.

People and relatives were very positive about the quality of the food, choice and portions. We observed

lunch in the dining room where people were offered a choice. The food looked and smelt appetising and the portions were generous. Staff worked with the chef to ensure meals were delivered quickly and hot. Requests and special dietary requirements were plated up separately. There was a pleasant atmosphere in the dining room and it was evident that people enjoyed the food. Specialised equipment was available to enable people to eat as independently as possible. People who required support to eat received this in a kind and patient way. One person said, "The food is usually good and there seems enough of it. We can always have extra as well if we want to". Hot and cool beverages and snacks were available to people throughout the day. Fresh refrigerated fruit juices were available in both lounge areas.

People were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks. One person told us, "The GP visits every week to make sure we are all fit and well but if I feel unwell at any time I can request a visit and he comes to see me". A healthcare professional told us, "I have a good working relationship with the home manager who communicates clearly with me whenever needed". People's healthcare needs were considered within the care planning process. Assessments had been completed on people's physical health, medical histories and psychological wellbeing. Arrangements were in place for people's healthcare needs to be monitored through a regular review process. Care records demonstrated people had received visits from health care professionals, such as doctors, chiropodists and opticians. A GP told us, "The care is very good at Woodlands. I am confident in the manager and staff to carry out any instructions I have in relation to care for people".

People had been assessed as to what capacity they had to make certain decisions. When necessary the staff, in conjunction with relatives and health and social care professionals, used this information to ensure that decisions were made in people's best interests. The service worked closely with professionals from the local authority to ensure that people's rights were upheld. 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). At the time of our inspection one person living at the home was subject to a DoLS. The home had submitted a number of applications to the local authority which had yet to be authorised. The registered manager knew when an application should be made and how to submit one. They were aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. 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. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

Good

Is the service caring?

Our findings

People told us staff were caring. One person told us, "The staff are kind and do not rush me". Another person told us, "I do need a lot of help with everything but they are very kind and they know how I like things done". A further person added, "I have a good room and the carers are very kind. The staff are always kind and polite and come and talk to me about all sorts of things". A relative told us, "The care is good they are kind and welcoming. Everything always looks clean and tidy and X [person] loves it here. They are really good to them".

Staff promoted independence and encouraged people to do as much as possible for themselves. People were dressing, washing and undressing themselves when they were able to do so. They had a choice about when to get up and go to bed, what to wear, what to eat, where to go and what to do according to their care plan. Their choices were respected. Staff were knowledgeable about the people they cared for and knew what they liked and disliked. We asked three members of staff about the care needs of the people they cared for. They were all able to tell us about the person, their dietary needs, care needs, what they liked or disliked, past history, social needs and what activities they liked to take part in. Care and support plans confirmed what we had been told

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen.

Staff provided clear explanations to people before they intervened. For example, one person was being supported to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that the person was comfortable and knew what to expect next.

Staff addressed people by their preferred names and displayed a polite and respectful attitude. People were assisted with their personal care needs in a way that respected their dignity. They knocked on people's bedroom doors, announced themselves and waited before entering. People chose to have their door open or closed and their privacy was respected. Staff covered people with blankets when necessary to preserve their dignity.

People were involved in their day to day care. People's relatives or legal representatives were invited to participate each time a review of people's care was planned. People's care plans were reviewed monthly or whenever their needs changed.

Letters and cards we viewed from relatives in relation to the care and support people had received at Woodlands included the following comments, "We thank you for what you did for mum to try and make her life better. Thanks for the kindness shown to myself and family. We always felt part of your family as well" and "Thank you so much for all your carie and attention. All the extras you do mean such a lot".

Good

Is the service responsive?

Our findings

People told us they received a personalised service that was responsive to their needs. Before people came to live at the home their needs were fully assessed. This was achieved through gathering information about the person's background and needs as well as meeting with family and other health and social care professionals to plan the transition appropriately. A relative told us, "Before X [person] came into the home the manager came out to see us. She asked us lots of questions to make sure the home was the right place for them". Another relative told us, "It's a very calm and homely atmosphere here and the care is very good. If I had a problem I would say so as staff are easy to talk to. I feel that everything is done well, particularly the attention given to hoisting, which is good that they get training in that. If I wasn't happy I would tell the staff that".

People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's life history, likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about people's individual needs from the onset.

People's care plans included risk assessments with clear instructions to staff about how to reduce any risk that was identified. A person who experienced falls was provided with equipment that alerted staff when they stepped out of bed so they could provide help and reassurance. People were placed under observation following a fall and their progress was recorded. If needed they were referred to the 'falls clinic'. Care plans were reviewed monthly or as soon as people's needs changed and were updated to reflect these changes to ensure continuity of their care and support. For example, a care plan had been updated to reflect a change of medicines following a G.P.'s visit and a review of their care. This showed that management and staff responded to people's changing needs whenever required.

Staff ensured that people's social isolation was reduced. Relatives and visitors were welcome at any time and were invited to stay and have a meal with their family member. A relative said, "We are encouraged to keep in contact by phone and visits".

There was a weekly activities timetable displayed on the notice board and people confirmed that activities were promoted regularly based on individual's wishes. There were group activities and one to one sessions for people who preferred or who remained in their room. Activities included bingo, celebrating birthdays, nail and hair care, large size jigsaw puzzles, cross words, word searches and card making.

People were able to express their individuality. Staff acknowledged people by name as they walked past them in the lounges and corridors. People were responsive to staff and were eager to talk to them. Bedrooms reflected people's personality, preference and taste. For example, some rooms contained articles of furniture from their previous home and people were able to choose furnishings and bedding. This meant

that people were surrounded by items they could relate with based on their choice.

The complaints process was displayed in the entrance to the home so people and visitors to the home were aware of how to complain if they needed to. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). The provider had received 10 formal complaints since our last inspection. We found these had been investigated by the provider and responded to in a timely way with a satisfactory outcome for the complainant. A relative told us, "If I had reason to complain I would just talk with the manager and it will be sorted straight away".

Good

Is the service well-led?

Our findings

There was not a registered manager in post at the time of our visit. The previous registered manager had left the service in December 2015. The director of operations for the provider was able to demonstrate to us that the provider had taken satisfactory steps to recruit a replacement. The current manager had joined the service in December 2015 but had not submitted an application to the Care Quality Commission (CQC) to become the registered manager until the day of our inspection. The director of operations told us, "We had IT challenges setting up an account in February 2016 with CQC and it wasn't until the end of March 2016 that we were able to progress it.

People and staff spoke positively about the manager and their leadership. One member of staff said: "She is such a breath of fresh air, she is really approachable and she has worked really hard to get this place up to speed. I feel for her because I don't think your inspection will really reflect the hard work and commitment she has put in". Another member of staff told us, "The manager is very approachable and I can go and speak to her any time I feel I need to. She always finds time for that. I feel I can talk to her as a friend not a manager". All staff spoken with understood their roles and responsibilities in providing good quality and safe care to people.

One of the manager's visions for the future was to introduce the Brookvale Family and Friends Forum (BFFF). This is a series of open forum meetings with people living at the home and their relatives to help them to have a greater understanding of day to day life in a care home. Its main aims were to enable people to understand for example, safeguarding adults, why the home carried out mental capacity assessments, what person centred support should be like and how the provider responded to complaints. The manager told us, "There are so many myths about what people should expect and so many areas people really don't understand. I am hoping that these meetings will break down barriers people feel are there so we can all work together to ensure we care for people in the right way".

The manager understood the principles of good quality assurance and used these to review the home. The manager completed monthly audits of all aspects of the home. For example, care plans, nutrition and learning and development for staff. They used these audits to review the home. Audits identified areas they could be improved upon and the manager produced action plans, which clearly detailed what needed to be done and when action had been taken. For example, the manager told us, "When I first came here I soon identified that some of our care plans 'could be better' I have worked my way through most of them to ensure they are fully compliant and a working document. She told us and we saw that with support from senior management she was 'nearly there' in turning this around. However, the medicine audit failed to identify any areas of concern and these are reported in the Safe section of this report.

There were systems in place to manage and report accidents and incidents. Accident records were kept and reviewed monthly by the manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of their quality assurance system.

The home worked well with other agencies and services to make sure people received their care in a

cohesive way. Healthcare professionals we contacted told us that the home always liaised with them. We asked healthcare professionals to tell us what the service does well. One healthcare professional said, 'Person-centred care and multi-agency communication. Well led and good knowledge of policies and procedures across agencies, in order to get the best support for their residents'. This showed that the management worked in a joined up way with external agencies in order to ensure that people's needs were met.

The manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the manager understood their legal obligations.

The provider used an annual questionnaire to gain feedback on the quality of the service. These were sent to people living in the home and relatives. The manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the home. The feedback received for September 2015 indicated that most people were satisfied with the service being provided. Comments included, "Food always seems to be of a high standard", "Management and staff always helpful and supportive. They go out of their way to accommodate our wishes around mum's needs" and "Staff communicate with me by phone if they have any concerns at all. I feel very involved in my mums care".

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it necessary.

Team meetings had recently been implemented and records showed staff had opportunities to discuss any concerns and be involved in contributing to the development of the service. One member of staff said: "We meet regularly and there is an open door policy where all staff can raise positive and negative feedback". They told us the manager was always open to suggestions and on-going improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines. Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.