

Lancashire County Council

Woodlands Home for Older People

Inspection report

Warwick Avenue
Clayton-le-Moors
Accrington
Lancashire
BB5 5RW

Tel: 01254394732

Website: www.lancashire.gov.uk

Date of inspection visit:

04 April 2022

05 April 2022

Date of publication:

22 April 2022

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Woodlands Home for Older People is a residential care home registered to provide accommodation and nursing care for 50 people. There were 48 people accommodated in the home at the time of the inspection. The home is set in its own grounds in a residential area of Clayton-le-Moors. Accommodation is provided on one level and divided into four distinct areas, known as Ash, Beech, Cedar and Damson. People living with dementia were provided with care and support in the Cedar area of the home.

The service is also registered to provide personal care to people living in their own homes. This type of care was only provided in emergency circumstances and was not being provided at the time of the inspection.

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

People told us they felt safe living in the home, and they were happy with the service provided. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The provider operated an electronic system for the recruitment of new staff. We found staff had not always provided a full working history. The registered manager agreed to address this issue and following the inspection sent us a copy of a new recruitment checklist.

The home had a satisfactory standard of cleanliness and staff had completed training on the prevention and control of infection. However, staff were not always wearing facemasks appropriately and suitable arrangements had not been made to separate people from a person who was self-isolating following a positive test for coronavirus. The registered manager reminded staff of the importance of current guidance and arranged additional training.

Individual risks had been assessed and recorded, however, we found one person's risk assessment had not been updated following a fall. People received their medicines safely and were supported to maintain good nutrition and hydration. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, there was limited information in people's files about restrictions on their liberty. People's needs were assessed prior to them using the service.

The provider had appropriate arrangements to ensure staff received training relevant to their role. New staff completed an induction training programme. Staff felt supported by the registered manager and the management team.

People were happy with the way the service was managed and staff told us they enjoyed working at the home. The registered manager and the management team monitored the quality of the service provided to help ensure people received effective care.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at

Rating at last inspection

The last rating for this service was requires improvement (published 14 May 2019). We also carried out a targeted inspection looking at infection prevention and control arrangements (published 25 December 2020).

Why we inspected

This was a planned inspection, based on the rating at the last inspection.

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.

We inspected the key questions of Safe, Effective and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Woodlands Home for Older People

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 carried out by an inspector.

Service and service type

Woodlands Home for Older People 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 Home for Older People 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with eight people using the service, a relative, three members of staff, the senior operations manager and the registered manager.

We had a tour of the building with the registered manager and reviewed a range of records. This included two people's care documentation, two staff files and two people's medication records. We also reviewed a range of records relating to the management of the service.

After the inspection

The registered manager sent us an analysis of the accident and incident data for March 2022, information about a staff member's recruitment records, an updated recruitment checklist and confirmation of additional training for staff on the use of personal protective equipment (PPE).

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 rated as requires improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- People were happy with the level of cleanliness and hygiene in the home. On a tour of the building, we observed a satisfactory level of cleanliness.
- After inspecting the infection prevention and control arrangements in the home, we were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider's infection prevention and control policy was up to date.
- We were somewhat assured the provider was using PPE effectively and safely and we were somewhat assured the provider was making sure infection outbreaks can be effectively prevented or managed. This was because not all staff were wearing face masks appropriately and robust arrangements had not been made to separate people from a person who was self-isolating following a positive test for coronavirus. This placed people at risk of being infected with the virus.

The registered manager took immediate steps to remind all staff of the importance of wearing PPE in line with current guidance and arranged additional training. We have signposted the provider to resources to develop their approach.

Visiting in care homes

People were supported to have visitors and maintain contact with their friends and families in line with government guidance.

Assessing risk, safety monitoring and management

- Individual risks to people's health and safety had been assessed and recorded. However, the risk assessment forms had not always been updated following a change in need, for instance one person had experienced a fall, but their risk assessment indicated no falls. The registered manager agreed to review the person's risk assessment documentation.
- The provider had arrangements for the ongoing maintenance of the premises. The registered manager had carried out environmental risk assessments and ensured equipment was safe and regularly serviced. All safety certificates seen were complete and up to date.
- The provider had a business continuity plan which described how people would continue to receive a

service in adverse circumstances. We also saw the management team had developed personal emergency evacuation plans for each person, which included information on the support people would need in the event of a fire.

Staffing and recruitment

- We observed there were sufficient staff deployed to meet people's needs. The registered manager monitored the staffing levels and ensured a safe number of staff was maintained.
- Since the last inspection, the level of staffing had been increased during the day and the home had been reconfigured into four distinct areas, to facilitate the effective deployment of staff. People told us there were usually enough staff on duty, one person told us, "The carers are very busy, but I only have to ask, and they are there for me."
- We observed caring interactions throughout the inspection. People and a relative spoken with were complimentary about staff employed by the home. A relative told us, "I can't thank them enough. They have been absolutely wonderful."
- We looked at two members of staff recruitment files. The provider operated an electronic system for the employment of new staff. From the files seen, we noted there was a gap in one staff member's employment and the other staff's full employment history was not available. The registered manager agreed to address these issues. Following the inspection, the registered manager sent us a copy of a new recruitment checklist.

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

- The provider had established systems and processes to safeguard people from abuse. Staff had access to appropriate policies and procedures and training and understood how to raise any concerns about poor practice.
- People told us they felt safe and were happy with the care they received. One person told us, "We are so lucky to be here. We're very comfortable and we're all treated so well."
- Accidents and incidents had been recorded and entered onto electronic databases; however, an analysis had not been undertaken to identify any patterns or trends. This made it difficult to identify any lessons learned, however, the registered manager told us any changes in practice needed were communicated promptly to the staff team. Following the inspection, the registered manager sent us an analysis of the accident and incident data relating to March 2022.

Using medicines safely

- People told us they were satisfied with the way staff managed their medicines.
- Medicines were stored and managed safely. Staff were suitably trained to administer medicines and checks on their practice had been carried out.
- The staff maintained appropriate records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.
- At the time of the inspection, the topical medicines administration records were kept in a folder in the lounge areas. Staff told us they usually completed the records in an afternoon. During the inspection, the registered manager moved the records to people's bedrooms, to ensure the staff made a record at the time they applied people's prescribed creams.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- Staff had received training and understood the relevant requirements of the MCA. Staff confirmed they asked for people's consent before providing support, explaining the reasons behind this and giving people enough time to think about their decision before taking action.
- People's capacity to make decisions was considered as part of the assessment process. People had signed consent forms as appropriate.
- The registered manager had ensured appropriate DoLS applications had been submitted to the local authority. However, there was limited information in people's care files about why the DoLS application had been made and how people should be supported in the least restrictive way. The registered manager agreed to address this issue. Two DoLS applications had been approved without conditions.

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

- The registered manager ensured people's needs were appropriately assessed before using the service. The assessments were comprehensive and helped to ensure effective care could be planned and delivered.
- People's diverse needs were detailed in their assessment and care plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.

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

- People were appropriately supported to eat and drink. Risks to their nutrition and hydration had been

assessed and documented in their care plan. Staff monitored people who were at risk and made a record of their food and fluid intake.

- People told us they usually enjoyed the food. One person said, "There are two choices every mealtime and in the main it's very nice."
- People were referred to healthcare specialists, regarding their eating and swallowing, when it was needed. Staff members were knowledgeable about any recommendations made by health professionals and supported people in a way which met their needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services. Staff had developed supportive relationships with other agencies and professionals to provide a flexible and effective service, which adapted to people's needs.
- People's physical and mental health care needs were documented within their care plan. This helped staff to recognise any signs of deteriorating health.
- Staff shared information when people moved between services such as admission to hospital or attendance at health appointments. In this way, people's needs were known and care was provided consistently when moving between services.

Staff support: induction, training, skills and experience

- The provider ensured staff had the appropriate skills and experience and supported them in their roles.
- New staff were supported through an induction programme and the provider's mandatory training was provided for all staff members. This helped to ensure the workforce was kept up to date with current legislation and good practice guidance. The registered manager monitored staff training to ensure staff completed the training in a timely manner.
- Staff were provided with one to one supervision and an annual appraisal. These forums facilitated discussions around work performance, training needs and areas of good practice. The registered manager explained she intended to increase the frequency of staff supervision in line with the provider's policies and procedures.

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

- People were provided with an appropriate environment which met their needs. The home was located in its own grounds in a residential location. Since the last inspection, the home had been redecorated to good effect.
 - People were able to personalise their rooms with their own belongings.
- There were some adaptations for people living with dementia, which included memory boxes outside people's bedrooms. However, people's memorabilia had not always been displayed in a beneficial manner. The registered manager agreed to review the displays to ensure they were helpful to people.

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 requires improvement. At this inspection the rating has changed to good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery. Staff told us they felt valued and supported. People were complimentary about the registered manager. They told us she was approachable, open and visible within the service. One person told us, "[Registered manager] is exceptional. She cares so much about us all."
- The provider had established systems to monitor the quality of the service. The management team carried out audits and monitored the standards and quality of the service. We saw action plans were drawn up to address any shortfalls. The registered manager responded immediately to the findings of this inspection.
- The registered manager was supported by the senior operations manager who visited the home on a regular basis and carried out a range of checks and audits.
- The registered manager utilised staff and handover meetings to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings.

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 and registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. People told us the registered manager and staff were open and honest. Good relationships had been developed between the registered manager, staff, people living in the home and relatives.

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

- The registered manager and staff were committed to delivering a person-centred service to help ensure positive outcomes for people. They had a good understanding of people's needs and preferences.
- The registered manager and staff respected people's rights and encouraged people to make choices and decisions about their care and support. Risks to people's health and well-being were assessed and kept under review; care records reflected people's choices and preferences.
- The registered manager sought feedback from people living in the home. The feedback was mostly positive and appropriate action had been taken to respond to any queries or suggestions.
- The registered manager had an 'open door' policy, so people and staff could approach her directly to discuss any concerns.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged continuous learning and development. Staff training, supervision sessions, competency assessments and meetings were used to ensure learning and improvements took place.
- Staff knew how to raise any concerns and told us communication within the home was good. They were confident the management team would respond appropriately to concerns raised.
- The registered manager and staff had close links and good working relationships with a variety of professionals to enable effective coordinated care and support for people.