

Woodlands House Care Home Ltd

# Woodlands House

## Inspection report

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Date of inspection visit:  
13 July 2023  
17 July 2023

Date of publication:  
29 August 2023

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Woodlands House is a 'care home'. It is registered to provide care and accommodation for up to 14 people and there were 11 people living at the home when we inspected. The service was providing care for a wide range of care needs such as for older persons, and those living with dementia.

### People's experience of using this service and what we found

The service is a specialist dementia service and the provider had not fully considered people's needs with regards to the layout of the service and providing accessible information. Improvements were required to the mealtime experience for people and the environment of the service. The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. However, these systems had not ensured the areas of improvement we identified were prevented and rectified.

We have made a recommendation about supporting people with dementia to eat and drink well.

People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were enough staff to care for them. One person told us, "I'm having a good day, I'm alright." Our own observations supported this, and we saw friendly relationships had developed between people and staff. A relative told us, "My [relative] has been at the home for a long time, he seems very happy, and I have no concerns about the care he receives."

People received medicines safely. People's care plans were up to date and accurately reflected their needs. People were able to receive visits from their relatives and there was a programme of activities to support their well-being.

Staff worked collaboratively with outside agencies such as the local authority and healthcare professionals. Complaints were handled appropriately, and people enjoyed the food and drinks on offer. People were protected from harm and abuse, as staff knew how to safeguard people and what procedures they should follow.

Staff had received relevant training to meet people's needs, and people's wishes at the end of their life were respected. People were able to express their views and had their dignity, independence and privacy promoted.

Systems were in place to assist people to stay safe by assessing and mitigating risks, ensuring people were cared for in a person-centred way and that the provider learned from any mistakes. Our own observations and the feedback we received supported this. People received good care that met their needs and improved their wellbeing. The staff team were dedicated and enthusiastic.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 29 October 2021 and this is the first inspection. The last rating for the service under the previous provider was good, published on 29 September 2018.

#### Why we inspected

The inspection was prompted in part due to concerns received about care delivery and the environment of the service. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was not always well-led

Details are in our well-led section below.

Requires Improvement 

# Woodlands House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by 1 inspector.

#### Service and service type

Woodlands House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Woodlands House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

The provider is required to have a registered manager to manage the service. At the time of our inspection there was not a registered manager in post. An application to register a manager had been submitted to the CQC, however this application was subsequently withdrawn after the inspection. The deputy manager was in charge of the day to day running of the service, with support from the Deputy Manager, General Manager for Care and The Director. The provider informed us they are in the process of trying to recruit a registered

manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

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 spoke with people, relatives and staff and gathered information relating to the management of the service. We reviewed a range of records. This included 4 care plans. We spoke with 2 people living at the service. We also spoke with 5 members of staff, including the deputy manager, the chef, care staff and ancillary staff. We spoke with 3 relatives over the telephone.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- People said they felt safe, and they had no concerns around safety. A relative told us, "I have no concerns around the safety of [my relative], they always seem very well cared for."
- Staff had a good awareness of safeguarding, could identify the different types of abuse and knew what to do if they had any concerns about people's safety. Information relating to safeguarding and what steps should be followed if anyone witnessed or suspected abuse was displayed around the service.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- We saw specific details and any follow up measures to prevent a re-occurrence were recorded. Any subsequent action was shared and analysed to look for any trends or patterns.

Using medicines safely

- Care staff were trained in the administration of medicines. A member of staff described how they completed the medicine administration records (MAR). We saw these were accurate. They also showed us how they ensured that stock levels of medicines were accurate.
- Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks of medicines storage areas. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
- Medicines were stored appropriately and securely, in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Assessing risk, safety monitoring and management

- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs. For example, some people were at risk of falls. Their care plans contained comprehensive and specific details for staff on how to manage these risks.
- Checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and agency staff were used when required.

- People and staff told us the service had enough staff to keep people safe. A relative told us, "They have new staff working there now. There seems to be enough, they are always around when you need them."
- The provider followed safe and effective recruitment practices. This included checks with the Disclosure and Barring Service (DBS), requesting references from previous employers about their conduct in previous jobs and health checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

People were able to see their friends and relatives at a time that suited them and were supported by staff to do so. Procedures were in place to enable people to receive visitors safely. PPE, including masks, and hand sanitiser was available to all visitors to use.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- The service is a specialist dementia service and the provider had not fully considered people's needs with regards to the layout of the service and providing accessible information.
- Notice boards around the service were positioned in places where people did not routinely congregate, such as the front entrance. Information on the notice boards, such as activities on offer and the food menu for the day were not accessible to people living with dementia. Current best practice guidance indicates the fonts and colours used would make it difficult for people to read and understand.
- There was a lack of equipment for people to occupy themselves with, such as memory boxes and objects of interest.
- The signage and décor of the service did not lend itself to assist people living with dementia. We saw people wandering around the service, however the signage and décor did not always assist them to locate any specific rooms they needed, such as toilets and bathrooms. Furthermore, the dining room was locked except at mealtimes, meaning that people were restricted should they wish to spend time there at other points during the day. Staff did not know why the dining room remained locked throughout the day.
- The premises were safe but were not well maintained or well presented. Throughout our visit we saw that various areas of the service needed repair and redecoration. For example, seat covers were stained and damaged, and cushions designed to relieve pressure when people were sat were ripped and worn.
- The service was not always clean and well maintained, for example unpleasant odours were present in certain areas of the service throughout the inspection.
- The provider was aware of these issues and were developing plans to improve the environment of the service. However, further work was required to ensure the service is fully accessible to meet the needs of people with dementia.

The provider had not ensured the premises were fit for purpose in line with statutory requirements and taking into account national best practice. People's needs had not been taken into account in respect the environment of the premises. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed the mealtime experience at the service. The dining room was only unlocked when meals were served. For people living with dementia, food can be associated with memory, social occasions, and emotions, and provide a source of enjoyment and dignity. The lunchtime meal was quiet, with no music playing or social interaction. Tables did not have condiments or napkins.

- Some people chose to eat at tables in the lounge. Two people ate with their fingers, however the choice of meal given was not one that could easily be eaten without cutlery and much of the food ended up on the table.
- Both people were assessed as at risk of losing weight. Staff had not considered that a choice of 'finger food' may be more suitable, or that the use of adapted equipment such as plate guards and dementia friendly cutlery would have assisted people to eat and enjoy their meal more.

We recommend the provider considers current guidance on supporting people with dementia to eat and drink well.

- Staff told us people were offered a choice of food from the menu. People's ability to eat safely and maintain a healthy weight were assessed. Where needed, advice was sought from healthcare professionals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before they moved into the service. This allowed staff to assess risks to people and if staff were able to support people in a safe manner or identify if they required further training.
- The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies and systems were in place to monitor that they kept up to date with changes.
- People told us they received effective care and their needs were met. A relative told us, "I'm very happy with the care my [relative] gets. The staff know him very well and he seems happy too."
- Staff liaised effectively with other organisations and teams. People received support from specialised healthcare professionals when required, such as GP's. Feedback from staff and documentation supported this. Staff recognised when people were poorly and had contacted the relevant professionals. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

Staff support: induction, training, skills and experience

- Staff had received training in looking after people, including safeguarding, health and safety, equality and diversity. Staff supported people with confidence and professionalism. A member of staff told us, "The training has been good, it has helped me to know about the home and what we need to do."
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one. The provider used a DoLS tracker to ensure staff knew who was under DoLS, whether they had any conditions to their DoLS and when a new application should be made.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Staff provided people with choice in the way their care was delivered. Throughout the inspection, people were given a variety of choices of what they would like to do. A member of staff told us, "We ask what people what they want to wear, we give them choices."
- People were supported to make their own decisions. People told us they were free to do what they wanted throughout the day. A relative told us, "He [my relative] seems to do his own thing, nobody stops him within reason."
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Ensuring people are well treated and supported; respecting equality and diversity

Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. People were supported with kindness and compassion.

- We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people. One person told us, "They are very kind to me."
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors could come to the service and could stay as long as they wanted.
- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible.
- Care staff informed us that they always prompted people to remain active and carry out any personal care tasks for themselves, such as brushing their teeth and hair and mobilising around the service.
- People we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. A relative said, "I've never seen any staff being disrespectful, they all appear very nice and kind."
- People's privacy and dignity was protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included people's choices around what they enjoyed doing during the day and their preferences around clothes and personal care.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. A relative told us, "They always let me know if there are any changes in the care and we helped with the care plan too."
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide person centred care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

- People told us that the service responded well to their care and recreational needs. A relative told us, "I've seen activities going on most days when I visit."
- There was a range of activities on offer which included, music, arts and crafts, exercise, reminiscence sessions and visits from external entertainers. We saw staff taking time to interact on a one to one basis with people to entertain them with singing and music.
- People were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans. If requested, representatives of churches visited.

Improving care quality in response to complaints or concerns; End of life care and support

- People were supported to raise concerns. People received information on how to make a complaint when they moved into the service.
- People's wishes for the end of their life had been recorded in their care plans. For example, if people wanted to stay at the service instead of being admitted to hospital. Staff were knowledgeable about supporting people at the end of their lives and the healthcare professionals who would be able to support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider undertook a range of quality assurance audits which included medicines, infection control, care plans and health and safety. The results were analysed to determine trends and introduce preventative measures.
- However, despite these systems being in place, the provider had failed to identify areas of practice that needed improvement. For example, around the environment of the service fully considering the needs of people living with dementia and the mealtime experience. We have identified this as an area of practice that needs improvement.
- The provider is required to have a registered manager to manage the service. At the time of our inspection there was not a registered manager in post. An application to register a manager had been submitted to the CQC, however this application was subsequently withdrawn after the inspection. The deputy manager was in charge of the day to day running of the service, with support from the Deputy Manager, General Manager for Care and The Director. The provider informed us they are in the process of trying to recruit a registered manager.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback in relation to how the service was run, and our own observations supported this. A relative told us, "The home seems to be run very well, but it is very run down. I can't fault the care though."
- People, relatives and staff felt the service was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. Staff told us the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care. Our own observations supported this. A member of staff told us, "We are like a family. We give good care and we support each other."
- Staff had a good understanding of equality, diversity and human rights and explained how they would

make sure nobody at the service suffered from any kind of discrimination. This was reinforced through training.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff commented they all worked well together as a team. A member of staff told us, "I am happy working here, I get very well supported. I can ask any questions I want."
- The service had a strong emphasis on teamwork and communication. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Up to date information was made available for staff including details of specific topics, such as the Mental Capacity Act, to ensure they understood and had knowledge of how to assist people.
- People and staff were involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service liaised with organisations within the local community. For example, the Local Authority and Integrated Care Board, to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns. The service also engaged with the local community.
- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.



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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to ensure the premises were fit for purpose in line with statutory requirements and taking into account national best practice.  Regulation 15(1)(c)