

# Countrywide Care Homes (2) Limited

## Woodland Care Home

### Inspection report

189 Woodland Road  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

What life is like for people using this service:

- People were safe living in the service. Risks had been identified and people told us they felt safe and well looked after. Staff administered medicines as prescribed.
- Staff were kind and caring and supported people to be as independent as possible. Staff asked for consent before delivering care.
- People had access to healthcare professionals when required, and staff followed recommendations when needed.
- Staff knew how to care for people and received training in their roles, and support from the management team.
- Staff supported people to have a range of healthy balanced meals and enough to drink.
- The registered manager had clear oversight of the service and supported an effective staff team, who communicated well. The registered manager was approachable and available to people and staff.
- We found the service continued to meet the characteristics of a "Good" rating in all areas. ;

More information is available in the full report.

Rating at last inspection: Good (published 16 July 2016)

About the service: Woodland Care Home is a care home with nursing for up to 46 older people. There were 34 people living in the home when we inspected. There was a manager who is registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the services are run and for the quality and safety of the care provided.

The service is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Why we inspected: We inspected this service in line with our inspection schedule for services currently rated Good.

Follow up: We will continue to monitor this service according to our inspection schedule.

## 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 effective

Details are in our Effective findings below.

**Good** ●

### **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 well-led

Details are in our Well-Led findings below.

**Good** ●

# Woodland 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 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.

#### Inspection team

The inspection team consisted of one 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.

#### Service and service type

Woodland Care Home is a care home providing accommodation and nursing care for up to 46 older people. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 34 people living in the home at the time of our inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually 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 spoke with nine people who used the service and two relatives. We looked at two care plans in detail, and parts of a third care plan as well as three people's daily care records. We discussed the registered manager's quality assurance processes and audits, and health and safety procedures and oversight. As well as the registered manager, we spoke with four members of staff including kitchen staff,

two care assistants and a registered nurse, and a healthcare professional who was involved with the service. Following the inspection, we also received feedback from a second healthcare professional.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Safeguarding systems and processes

- People continued to be safe and protected from avoidable harm.
- Staff demonstrated a good awareness of safeguarding procedures and knew what constituted abuse, and how to report any concerns. The registered manager was aware of their responsibility to liaise with the local authority safeguarding team if concerns were raised.
- People told us they felt safe. One person said, "I feel perfectly safe here."

### Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and were managed safely. People's care plans contained detailed risk assessments. Staff were able to tell us how they supported people to ensure they mitigated any risks.
- The management team and the provider monitored the safety of the service, and continued to ensure the home environment was safe for people, for example with regard to fire safety, water safety and lifting equipment.

### Staffing

- People told us there were enough staff. Some people said that on occasion, they had to wait a bit longer for their bell to be answered, but that this was not a problem. Staff felt there were sufficient staff on duty.
- Suitable arrangements were in place to cover last minute staff sickness and staff generally covered between them to ensure consistency and effective working.
- A staff member and the registered manager confirmed that they continued to carry out necessary checks to ensure staff and volunteers were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. These checks assist employers in making safer recruitment decisions.

### Using medicines safely

- People continued to receive their medicines safely. One person told us, "I have [medicines] four times a day and they're always on time. I'm confident [staff] give me the right tablets. I've never had a problem." Another confirmed, "[Staff] stay until I've taken them."
- There were detailed protocols in place for medicines prescribed on an 'as required' (PRN) basis, which guided staff on when and how to administer them.
- All medicines were recorded, stored and disposed of correctly and there were management processes in place to ensure staff were competent to administer people's prescribed medicines.

### Preventing and controlling infection

- Staff completed training in infection control and used personal protective equipment, such as gloves and

aprons, appropriately.

- Although the home appeared to be kept clean, there was malodour in some areas. The provider had identified this and was taking action for further deep cleaning and refurbishment work in some areas.

Learning lessons when things go wrong

- The management team were keen to learn from incidents and systems were in place to monitor, analyse and reduce risks where possible. Weekly clinical meetings were held as an opportunity to reflect on incidents and discuss with staff how they could improve practice in different areas.

# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed, with appropriate health and social care professionals involved. This helped to ensure the service was able to meet people's needs.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled in their roles. One person said, "[Staff] know what they're doing. New staff are always paired with experienced staff and I feel confident when they're helping me."
- Staff received enough training and support. As well as mandatory training, some staff had received further training such as dementia. One member of staff who was training to be a care practitioner, had undergone additional training, in long term health conditions. A nurse we spoke with also said they received training in specific areas such as syringe driver training. There were additional computer-based training modules available, such as dementia.
- There was a comprehensive induction process which included training in areas such as manual handling and first aid. New staff members were paired with another member of experienced staff to work with and shadow when they started in post, and felt confident and supported as a result.
- Staff had regular supervisions and felt well supported in their roles.

Supporting people to eat and drink enough with choice in a balanced diet

- People were offered drinks and snacks frequently. People enjoyed the food and were given the opportunity to have input into the menus. Comments around the food included, "The food is pretty good and you have a choice", and, "The food is excellent."
- The cook was knowledgeable about people's likes and dislikes as well as any dietary requirements they may have. The cook visited people daily to talk about their choices of food and gain feedback.

Staff providing consistent, effective, timely care

- The service had clear systems and processes for referring people to external agencies and ensuring they could access healthcare. A relative told us, "The doctors come in regularly and they've got on top of the swelling by changing medications. [Relative] seems to be healthier now than before they came here."
- Any input from health professionals was clearly documented in people's care plans with outcomes and actions to be taken. Staff explained how they followed recommendations, and one healthcare professional reflected this. Another healthcare professional did say they felt staff had not always requested support promptly when encountering problems with delivering mouth care to some people.

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

- There was not a communal dining room which provided enough space for everyone living in the service. At

the time of our inspection, many people chose to eat in their rooms, and as a result this did not have a negative impact on them. The registered manager explained that at Christmas, they set up a big table in the main lobby of the home in order to accommodate everyone. However, the environment was not equipped so that everyone in the home had a choice to eat in the communal dining area. The registered manager was considering different ways to address this concern.

- The communal bathrooms were being used to store items such as chairs and commodes, and were not currently in use. The registered manager told us most people chose to have a strip wash or showers, which they confirmed to us. The registered manager said they had a refurbishment plan to change some of the ensuite bathrooms into wet rooms which would give people further opportunities to have showers.
- There were two communal lounges which we saw people using during the day, and an additional activities room. The home had even flooring and rails along the walls either side of communal corridors.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make 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 with appropriate legal authority in care homes, and some hospitals, this is usually through MCA application procedures called The Deprivation of Liberty Safeguards (DoLS). Some records were inconsistent, as some people had a DoLS application applied for when they were deemed to have capacity, and were not being deprived of their liberty.
- Staff ensured people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.
- Care plans were developed with people and people had consented to their care. Staff confirmed to us that they always asked people's consent directly before delivering care.

## Is the service caring?

### Our findings

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

Good: The service continues to involve people in their care and treats people with compassion, kindness and respect.

Ensuring people are well treated and supported

- People and their relatives told us staff were kind and caring. One person told us, "Staff are always polite and respectful to me." Another said, "What's best about living here is the way they look after us. Nothing seems to be too much trouble." This was closely reflected by everyone we spoke with, and relatives.
- Staff built positive relationships with people. One staff member said, "It's a lot to do with the staff, kind-hearted, warm-hearted people who will give a bit of their soul to the job who will show kindness and make people laugh and spend time with people to make them feel that little bit special."
- There was a strong emphasis on promoting equality and diversity within the service. An example of this was a discussion around sexuality in a recent staff meeting, and how the service could work better to explore and support this area of people's lives. The service had supported one person to better express their sexuality, and this had resulted in a positive impact for them.
- Visitors were welcome at any time. One visiting relative told us, "I can come in whenever I like. I usually come in three times a day and can even bring my dog."

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

- People and their relatives were involved in their care and family members were contacted appropriately by staff, for example if someone had a change in their health or any incident. The registered manager gave us several examples of working closely with people to ensure they gathered as much information about them as possible.
- People were given choice and control as much as possible around their care. The support from the service had enabled one couple to stay together whilst meeting their differing needs, with thorough assessment and support.
- People were involved in meetings and their views were considered and actioned.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to remain as independent as possible. A staff member gave us an example of one to one support they gave one person regularly, to access the shops in the local community.
- Staff treated people with dignity and respected their privacy. We observed staff knocking on doors and closing doors behind them when they entered someone's room.
- People's records were stored securely.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery, and the service continued to be responsive.

#### Personalised care

- People we spoke with told us they received the care and support they required, but two people reflected that they did need to remind staff about some things. For example, one person said, "They're all doing their best, but sometimes they seem a bit short handed and can't hang around so sometimes overlook things." However, people were supported as far as possible to live as they wished. For example, people were supported with showers when they wanted. One person told us, "I have a shower twice a week, but I could have one every day if I wanted." This was reflected by all the people we spoke with.
- People were enabled to follow a variety of interests and activities. One person said, "There are all sorts of things going on. I go to them when I can. I get to play cards in the activities room with three other ladies and I hope to get to play dominoes this afternoon." Another said, "[Activities coordinator] is very good; there are regular musicians and you can go out on the mini bus. When the music's on there's a lot of fun." A relative reflected this, telling us how stimulating the environment was.
- Activities ranged from board games, quizzes, lunch events, arts and crafts, discussion groups and exercise groups. Regular visiting entertainment included music, local school children visiting to sing, and Shetland ponies. In addition, there were weekly trips out to different places according to people's choice and the weather. The registered manager adapted some group activities to meet people's needs, for example bingo using pictures instead of numbers.
- People's interests, life histories and hobbies were recorded in their care plans. We observed staff sitting with people and chatting and reminiscing with them. There were one to one activities for people who preferred to stay in their rooms, or were cared for in bed. They said this ranged from chatting with them to playing a console computer game, to reading.
- Peoples spiritual needs were met and people. had the opportunity to attend different types of religious services which engaged people well.
- Care plans were detailed and contained information about people's specific needs, their personal preferences and how they wished to be supported. Each care plan was regularly reviewed, however further checking was needed to ensure care plans remained accurate throughout. This included regarding people's mental capacity and pressure care requirements, as this was not always consistent in the care records.

#### Improving care quality in response to complaints or concerns

- The registered manager had investigated any complaints or concerns brought to their attention. Without exception, people and relatives told us they felt comfortable to raise concerns or complain if needed. They felt any issues would be resolved quickly. One person said, "A while ago, I thought some of the [staff] were trying to hurry me up too much, and took it up with the manager who sorted it out, which was good."

#### End of life care and support

- The service provided some staff with training in the six steps end of life programme, which equipped them for following best practice. We saw that people's end of life wishes were covered in their care plans.

## 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management.

- Staff and people were positive about the leadership in the home. One person told us, "[Registered manager] is very good. If she says it will be done, it will be done." The staff were a good team, who communicated well with each other. One staff member said, "You have a lot of people around you who support you so if I made a little mistake, there's someone to go to. Everyone's very friendly."
- The registered manager and deputy manager were registered nurses and had a good understanding of people's needs in the service, and were on hand to support staff.
- Staff were fully supported by the management team, who were approachable. They said that they were given feedback on their work as well as having the opportunity to give their views. One staff member said, "[Registered manager] does bring up concerns with us in meetings, she will say what we're doing well and what needs improving, or she will come and say during handover if it's more urgent."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- There was accountability and staff knew their responsibilities, and communicated people's changing needs. The registered manager understood their responsibilities to notify CQC of certain events.
- There were systems in place which checked and monitored the quality of the service. These included audits of care records, medicine, and health and safety checks. Checks were carried out by the management team as well as the provider's organisation. We found that some areas for improvement we found during our inspection had already been identified and action was planned to improve.

Engaging and involving people using the service, the public and staff.

- Staff meetings and handovers were held. People's needs were communicated and met, and staff had input into the running of the service and discussions about the care provided. Staff were supported and could go to the registered manager at any time with concerns or requiring support.
- People and their relatives were asked for their feedback on the service provided. One relative said, "There are residents/relative's meetings to which all are invited and we get written minutes. If I had any concerns such as something my [relative] didn't like, I would talk to [registered manager] and I know she would act on it. She's approachable and very open to suggestions." These meetings were held at different times of the day every three months which meant different people would be able to attend. Through these meetings, people were kept informed of any changes within the service.

Continuous learning and improving care.

- The service was striving to improve. The registered manager had discussed some areas of care with staff to

identify where improvements were needed. For example, they discussed oral health in a recent clinical governance meeting. This had been identified as an area which needed improvement. During our inspection we found that this area still required action to ensure people received mouth care as needed. However, this had been identified and discussed and the registered manager was keen to implement and check improvements. The registered manager also gave us many examples of how the home had worked with individuals to improve the home's support for them.

#### Working in partnership with others

- The service worked in partnership with other organisations to ensure they were following current practice guidelines. These included healthcare professionals. For example, district nurses, GPs, dieticians, speech and language therapists. This ensured a multi-disciplinary approach to enable people received the best possible care and support.