

Woodlands Nursing Home Care Home Service

Quentin Rise
Dedridge
Livingston
EH54 6QR

Telephone: 01506 462 545

Type of inspection:
Announced (short notice)

Completed on:
17 March 2021

Service provided by:
Peacock Medicare Ltd.

Service provider number:
SP2003002457

Service no:
CS2003010679

About the service

Woodlands Nursing Home is one of two care homes in West Lothian owned and managed by Peacock Medicare Ltd.

The service is registered with the Care Inspectorate to provide care to a maximum of 82 older people.

The service has four units, two on the ground floor and two on the first floor. The upper level is accessed by lift or stairs. Each unit has sitting and dining areas and additional toilet and bathing facilities. All bedrooms are for single use and have en-suites toilet and washing facilities. There is a separate laundry, main kitchen, offices and staff facilities. There is also an attractive, well-maintained garden and car parking facilities.

The service's aims and objectives state:

"The service will be flexible and designed to meet your needs as specified in your care assessment and defined in your personal care plan. We will employ and ensure that at all times sufficient qualified and suitably trained and experienced staff are available to deliver the service. We will promote the principles that include dignity, privacy, choice, safety, realising potential, equality and diversity."

We carried out an inspection of the service using virtual technology. We used the Health and Social Care Standards to review the quality of care for people, these can be accessed here <https://www.gov.scot/publications/health-social-care-standards-support-life>.

What people told us

We spoke with nine of the 63 people in the care home. We received responses from seven relatives who wished to express their views on the care in Woodlands Nursing Home. Overall relatives thought that their family member was well cared for and that they were involved in care decisions. There was high praise and acknowledgment for staff working in the service.

One comment summed up many views:

"In a time where a lot of negativity has been around, I would like to tell you that the care my Dad is receiving has been outstanding from all concerned."

There were some comments where people suggested that the service could have been more proactive in meeting the needs of their relative and giving information and communicating.

Comments included:

"Changes are made they fall back" and

"they will never phone and tell you what has been happening".

However, the majority of people told us how they had been supported to keep in touch with their loved ones during the pandemic and were appreciative of that. One commented,

"She remains positive and happy despite the limitations put upon her. I speak to her most days using an Amazon Alexa device"

Other comments included:

"I am very happy with the level of care she receives."

"Staff also seem very aware of my mum's individual needs and work very hard to ensure that she has the best quality of life in difficult circumstances. They consider what she likes to eat, whether she wants to be

social or have time on her own, what she wants to wear etc. and they will let me know if there anything mum needs."

The process prior to or during admission to the home was explained by a few relatives. The lack of information/literature about the home and what they could expect made the transition to the home more difficult for them. However, they stated that their relative is settled and happy.

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 good is our care and support during the COVID-19 pandemic?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic? 4 - Good

7.1 - People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

We evaluated wellbeing, support and safeguarding as good.

Relatives told us they were overall satisfied with the care of their family member with two reporting that their relative had improved since admission to the home.

Staff provided person-centered care taking account of people's wishes and preferences which were noted in personal plans.

Staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice. Staff knew the people they were supporting well and people appeared relaxed and comfortable with the staff. Pleasant, encouraging support was seen during mealtimes. This supported people to eat well and contributed to ensuring their weight was stable.

People benefitted from good links with other professionals with one stating that they are contacted appropriately for advice. One relative stated:

"the nurses and carers have been so patient and understanding, working initially with outside teams, to help him get to where we are now"

Monthly auditing of care plans, nutrition, skincare, equipment and medications were completed with actions taken to address any issue identified. This helped ensure that people's needs were met appropriately. Involvement and discussion took place with people about anticipatory care planning.

Social activities were facilitated daily by staff. A recently appointed coordinator was developing their role and was getting to know people. There were plans to further engage with relatives keeping them updated on what activity their family members had taken part in and benefitted from.

People were assisted to keep connected with their families using telephone, video and window visits. Information had been sent to inform relatives about the commencement of indoor visiting and what they can expect. Additionally, newsletters were sent to keep people informed. One relative commented: "Each week (senior manager) takes the time to send update emails which are informative, uplifting and hopeful."

A few relatives thought that communication could be better and related to transition to the home and whilst their family member was resident. One stating:

"I feel they are responsive but could be more proactive."

Brochures, leaflets or information should be available for any prospective resident and their family so that they can be fully informed of what to expect in the service. This had not been the case and this meant that it took longer for them to be assured that their relative was secure and settled. (See area for improvement 1)

7.2 Infection control practices support a safe environment for people experiencing care and staff.

The home was following all current guidance. Staff stated that training and reinforcing of standards of practice happened daily. Staff were using PPE appropriately. Regular observations and audits (spot checks) of staff practice ensured everyone understood and was able to maintain good infection prevention and control measures. Speedy actions were taken to rectify issues which could include demonstrations, for example in hand washing.

Good signage and guidance was displayed throughout the home. Plentiful supplies of PPE and sanitisers were available at entry and throughout. When people moved in they were isolated and the time frame was clear to see. This and the awareness of staff to symptoms of the Covid-19 virus helped keep people safe.

Housekeeping staff had good supplies of equipment and cleaning materials. Cleaning records showed that two hourly cleaning of essential areas took place. The system of laundry management was appropriate with good descriptions of laundering of home and staff laundry given. Items of equipment sampled were clean and intact. This included mattresses, bed bumpers and shower chairs. Monthly auditing of equipment throughout the home took place. This meant that action could be taken when replacement of items, such as mattresses or toilet seats were needed.

A few staff members and relatives felt that the home was 'tired' and needed to be updated. Due to the limitation of a covid 19 inspection, we have not seen all areas of the home for issues that could be a source of infection. For example, surfaces that are not intact or chipped paintwork. We asked the manager to check for these. A full environmental audit would help them identify where and if any actions were needed.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

There was a good system in place which calculated the staffing numbers needed to work in the home and to ensure that the needs of residents could be met. This was responsive and included additional work that was needed to allow staff in the service to operate effectively. Monthly checks were made to make sure that staff remained registered with their regulatory body.

Staff felt well supported by both their peers and management. We observed a happy staff group with good interactions. Staff had the opportunity to contribute their views through appraisal. The content of samples

showed that individuals could discuss their development needs and contribute to the development of the service.

Some stated:

"It has taken some time to feel confident to do the job but I was encouraged and supported."

"I have been happy working in the service. My skills have been recognised and I feel I have progressed well."

Staff demonstrated the principles of dignity and respect when spending time with residents.

There was kind, caring encouragement when assisting people with food and fluids.

There was often banter and fun between people.

Relatives took the opportunity to give us their views and overall were happy with staff, one said:

"She looked very well and very happy - it was good to see. Thanks very much for all their efforts"

We spoke with people but discussion was limited. However, we saw that they were relaxed, comfortable, familiar with the staff around them and looked happy.

Staff had received training and support to follow the infection prevention and control guidance.

There was continual reinforcement of practice happened and we saw that staff were confident in their roles and how they contributed to preventing the spread of infection.

Areas for improvement

1. The provider should make sure that people are informed of what the home provides and what they can expect prior to admission.

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

1.18 I have time and any necessary assistance to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me.

4.13: I have enough time and support to plan any move to a new service.

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

In order to ensure good outcomes for people experiencing care, the provider should ensure that people's needs are met by the right number of people. In particular, they should continue to develop the system used to assess that enough staff are on duty to meet people's care needs.

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

- My needs are met by the right number of people. (HSCS 3.15)

This area for improvement was made on 12 February 2020.

Action taken since then

Dependency Assessments of residents formed the basis of calculating staffing numbers. Additionally other duties of staff and needs of residents had been included.

Rotas did not evidence any shortage.

Staff felt that the numbers of staff was sufficient.

Met

Previous area for improvement 2

To ensure that service users experience an environment that is well looked after, the provider should:

- a) ensure all equipment is fit for purpose
- b) ensure people have access to equipment that suits their care needs
- c) develop an inventory of all equipment in use at the service.

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

- The premises have been adapted, equipped and furnished to meet my needs and wishes. (HSCS 5.16)
- I experience an environment that is well looked after with clean tidy and well maintained premises, furnishings and equipment. (HSCS 5.22)

This area for improvement was made on 12 February 2020.

Action taken since then

Monthly environmental checks cover all items of equipment in the home including items for personal use.

Actions are taken if repair/cleaning/replacement is needed.

Met

Previous area for improvement 3

In order to ensure good outcomes for people experiencing care, the provider should ensure that people's personal plans are right for them and set out how all their care needs will be met, as well as wishes and choices. Particular focus should be on:

- a) Ensuring accurate and consistent information about people's support needs.
- b) More information about how to support people when experiencing stress and distress reaction.
- c) Ensuring care plans and risk assessments are promptly reviewed and updated following accidents, incidents, changes to care needs or following care reviews.
- d) Ensuring the evaluation of the care and support provided is meaningful to make sure that the care provided fully meets people's needs.
- e) Fully implement the audit systems used to monitor care plan content to make sure that they meet the provider's own expected standards.

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

- My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices. (HSCS 1.15)
- Any treatment or intervention that I experience is safe and effective. (HSCS 1.24)

This area for improvement was made on 12 February 2020.

Action taken since then

Good detailed information in samples which reflects the care needs of residents and guides staff. This was particularly seen in stress and distress. However there could be further consideration of this. i.e. where a plan states "reassure me" – what does this mean and what are staff to do? Evaluation summaries could further be developed. This is particularly in regard to activity. However, a new AC is in post and will be guided.

Whilst care plans would benefit from small adjustments, the standard is good and we can see that they are responsive to changes in residents.

We have met this AFI with the expectation that audits will continue to take place and consistent practice happens.

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 good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	5 - Very Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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