Care Quality Commission

Woodlands Manor Limited

Woodlands Manor

Inspection report

21-23 Chambres Road
Southport
Merseyside
PR8 6JG

Tel: 01704544848
Website: www.cedarscaregroup.co.uk

Date of inspection visit:
23 June 2016

Date of publication:
26 July 2016

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 inspection took place on 23 June 2016 and was unannounced.

Situated in a quiet residential area on the outskirts of Southport and close to local amenities and public transport, Woodlands Manor is a residential care home providing accommodation for up to 27 people with dementia care needs. The service provides upper and ground floor accommodation, some with en-suite facilities. There is a passenger lift which gives access to each floor. The home has a large garden to the rear of the building and small car parking area at the front.

A registered manager was in post. 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 told us they felt safe living at the home.

There was a safeguarding adult's policy and procedure in place, which had been reviewed recently. All of the staff we spoke with could recognise the signs of abuse.

There were risk assessments in place. People who were at risk of falls or malnutrition had additional risk assessments completed which explained what support that person needed and highlighted the impact of the risk the person could be exposed to.

Staff records viewed demonstrated the registered manager had robust systems in place to ensure the staff recruited were suitable to work with vulnerable people.
There were safe practices and procedures with regards to the administration and storing of medication.

Procedures were in place for responding to emergencies and in the event of a fire.

The environment was clutter free and well-presented and it contained objects of reference and memorabilia for people to pick up and move if they chose to.
The staff and the people who lived at the home told us staffing levels were good, and we observed staff at various intervals throughout the day undertaking their roles without being rushed or pressured.

The registered manager and the staff had knowledge of the Mental Capacity Act (2005) and their roles and responsibilities linked to this.

Staff had regular supervision and appraisal. The induction process for the home was in line with The Care Certificate.

Staff told us and records showed, that all staff had undertaken their training required by the provider to enable them to do their job effectively.

People's care records informed us they had regular input from professionals if they needed it, including the dentist, optician, chiropodist and GP.

The mealtime we observed was not rushed, and the food looked appetising. There were menus, and we could see people were given a choice of what they ate.
People were complimentary about the staff and we saw that they were caring in their approach.

The home was working towards an accredited qualification in end of life care.

People were involved in their care plans, and information was stored securely.

There was a complaints procedure in place. People and relatives that we spoke with confirmed they knew how to complain. We saw evidence of complaints being addressed and followed up in line with the home's policy.

There were lots of activities at the home. In addition to this, outside support groups visited the home to give people and their families the option to be involved in new projects. We saw evidence of this during our inspection.

Care plans were person centred and reflected people's current needs as well as their preferences. There was information around peoples likes, dislikes and religion recorded. People were being supported to vote in the EU referendum at the time of our inspection.

People and relatives were complimentary about the registered manager and other senior staff.

Staff were aware of the home's whistleblowing policy and told us they would not hesitate to report any concerns or bad practice.

Systems were in place to monitor the standard of the service and drive forward improvements. This included a number of audits for different areas of practice, and clear and transparent action plans when areas of improvement were identified by the audit process.

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.

The service had measures in place to ensure medicines were managed safely.

Risk assessments were in place for people who required them and covered all aspects of their personal safety.

Appropriate checks were carried out on staff before they started working in the home.

Staff understood their role in relation to safeguarding and knew what steps to take if they thought someone was being abused.

Is the service effective?

Good

The service was effective.

The registered manger understood their responsibilities with regards to The Mental Capacity Act 2005 (MCA) and DoLS.

Discussions with staff and documented evidence suggested that staff were suitably trained to undertake their roles.

The food was well presented; people had a choice about what they ate

Is the service caring?

Good

The service was caring.

We received positive comments about the caring nature of the staff.

People who lived at the home told us that the staff respected their privacy and treated them with respect.

Information was stored confidentiality.

The home was in the processes of implementing the 'Gold Standards Framework' to offer compassionate support to those

receiving end of life care.

Is the service responsive?

Good

The service was responsive.

There was a complaints procedure in place which was clearly visible, and people told us they knew how to complain.

Care plans were personalised, and contained relative and up to date information about people who lived at the home and what was important to them.

There were enough activities planned and going on in the home to suit most people and everyone told us they enjoy the activities.

Is the service well-led?

Good

The service was well –led.

People we spoke with knew who the registered manager was and were complimentary about their leadership and management style.

The registered manager had effective quality assurance systems in place, and could evidence how they had acted upon suggestions from the people who lived at the home.

The culture of the home was open and staff said that the registered manager was approachable.

Care Quality Commission

Woodlands Manor

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 23 June 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We checked to see if any information concerning the care and welfare of people who lived at the home had been received.

The provider sent us 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.

During the inspection, we spoke with six people using the service, two visiting relatives, three staff and a medical professional. We spent time looking at a range of records including four people's care plans and other associated documentation, three staff recruitment files, staff training and supervision records, the staff rota, medication administration records, a sample of policies and procedures, minutes of staff meetings, compliments and acknowledgements received at the service. We looked around the home, including the bathrooms, lounges and the dining room.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Comments included "I feel safe." And "It's alright." One relative told us "It is safe, yes." Another said "I have no qualms whatsoever."

There was a safeguarding adult's policy and procedure in place, which had been reviewed recently. All of the staff we spoke with could recognise the signs of abuse and clearly explained what action they would take if they felt someone was being abused.

We reviewed three files relating to staff employed at the service. Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable to work with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

The registered manager also requested a Disclosure and Barring Service (DBS) check for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all staff employed to care and support people within health and social care settings. This enables the registered manager to assess their suitability for working with vulnerable adults.

The registered manager and the senior clinical manager provided us with a description of how medicines were managed within the home. There were established processes for the disposal of medicine, for receiving medicine and for stock monitoring. Medicines where held within two locked trolleys. Medicines were administered individually by the senior carer. We looked at MAR (medication administration records) and could see they were not missing any signatures and were filled out correctly. The registered manager told us medication requiring cold storage was kept in a dedicated medication fridge.

For the safe storage and management of controlled drugs, the clinical manager explained they had a double locking box in place and a controlled drugs book, which had to be signed by staff when any controlled drugs were administered. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Legislation.

The care records we looked at showed that a range of risk assessments had been completed and were regularly reviewed depending on people's individual needs. The records we looked at for each person included a needs assessment, admission procedure, a task risk assessment – which showed what level of support the person needed for particular tasks, a mental health risk assessment, diet and fluid charts and weight charts. People who were at risk of falls or malnutrition had additional risk assessments completed which explained what support that person needed and highlighted the impact of the risk the person could be exposed to.

Rotas showed the number of staff on duty at the home appeared to be consistent. During our inspection, we

observed people receiving assistance in a timely manner, and there were always staff available in the communal areas of the home to help people if they required it.

A Personal Emergency Evacuation Plan (PEEP) had been developed for each person living at the home and the method of assistance required had been personalised to meet the need for each person. There was a fire and emergency plan displayed in the hallway.

We checked to see what safety checks were undertaken on the environment. We saw a range of assessments and service contracts, which included gas, fire safety, electric and legionella. We spot-checked the date of some of these certificates. Procedures were in place for responding to emergencies and in the event of a fire.

We saw that incidents and accidents were well recorded, and the manager as part of their auditing process was analysing these for any trends and patterns.

Good

Is the service effective?

Our findings

Most people told us that staff had the right skills to support them. One visiting healthcare professional said, "Staff are always helpful. They know to call us. I trust them." A relative told us "Staff are knowledgeable, I can't really fault the place."

We asked staff about their training. One staff told us "I get a lot of external training in safeguarding." We looked at the training matrix for the staff who worked in the home and the contents of the training courses. The training matrix showed that following the initial induction further training was provided in all key areas such as moving and handling, fire prevention, infection control, dementia, safeguarding vulnerable people, medication, health and safety, food hygiene and first aid. Training was linked to the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Most staff employed had completed a nationally recognised qualification in care.

The staff we spoke with confirmed they had been supervised and had had an appraisal. We looked at a document which showed all staff members dates for their supervisions and appraisals and we could see they were all in date. The manager confirmed they had taken place and the staff we spoke with told us they had regular supervision.
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). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

All the staff team had received training in the principles associated with the MCA and DoLS. We found staff understood the relevant requirements of the MCA and put what they had learned into practice. Records showed applications had been authorised, were being managed and were being kept under review.

Staff understood the importance of gaining consent from people and the principles of best interest decisions. Care records showed people's capacity to make decisions for themselves had been assessed on admission and in line with legal requirements. Useful information about their preferences and choices was recorded. We also saw evidence in care records that people's capacity to make decisions was being assessed on a monthly basis which meant staff knew the level of support they required while making decisions for themselves. Where people had some difficulty expressing their wishes they were supported by

family members.

We looked at the arrangements for planning and provision of food and drink. We ate lunch with the people who lived at the home and found it was an enjoyable experience. All of the people we spoke with told us they enjoyed the food in the home. The dining room was presented well, with tables laid nicely complete with material napkins and condiments on each table. We observed there was plenty of staff around. They spent their time assisting people who needed it. We saw that meals were personalised in accordance with what people wanted. For example, we observed that one person had opted for fewer chips, while another person had opted for gravy instead of sauce. Staff interacted well with people and confirmed people's choice of food before serving them. We saw that one person had refused their main meal. They were offered alternatives and settled on dessert only.

The environment contained objects of reference and memorabilia for people to pick up and move if they chose to. The home benefited from a person who was experienced in supporting people living with dementia to help promote a dementia friendly environment. We were shown examples and copies of the training material's this person had introduced to the home.

People's care records informed us they had regular input from professionals if they needed it, including the dentist, optician, chiropodist and GP. There was a document included in each person's care file which recorded the date when they been visited by another healthcare professional and the outcome of the visit.

Good

Is the service caring?

Our findings

People we spoke with and visiting relatives told us that the home was caring. One person said "The staff speak to us well." Someone else said "The staff speak to us in the right way." And "If I needed help I'd speak to them [staff]." One relative told us "They're cracking. I have no complaints at all." Someone else said "I don't have to worry. I just turn up, which I like."

Staff were able to give us examples of how they ensure they protect peoples dignity and privacy. Staff told us people could have a bath or a shower whenever they wanted. Records we viewed confirmed this. We saw staff engaged with people discretely when asking if they required the toilet or help with going back to their rooms.

We saw that people's records and care plans were stored securely in a lockable room which was occupied throughout the duration of our inspection. We did not see any confidential information displayed in any of the communal areas.

Care plans showed that people and their families had been involved in their development. People told us they were happy with the care and support they received.
We viewed a sample of thank you cards from family members commending the staff for all of the help and care they had given their family members.
For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. We saw the no one was accessing these services during our inspection.

The registered manager and other manager and other managers at the home were keen to show their pending accreditation file for 'gold standards framework' in end of life care.
Gold Standards Framework (GSF) is a best practice model which can help doctors, nurses and care assistants provide the highest possible standard of care for all people who may be in the last years of life.

The staff involved in this accreditation were clearly proud of their achievements. We asked them why they felt being able to offer this service was important and the manager told us "We want people to die with dignity in their own home, if they chose, instead of having to move into a hospital or hospice if that is not what they want." The manager explained the GSF had already been implemented with all staff at the home, and we saw lots of information about this in staff team meetings and on notice boards throughout the duration of our inspection.

Good

Is the service responsive?

Our findings

People told us they knew how to complain. One person said "If I had to complaint I would speak to the highest up." Relatives confirmed they were involved in their family member's reviews. One relative said "They bring me here for reviews."

We checked if the home had had any complaints in the last twelve months. We saw that there was a complaints procedure in place. We tracked a complaint to see if the process had been followed. The person who had made the complaint was contacted about their complaint. We could see evidence of changes being implemented as a result of people's complaints. For example we saw that a change was made to a washing schedule, due to someone losing items of clothes. This showed that the registered manager was taking action to ensure complaints of that nature were reduced.

A weekly programme of recreational activities was displayed on the wall in the corridor outside one of the communal lounges. It showed a full and varied week of activities. There were photographs around the home which showed people engaging in these activities. The home had recently had some refurbishment work completed which included turning one of the rooms over-looking the garden into a 'garden room.' This room had a large window and comfortable chairs allowing people the feeling of sitting in the garden, even on cold days. People told us they liked the garden room. We saw that people were encouraged to make a 'wish list' of things they wanted to do. We saw an example of how this had been implemented by the home. They had taken a person to Blackpool, as this was something they had identified on their 'wish list'.

We saw that the home had support from 'Sefton Lost Voices.' Sefton Lost Voices is a new project, which involves recording the memories of people who are in the early stages of memory loss. The aim is that the recording will be used by the person and the family as an 'aide-memoire', as the person's memory begins to fade and as a keepsake once the person is lost to the family. We saw examples of people who had consented to this taking place.

The care plans we looked at contained information about people's past as well as their medical and health conditions. Everyone had undergone the home's initial assessment process before being offered a place at the home. Information such as what people did for a job, and what music they liked were also documented in their care plans. Staff were knowledgeable regarding people's care needs and how people wished to be supported. People told us they had no issues with regards to the gender of their care worker, however, we could see that this choice was documented in the persons care file if they preferred a female or male carer. One person was being supported to vote in the EU referendum during the time of our inspection.

The information regarding people's health needs was available in the care records. Care plans and risk assessments were regularly reviewed by the registered manager, the person and their families. There were signatures on the documentation to show this was happening.
Daily records were maintained and these provided an overview of people's support and health in accordance with their plan of care.

Good

Is the service well-led?

Our findings

There was a registered in post who had been in post for a number of years.

People we spoke with, staff and visiting relatives were complimentary about the registered manager and other members of the management team. One family member said "The manager and the others are very good. It's definitely well led." Another relative said "We get letters and stuff, communication is good."

The registered manager told us that they are well supported by the provider, who regularly visits the home.

Staff we spoke with told us the culture of the home was caring and the manager led by example. Staff told us they were supervised regularly, and had regular team meetings; we were able to see minutes of these, the last team meeting had taken place in June.

The quality assurance systems in place were robust. We saw from the notes made during the most recent audit that no issues had been found. The registered manager did a weekly audit of the building and regular care plan checks. There were audits for the safety of the building, finances, and more regular checks like the water temperatures. We saw any recommendations were being followed up with a plan of action by the registered manager.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

The registered manager was aware of their responsibilities concerning reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken.

We looked at how the manager used feedback from people living at the home and their relatives to improve the service at Woodlands Manor. We saw that the registered manager had sent out multiple choice questionnaires. The results had been analysed and most responses we viewed indicated people were pleased with the service provided.