

Woodhurst Care CentreCare Home Service

Old Bridgend Carluke ML8 4HN

Telephone: 01555 772164

Type of inspection:

Unannounced

Completed on:

13 March 2019

Service provided by:

Canterbury Care Homes Limited

Service no:

CS2006131737

Service provider number:

SP2005007835



About the service

Woodhurst Care Home is a care home service registered to provide care and support to a maximum of 34 older people which can include four respite/short-term placements. At the time of the inspection, there were 25 service users living at Woodhurst.

The service is located in Carluke and has good access to local facilities and transport links. The home is on two levels with a passenger lift between floors. There are three lounges, dining area and roof top garden as well as a garden area to the front of the building.

The service aims are to 'ensure that residents are treated with dignity and supported to be as independent as possible'.

What people told us

Prior to this inspection we issued 15 care standard questionnaires to people using the service and also to relatives/carers. At the time of inspection we had received four completed questionnaires from residents and six from relatives/carers.

All responses indicated that, overall, people agreed or strongly agreed that they were happy with the quality of care within the care service.

We spoke with individuals who either used the service or were visiting relatives/friends. Some residents were unable to tell us their views on the service and the care they received and we spent time engaging with residents and observing practice.

Some comments we received were as follows:

"I feel that there is too much book work that staff have to complete"

The service needs to "repaint corridors, carpets (have been) replaced in some areas"

"Care has been second to none!...The management and care staff were very supportive"

"The current manager of the home has made great strides in making improvements to both the running and the physical appearance of the building which is great to see. I would have no hesitation in recommending Woodhurst as a place where your loved one will be cared for and respected"

"More interaction between carers and residents, taking time to sit and talk or do an activity with them".

"Environment - generally good, but can be noisy"

"lovely, very homely...staff friendly and welcoming"

One relative/carer disagreed with both statements:

- * my relative/friend can move easily around the home and its gardens "too many locked doors" and
- * there are enough trained and skilled staff on duty at any point in time to care for my relative/friend

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How	well do we support people's wellbeing?	4 - Good
How	good is our leadership?	not assessed
How	good is our staffing?	not assessed

How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

It is important that staff across the service treat residents with compassion, dignity and respect. From our observations of staff we noted them to be respectful, with a genuine interest in residents wellbeing.

The way people spend their day should promote feelings of purposefulness and wellbeing. The service had a dedicated activity staff member who arranged in-house activities for people and recorded these. However, we found the recording variable in quality with very limited personalised information to ensure that activities were meaningful for people. For example we found one record where a resident regularly declined to participate in activities with no assessment as to why or if any other activity had been identified that could be more meaningful to them.

(see area for improvement 1)

We found that there was a good level of consultation with residents and relatives. However, these were not always analysed to ensure an action plan was implemented; where actions had been identified.

We found that residents had been unable to access the community as the service had limited access to transport. The rooftop garden was in need of remedial work and was inaccessible to residents during the inspection.

(see area for improvement 2)

People should be confident that they will be given the right medications at the right times. This is important as it ensures the maintenance or improvement in an individuals state of health. We found that medications were generally well-managed, with few errors however, we found that the recording of "as required" medication, particularly the outcomes, required improvement. We have repeated the previous area for improvement. (see area for improvement 3)

We considered the mealtime experience and assessed that residents were well supported by staff in a calm environment. Visual choices were presented to residents and staff sat at tables, chatting and engaging with residents while they ate, which we felt was good practice.

The service had implemented daily booklets to record specific support needs for residents. These included the monitoring of food and fluid intake, skin integrity and personal care. We found that the completion of these was variable. The previous area for improvement has been reworded and repeated. (see area for improvement 4)

Areas for improvement

1. The service should review their assessment of the social needs of residents and use life stories to develop more individualised social and activity plans.

Activities should be reviewed and outcomes recorded for each individual resident, ensuring that activities are personalised and meaningful.

This ensures care and support is consistent with the Health and Social Care Standards which state "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

2. The service should ensure that residents have access to the community and outdoor spaces.

The service should ensure that garden furniture is maintained to an appropriate standards to allow people to fully utilise garden space.

This ensures care and support is consistent with the Health and Social Care Standards which state "If I live in a care home I can use a private garden" (HSCS 5.23)

3. The service should improve the recording of "as required" medications, paying particular attention to how staff are recording the outcome of administration.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

4. The service should monitor and improve the content and quality of daily booklets, particularly in relation to the recording of food and fluid intake.

This ensures care and support is consistent with the Health and Social Care Standards which state "My needs, as agreed in my personal plan are fully met" (HSCS 1.23)

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

3 - Adequate

Residents can expect to live in an environment which is comfortable and homely, well maintained and safe. We found that regular maintenance checks were carried out within the service including emergency lighting, nurse call systems, gas safety and water checks.

Staff advised us that there was plenty of equipment and supplies to allow them to carry out care tasks.

The service had carried out some redecoration to the service in an attempt to make it more homely, however further investment is required by the provider. We found that general upgrade was required in most areas of the service including replacing and reviewing poor lighting in bedrooms and communal areas, cracks in bathroom floors and ceilings and old furniture that required replaced.

The manager had developed their own refurbishment plan, we will continue to monitor how the provider has responded to this at the next inspection.

The setting in which residents live should promote independence, support choice and dignity. We discussed concerns with the breakdown of bathing equipment, which had resulted in residents having access to minimal facilities. A high use of commodes in rooms, due to a lack of en suites had also led to offensive odours in many rooms we looked at during the inspection. (see requirement 1 and area for improvement 1)

Requirements

1. The service should ensure that the premises are well maintained and should repair the broken bathing equipment to ensure that there are adequate bathing facilities for all residents within the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices" (HSCS 5.21)

This is in order to comply with SSI 2011/210 Regulation 10(2)(a)(b)(c) Fitness of Premises, Regulation 14(d) Facilities in care homes.

Timescale: By 30 June 2019

Areas for improvement

1. The provider should review the use of commodes within the service. Action should be taken to reduce their use, for example by increasing the provision of en-suite toilets, reducing distance and enabling greater ease of access to shared facilities.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"I can easily access a toilet from the rooms I use and can use this when I need to" (HSCS 5.2)

"My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells" (HSCS 5.18)

How well is our care and support planned?

4 - Good

Individuals should be confident that their care plans give clear direction on how to deliver support and are reviewed and updated regularly, and as people's needs change. This is important in ensuring that care is provided according to the needs and wishes of individuals.

We sampled care plans and found that, generally, these contained a good level of personalised and current detail. Care plans detailed residents likes and dislikes, including how tasks were preferred to be carried out. Care plans detailed diagnosed medical conditions, what they were and how individuals could best be supported. This information contributed to staff working in a consistent way.

The service should improve the recording of stress and distress care planning, which we found to be limited in detail, particularly around how to provide reassurance and support.

The service was carrying out six monthly reviews of care. Whilst these provided an overview of the person's health it was not being used as an opportunity to set goals/outcomes for the next six months or provided an opportunity for the resident to discuss how they had viewed their support over the previous six months.

The previous area for improvement has been repeated and reworded. (see area for improvement 1)

Areas for improvement

- 1. Care plans should be reviewed and developed further to ensure information recorded reflects relevant and specific details. This should include:
- * the information recorded within stress and distress care plans
- * How the service records and monitors six monthly care reviews

This ensures care and support is consistent with the Health and Social Care Standards, which state:

"My needs, as agreed in my personal plan, are fully met" (HSCS 1.23)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

Medication Administration Records should continue to be generally improved upon.

National Care Standards Care Homes for Older People - Standard 5: Management and staffing arrangements and Standard 15 - Keeping Well - Medication.

This area for improvement was made on 20 February 2018.

Action taken since then

While medication records were generally well completed the recording of as required medication, particularly around outcomes, required improvement.

This area for improvement is NOT MET

Previous area for improvement 2

Care plans should be reviewed and developed further to insure information recorded reflects relevant and specific details.

National Care Standards Care Homes for Older People - Standard 6: Support Arrangements, Standard 8: Making choices and Standard 11: Expressing your views.

This area for improvement was made on 20 February 2018.

Action taken since then

Care plans had some relevant personalised information. However stress and distress care plans and six monthly review recording and outcomes required improvement.

NOT MET

Previous area for improvement 3

Food intake records should reflect what the person has been offered as well as taken throughout the course of the full 24 hours.

National Care Standards Care Homes for Older People - Standard 6: Support Arrangements.

This area for improvement was made on 20 February 2018.

Action taken since then

Daily charts required improvement, due to previous concerns we have repeated this area for improvement and will monitor this at future inspections.

NOT MET

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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