

Trust Care Ltd

# Woodlea Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Woodlea is a residential care home providing personal care to up to 34 people. At the time of our inspection there were 31 people using the service. Some people were living with dementia.

### People's experience of the service and what we found:

People were supported by staff who were kind, caring and supported them to meet their needs. The atmosphere in the home was calm, relaxing and very homely and people enjoyed living at the home. Staff supported people to make decisions about their care such as what to eat, drink and where they would like to sit. People and their relatives were happy with the care and support they received. People were happy and comfortable living at the home.

Risks associated with people's care were identified and managed to keep people safe. Care plans were detailed and provided staff with clear instructions to carry out their role safely and in line with people's needs. Building maintenance was carried out in line with requirements.

The home was clean and well maintained. There were sufficient staff available to meet people's needs and keep them safe. The provider had a robust recruitment process to ensure suitable staff were employed. People were safeguarded from the risk of abuse and staff were trained and supported to identify and report incidents. People received their medicines as prescribed by staff who were trained and competent to administer medication.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and staff team understood their roles and responsibilities and was supported by a support manager and area manager.

A series of audits were completed on a monthly basis and where issues were identified, action plans were in place to ensure concerns were actioned in a timely way.

People were asked their opinion about the service at meetings and as part of a quality questionnaire which was carried out on an annual basis.

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

The last rating for this service was Good (published 15 November 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe, caring and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Woodlea Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow Up

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 caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Woodlea Care Home

## 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.

#### Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Woodlea 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. Woodlea 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 4 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager and care workers.

We reviewed a range of records including 3 people's care records including multiple medication records. We reviewed a variety of records relating to the management of the service. We looked at 3 staff files in relation to recruitment and staff supervision and observed staff interacting with people.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff received training in safeguarding and knew how to recognise and report any concerns.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe.
- Risks associated with people's care were identified and managed to keep people safe. Care plans were detailed and provided staff with clear instructions to carry out their role safely and in line with people's needs.
- Building maintenance was carried out in line with requirements.
- People and relatives we spoke with felt they or their family members were safe living at the home. One person said, "I am very comfortable here. I feel safe with the staff they know me and how to look after me." Another person said, "I feel safe and looked after. I have made some nice friends too."

Staffing and recruitment

- The provider had an effective recruitment process in place to ensure that appropriate staff were employed to work in the home.
- Staff files were well organised with evidence of Disclosure and Barring Service (DBS) certificate numbers at the front of each file. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Through our observations and speaking with staff, we found there were enough staff available to meet people's needs in a timely way. One person said, "There isn't much to choose between how quickly they come at day or night. It all really depends on what they are doing. They [staff] never just leave you though."

Using medicines safely

- The provider had systems in place to ensure medicines were managed safely.
- Staff who were trained to administer medicines, demonstrated their knowledge of the system and process.
  - Some people were prescribed medicines on an 'as required,' required basis, often referred to as PRN. PRN medication records had clear guidance in place to ensure staff administered them safely.
- Medicines were stored safely and securely.

Preventing and controlling infection

- We were assured that infection control was managed throughout the building
- 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's infection prevention and control policy was up to date.

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

#### Learning lessons when things go wrong

- We saw evidence that incidents and accidents were recorded and reviewed.
- Accidents and incidents were analysed to ensure trends and patterns were identified and action taken to minimise reoccurrence.

#### 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 registered manager and staff team were knowledgeable about the MCA and DoLS and had taken appropriate steps to ensure they were working within the principles of the MCA.



# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were supported well and staff treated people with respect.
- People were complimentary about the care they received saying, "All the staff are lovely and they know what I like," and "The care is good. They [staff] look after us well. Nothing is too much trouble."

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

- People were supported to express their views and be involved in decisions about their care.
- Staff included people in their care. We observed staff asking people where they would like to sit and giving options at lunch time. People's choices were respected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People said they felt respected. One person said, "I am very happy here; the staff are lovely, and I have everything I want. They look after me really well."
- We observed staff respecting people by closing doors and curtains and by knocking on doors prior to entering.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The provider had several audits in place to monitor the quality of the service and these had been robust in identifying shortfalls. The registered manager and staff team used action plans to address issues in a timely way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider understood their responsibilities under the duty of candour.
- The provider and registered manager were open and honest with people when things went wrong and learned lessons to improve the service.
- The provider was clear about their roles and responsibilities.
- People and their relatives found the registered manager and staff very approachable. One relative said, "I would speak to [registered manager] if I was concerned about anything. I am sure they would sort whatever it was out. [Registered manager] seems very efficient."

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

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- People's bedrooms were personalised, and staff had supported people and their relatives to present their room in the way they chose.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems in place to engage with people and used their comments to develop the service.
- People and relatives felt involved in the service. One person said, "We have residents' meetings where can talk about the menu and outings and things. Sometimes people have a moan but [registered manager] runs it and so they can answer any questions and they will get back to us with answers if necessary."

Working in partnership with others

- The home worked with other agencies such as healthcare professionals.
- Recommendations and advice from healthcare professionals were followed, and clearly documented. This helped to make sure the care and support provided was up to date with current practice.