

Woodlands (Colchester) Limited

# Woodlands Residential Home for Ladies

## Inspection report

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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

About the service:

Woodlands Residential Home for Ladies provides accommodation, care and support for up to 23 women. The home is arranged over two floors and at the time of the inspection there were 14 people living in the home.

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

People were treated with kindness, respect and compassion and their privacy and dignity respected. People and their relatives described positive relationships with the staff and management team. People were encouraged and enabled to pursue their hobbies and participate in activities of their choice. There was a welcoming atmosphere in the home.

Staff demonstrated an understanding of people's individual needs and how to meet them. They were aware of risks to people's safety and knew how to respond appropriately through safeguarding processes. People had access to healthcare services and appropriate referrals made when their needs changed. People's care records were personalised, and informed staff of the care and support required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff deployment and organisation across the home was effectively managed. Staff were safely recruited, felt supported by the registered manager and enjoyed their job. The training was relevant to meet people's needs and they were encouraged to professionally develop. The home was clean and hygienic throughout and safe management of medicines was in place.

An extensive programme of building works was underway to improve the environment for the people who lived there. This was being effectively managed to minimise disruption to the home. A formal complaints process was in place. Feedback from people, relatives and the staff were sought, and opportunities taken to improve the home.

There was visible leadership in the home. The registered manager and provider had good oversight of the home. They were committed to providing person-centred care that focused on each individual and enhanced their life. People knew them and were comfortable speaking to them.

Quality assurance and risk management systems to independently identify issues or to improve the home were in place which supported effective governance and oversight arrangements. The registered manager and provider used formal and informal ways to gather people's feedback and used this to develop the home.

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 13 April 2013).

#### Why we inspected

This was a planned inspection based on the previous rating.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well-led.	<b>Good</b> ●

# Woodlands Residential Home for Ladies

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Woodlands Residential Home for Ladies is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the home. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We observed the care and support provided and the interaction between people and staff throughout our inspection. We spoke with six people who used the service and one visiting relative about their experience of the care provided. We spoke with the registered manager and six members of staff from the care and domestic teams.

We reviewed a range of records. This included seven people's care records and ten medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and systems were reviewed.

#### After the inspection

We received information requested as part of the inspection and electronic feedback from four relatives and two professionals involved with the home.

# Is the service safe?

## Our findings

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

At the last inspection this key question was good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe and secure living in the home. One person said, "I feel safe here, there is always someone [staff] about. I don't need to worry did I lock up properly, did I forget to close a door/window? They [staff] take great care protecting and keeping us safe."
- Policies and procedures in relation to safeguarding and whistleblowing were in place and staff had received training based upon these.
- Staff understood their roles and responsibilities in keeping people safe from harm. They raised safeguarding concerns appropriately when they were worried about people's safety.
- People's care records included risk assessments which informed staff about how the risks in people's lives were reduced. This included risks associated with building evacuation, pressure care, falls, moving and handling and nutrition.

Staffing and recruitment

- An established staff team was in place with the right skills and experience to meet the individual needs of the people who lived in the home.
- Systems were in place to check that the staff were of good character and were suitable to care for the people who lived in the home. Staff employed at the home told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this.

Using medicines safely

- Effective systems and processes were in place to make sure people received their medicines as they had been prescribed with clear records kept. One person said, "They [staff] make sure I take my medication on time they know this is important."
- Staff received training in medicines management and had their competency regularly assessed.
- The registered manager undertook regular checks and audits of the medicines system to ensure it continued to be managed in a safe way.

Preventing and controlling infection

- The home was clean and hygienic throughout.
- Staff were trained effectively in infection prevention and control. They had access to personal protective equipment such as disposable gloves and aprons to reduce the risks of cross contamination when providing personal care or when preparing and serving food.

### Learning lessons when things go wrong

- Details of accidents and incidents were logged; appropriate actions were taken to reduce the risk of re-occurrence.
- The registered manager carried out regular reviews of accidents and incidents in the home as well 'as complaints and concerns' to identify if there were any trends or patterns. These were discussed with the provider's director to ensure effective oversight, with actions taken to mitigate risk and prevent reoccurrence.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; 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 including their preferences were assessed before admission to the home with family members and significant others involved in the process. Staff worked well with relevant professionals where specific needs had been identified, managing risks in line with recognised best practice.
- People were supported to maintain good health with appropriate referrals made when required. A relative shared with us how the staff would act if they spotted a change in their family members welfare they commented, "The GP is contacted promptly to ensure appropriate treatment."
- Systems were in place to share information between services as required. For example, important documentation about people should they be taken to hospital in an emergency.

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the skills and knowledge to provide them with effective care and support. One person said, "They [staff] are well trained, know what they are doing more than capable."
- Staff continued to be provided with training and professional development opportunities to equip them with the skills and competencies needed to carry out their role. Such as achieving professional qualifications in care.
- An ongoing supervision and performance-based appraisal programme was in place to support staff.

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

- People enjoyed a positive meal time experience and were supported to have enough to eat and drink and to maintain a balanced diet.
- People and relatives were complimentary about the portion sizes, selection and quality of the food provided. One person said, "Never go hungry here, the food is plentiful, lots of choice, have what you want, okay to change your mind."
- Where required staff worked with healthcare professionals to ensure people's specific nutritional needs were fully assessed and met.

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

- There were appropriate facilities to meet people's needs such as accessible bathing and communal areas, including lounges, dining room and other spaces throughout the home and garden, where people could meet with their friends and family, in private if required.
- The provider was investing in the home with planned building works underway.

- This was a work in progress. The registered manager shared with us plans to enhance the home. This included structural changes to the building, decoration, and appropriate pictorial signage to make the home easier to navigate around and support people's independence. In addition, they explained how people and their relatives had been consulted. This was ongoing with information to be displayed in the home to reflect the progress and upcoming milestones.
- Consideration had been given to minimising the disruption to the people who lived in the home. People and relatives told us they were excited about the proposed changes to the home and had been consulted.

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 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. 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, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and DoLS as part of their mandatory training and understood their responsibilities in these areas.
- People's care records evidenced their mental capacity had been considered and assessed, where appropriate, and any best interest decisions were clearly recorded.
- Throughout our inspection we observed staff giving people choice about various aspects of their daily life. For example, offering them choices of what to eat and what they wanted to do with their day.

# 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 the last inspection this key question was rated as outstanding. At this inspection this key question has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that the staff were compassionate, kind and caring towards them. Staff consistently addressed people in an affectionate tone and displayed warmth towards people when they engaged with them. One person commented about the staff, "They are caring and thorough in what they do, have affection for us residents, know us well and take time with us, understand our moods and adapt if it's not a good day - gee you up." Another person added, "I know all the carers they have become my friends."
- Relatives were complimentary about the staff approach and described having good communication contributing towards a collaborative relationship. One relative commented, "We are always included in any decisions regarding [family member's] care and are made to feel welcome when we visit." Another relative stated, "Individual carer interaction with [family member] is excellent and positive." A third relative told us, "The carers treat the ladies with respect and warmth, building relationships and attending to their needs promptly."
- Positive and caring relationships between people and staff were seen throughout the inspection. Staff knew people well and could adapt their communication and approach to meet the needs of each person.
- One person described how staff understood how important it was for them to be active and how the jobs they did in the home gave them a sense of worth, "This is my home and I like to do my fair share of helping like setting the table/tidying up/doing the menu, makes me feel useful."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us the staff were mindful of people's dignity and respected people's privacy and promoted their independence. One person commented, "I am always treated with respect. They [staff] always ask what they can do to help me and encourage me to be independent, they don't fuss but often check, I am okay and if I need anything."
- Staff were observed knocking on people's bedroom doors before entering and were discreet when asking people if they wished to use the toilet or adjusting their clothing to maintain their dignity.
- Staff were considerate of people's appearance and what was important to them. One person said, "I like to wake up early, washed and dressed. I like to be smart and to have my hair done nicely. They [staff] know how to do my hair as I can't manage it so well now."

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

- People and their relatives where appropriate, told us that they were involved in their care arrangements. One person said, "I have a care plan, when I first moved in they [staff] talked to me about what I wanted them to do and what they can do to help me. We have talked about it since then and it is all very

satisfactory." A relative advised, "I was always kept informed of [family member's] progress and felt confident that [they] were receiving the best care in very compassionate surroundings."

- Our discussions with staff demonstrated they knew people well, including their likes, dislikes and preferences and had used this knowledge to form positive relationships. This information corresponded with what people told us and what their care records stated.
- People's views were reflected in their care records and they had signed these in agreement to their plan of care and support
- Staff continued to support people to make choices where needed, for example about what to wear or whether to join in an activity or not.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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.

- People told us they received quality care that was personalised and tailored to meet their individual needs and wishes. One person told us, "They [staff] are in tune with my needs they know me well and nothing is too much trouble. They are quick to call the doctor if they see I am poorly. I am in good hands here."
- People's care records were detailed and person-centred, providing important information to guide staff on how to meet their individual needs. For example, managing specific health care needs.
- People' care records demonstrated that people and where appropriate their relatives and or representatives were involved in the planning of their health, care and support.
- Care records reflected people's choices, interests or ways to maintain and promote independence, including what the person could do for themselves.
- Arrangements were being made to support one person to be able to make cheese on toast independently, following a comment they had made on how this was something they used to enjoy and missed being able to do this. The registered manager had recognised that this would provide fulfilment for the person and every effort to facilitate this was being made including the purchase of specific equipment to minimise risk.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and enabled to pursue their hobbies, participate in activities of their choice through a full and varied activities programme. People and relatives spoke positively about this aspect of the service. One person told us, "I like the quizzes and games. The singers that come in and the entertainers are very good."
- One person told us how their decision to not participate in the activities was respected but they still felt included in what was going on in the home through the approach of the staff. They said, "There is always something happening, but to be honest I prefer to watch and not get involved, plenty of laughter in the home. They [staff] will often sit and chat with me and see if I fancy joining in with whatever is going on but understand when I politely decline."
- People told us they had enjoyed trips out in the community and a recent visit to a local jam factory had been popular. They confirmed that staff had time for them outside of activities and that they received regular engagement.
- People were supported by staff to use electronic devices and media platforms to communicate with their friends and family members, several of whom lived overseas to help maintain contact.

End of life care and support

- No-one at the time of our inspection was at the end of their life, however we saw people and where

appropriate their relatives continued to be involved in making advanced decisions and developing any end of life plans if they wanted to. If people did not wish to discuss this their wishes were respected and documented.

- Staff provided people with person-centered, end of life care and worked with relevant professionals. We saw a range of thank you cards and letters from relatives expressing their appreciation and thanks for everything the staff and management team had done to support and help them through sensitive times.
- The registered manager advised us that as part of continual development of the home they planned to introduce end of life champions to promote best practice in this area and to become accredited in the Gold Standard Framework (GSF). The GSF is a nationally recognised palliative care training programme for care homes in the UK.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team and provider were aware of the AIS and had met this requirement.
- Information about the service was provided in alternative formats such as easy read and large print where required to make it easier for people to understand.

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

- People and their relatives knew how to make a complaint and felt comfortable to do so. They described how the registered manager, provider and staff team were receptive to feedback and shared examples of their views being acted on.
- Records showed complaints had been managed in line with the provider's procedure and used to improve the quality of the home.
- The registered manager and provider were visible in the service and often covered shifts. This meant they were able to respond quickly to any issues that arose before they escalated into a formal complaint.
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were complimentary about the running of the home and held the senior management team in high regard. One person said, "The manager and owner run a tight ship know what is going on and are always about. [Registered manager] is very involved and spends time with people as well as running the place. Has a good way about them; makes you feel special, that nothing is ever too much trouble." Another person commented, "Excellent place, can't fault it, they [staff] look after you very well. Management lead by example. Good home."
- Relatives were positive about the management in the home, the standards of care and quality within the home. One relative said, "[Registered manager and provider] are an excellent and effective management team and their attitude to [people's] care permeates the whole home influencing the carers approach. They are empathetic and approachable, and I am confident in the knowledge that I could speak to them if I had any concerns."
- There continued to be a settled and established workforce, staff turnover was low which supported continuity of care for people.
- Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the home.
- Regular feedback was sought and acted on from people who lived in the home and their relatives.
- People, relatives and staff were positive about the ongoing refurbishment and how this will benefit people and enhance the home. The registered manager advised that information including updates was to be displayed in the home so that people were aware of the progress and could feedback if they wished.
- Staff described feeling supported and valued resulting in nurturing culture that benefited those that lived in the home and their families.

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

- An effective programme of audits to monitor and assess the quality of the service provided had been established.
- Outcomes and actions from the audits and checks fed into a development plan for the home. This provided the registered manager and provider with the governance and oversight needed to independently identify any shortfalls and take steps to address them.

- The registered manager ensured that staff were well trained and were aware of their roles and responsibilities. Staff had their competency assessed by a member of the management team, to ensure they were working to the standards expected. There was a positive and open culture where staff felt able to speak to the management team if they needed guidance and support.
- The registered manager understood their legal requirements and appropriate notifications and referrals were made. Regulated services are required to make notifications to the Commission when certain incidents occur.
- Staff told us morale was good, they liked working at the home, had confidence in the registered manager and felt well supported. One staff member said about the registered manager, "It is an established staff team people rarely leave. That is largely due to the respect and appreciation by the management team. They are very supportive and care about the people that live here and their staff."
- The management team and staff were passionate about the care and support people received and promoted open communication. They acted when errors or improvements were identified and learnt from these events.
- Duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter.

Continuous learning and improving care; Working in partnership with others

- The home continued to work closely with organisations within the local community to share information and learning around local issues and best practice in care delivery.
- Feedback from professionals cited collaborative working arrangements.