



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Woodlands
Address:	Riverhead Driffield East Yorkshire YO25 7PB

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Jo Bell	2 2 1 0 2 0 0 8

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Information about the care home

Name of care home:	Woodlands
Address:	Riverhead Driffield East Yorkshire YO25 7PB
Telephone number:	01377253485
Fax number:	01377255287
Email address:	manager.thewoodlands@hica-uk.com
Provider web address:	

Name of registered provider(s):	Humberside Independent Care Association Limited
Name of registered manager (if applicable)	
Mrs Nicola Jane Wise	
Type of registration:	care home
Number of places registered:	56

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	56
old age, not falling within any other category	0	56
Additional conditions:		
Date of last inspection		

Brief description of the care home
Woodlands provides personal and social care for 56 residents over the age of 65, some of whom have dementia. There are close links with the community nursing and mental health teams. Woodlands is a purpose built home and was constructed in the 1970s. The home is situated less than 5 minutes walk from the centre of Driffield and its transport links. Accommodation is provided on two levels with a passenger lift allowing access to the first floor. There are car parking facilities on site. The home is owned and operated by Humberside Independent Care Association Ltd. (HICA) which is a not for profit organisation.

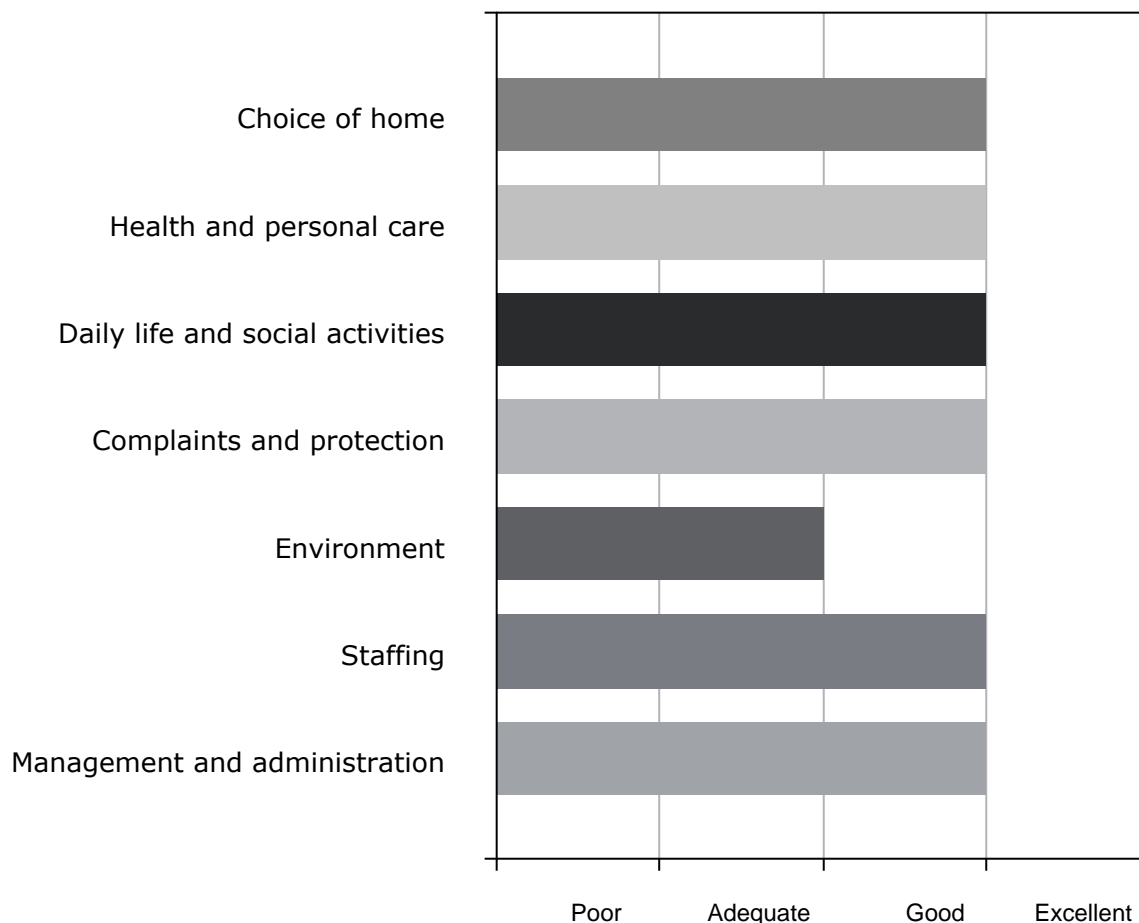
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 2 star. This means the people who use this service experience good quality outcomes.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations, but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

We went to the home without telling them that we were going to visit. This report follows the visit that took place on Wednesday 22nd October 2008. The visit lasted

from 10:30 until 15:30.

The purpose of the visit was to make sure that the home was operating and being managed in the best interests of people living there. Information has been used from different sources for this report. These sources include- Reviewing information that has been received about the home since the last inspection.

The annual quality assurance assessment. This is information which details what has happened during the past 12 months.

12 Surveys from people using the service, three relatives, and one health care professional survey.

Notifications (Regulation 37) relating to incidents in the home affecting people using the service.

Details of complaints and allegations raised by people connected to the service.

Progress of the previous recommendations made at the last site visit.

At the site visit one inspector spent 5.0 hours at the home. During this time observations of care practices took place. People using the service were spoken with along with some relatives. Discussions with the manager regarding meeting needs, mealtimes, protecting people and the environment took place. The lunchtime meal was observed and time was spent inspecting care plans, looking at individual rooms and reviewing a selection of health and safety information. Staffing and management issues were discussed and feedback was given to the manager at the end of the inspection.

The weekly fees range from 397-480. Additional charges are made for chiropody, hairdressing and newspapers.

What the care home does well:

People live in a pleasant environment and they receive a good standard of care. One person said "I have no complaints at all, the staff really look after me".

People have a positive dining experience. One comment was "I like the food here".

People can access a range of activities which are suitable for older people.

What has improved since the last inspection?

The care plans are now reviewed and evaluated on a regular basis. This helps identify what changes have taken place.

The complaints procedure has been reviewed which makes it clearer for people to understand how issues will be dealt with.

What they could do better:

The outcome of complaints needs to be a true reflection of the issues involved in the complaint. For example upheld or not upheld. This then needs to be used in the complaints audit.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.uk or by telephoning our order line -0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are effectively assessed prior to admission, which helps to ensure individual needs can be met.

Evidence:

The three pre-admission assessments looked at confirmed that a senior person completes an assessment before an individual moves to the home. This is to check what type of care and support the person needs and whether the staff have the skills and knowledge to provide that care if the individual chooses to move there. The process also reassures the individual and their family that they will receive the right support.

Assessments are completed if the person has a care manager or is privately funded. These detail health, personal, nursing, social and mental health needs. All the surveys completed by people living there report that people are given enough information

Evidence:

about the service and what it provides. This means they can make an informed choice about whether to move there or not. It was evident that the information regarding mental health was limited. The assessment form did not have a specific area to discuss and record mental health needs. This would be useful as the home is registered for people with dementia.

The home does not offer intermediate care services.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have their health and personal care needs met in a dignified manner.

Evidence:

Three care plans were looked at during this visit. These describe the care and support people need to stay in charge of their own lives as much as possible. The plans looked at contained a lot of information, so that an unfamiliar carer could look at them and would be able to work out how much support they needed. There were written assessments as to whether people were at risk of developing pressure sores, of losing weight because of poor appetite or a health problem or needing help with moving and handling. Those identified as 'at risk' had a care plan in place describing how that risk was to be managed. Care plans are reviewed and evaluated on a monthly basis, and key workers input details regarding social activities and events which have taken place throughout the day.

The home is aware of how to report accidents and injuries and this information is reviewed on a regular basis. People have access to a range of health care

Evidence:

professionals. Six out of the twelve surveys received stated that people 'always' have their medical needs met, and six stated 'usually' met. A district nurse was visiting the home and links with doctors, mental health nurses and specialist teams are evident. This information is also well documented.

The medication system was inspected. Staff receive training in this area and a monitored dosage system is used to dispense medication. Three charts confirmed that stock balances are in place and staff sign once medication is administered. Guidance is available in the form of a medical style dictionary for staff and a copy of The Royal Pharmaceutical Society guidance is in place, though this needs updating. Staff are aware of how to store and record controlled drugs and regular auditing of the system takes place.

Throughout the visit people were treated with dignity. Staff have a good relationship with people using the service and positive interactions were consistently observed. One carer spoke reassuringly to a person who was upset and this helped prevent the situation from escalating further. Surveys also confirmed that people are treated in a dignified manner.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People participate in a range of activities and visitors are welcomed. Staff encourage autonomy and choice, and people enjoy dining in pleasant surrounding with appealing food.

Evidence:

The home has a designated activities organiser who works part time. People have access to a range of activities and details of these are displayed on the notice board. A mini-bus is available to take people on trips out. Some people are going to Bridlington Spa to see 'Strictly Come Dancing'. Others prefer to enjoy the entertainment provided in the home. For example clothes parties, singers, bingo, watching television, listening to music, reading newspapers and magazines. Key workers spend time on a one to one basis with people and this was recorded in the care plans. One member of staff had been looking through old photographs with a person who has dementia. The activities person tries to spend time with a range of older people, some of who have physical disabilities and use wheelchairs, others who have short term memory loss and people who have mobility problems. People spoken with felt there were enough activities in the home and surveys confirmed this. Some staff have completed equality and diversity training and are aware of how to meet different religious and cultural

Evidence:

needs.

Visitors are welcomed into the home and this was evident throughout the day. Three relatives surveys completed were all positive with people feeling individual needs are met and enough activities are provided. Three people discussed their daily routine and they all confirmed they could go to bed and get up when they want and have meals either in their bedroom or one of the communal areas. The routine of the home appeared flexible and dependant on the needs of the people using the service.

The home has a large dining room which is light and airy. Different size tables for four or six people are available and people can sit wherever they choose. The lunchtime meal was observed and this was a calm and relaxing experience for people. People with different needs have lunch together and there were enough staff to give assistance when needed. This was carried out in a dignified manner. Staff ask people the day before or on the morning before the meal is to be served which food they would like. A choice of main courses are offered and a range of drinks are provided. People were observed enjoying chicken and vegetables, then sponge and custard or semolina. One person was asked if they would prefer fruit, and yoghurts and ice cream was also offered. Catering staff have completed food hygiene training and protective clothing was worn by staff to prevent cross contamination. One person said "the food is lovely", another person said "I always look forward to my lunch".

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have their concerns listened to and acted upon, with staff been alert to signs of abuse. This helps keep people safe.

Evidence:

The home have a complaints procedure in place which people and their visitors are aware of. This is discussed at the admission stage and a copy of the procedure is displayed in the home. The annual quality assurance assessment stated that there have been seven formal complaints in the past twelve months, none of which were upheld. However, when discussing this further six out of the seven complaints (relating to food) were upheld. The manager had addressed these promptly and therefore felt the outcome was positive. The outcome of each complaint needs to be reflected accurately, this information is then used to inform the complaints audit. On this document there was no place to enter the outcome of the complaint. This helps identify if there are themes or trends to the complaints and the effectiveness of any action taken.

People in the home looked safe and well cared for. Staff spoken to were aware of the safeguarding procedures in place. Some staff have completed abuse awareness training, and staff knew about the different types of abuse and the action to take if an abusive situation occurs. The home have a policy in place and staff are encouraged to use the 'Whistle Blowing' policy. The home have recently asked staff to complete a

Evidence:

safeguarding questionnaire, this will identify a future training need, because some staff have not had a safeguarding update for up to three years.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People live in a comfortable and clean environment, though areas of the home need updating. This would make the environment more pleasant for people to live in.

Evidence:

The environment is spacious with a range of communal areas. The decor in the home is variable. The entrance area had a smell of urine, though all other areas of the home inspected were clean and odour free. Certain areas of the home have been refurbished, for example the dining and extension area. Two lounges were decorated to a good standard with furniture and fittings suitable for older people. One toilet area and a bathroom needed updating, and some of the corridor areas had paint chips and exposed plaster where corners and skirting boards had been knocked by wheelchairs. The toilet and bath areas were cluttered with wheelchairs, hoists and commodes. This makes these areas difficult to access.

The home would benefit from having distinct signs on toilet and bathroom doors, or vacant and engaged signs. This would ensure privacy is always maintained and people are not disturbed unnecessarily when using these facilities.

The home have a laundry area, and whilst this is quite cluttered with clothes stored in different areas, people did have clean clothes to wear and staff were aware of infection

Evidence:

control procedures to prevent cross contamination. Rooms are cleaned effectively and there are sufficient domestic staff in the home.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are cared for by staff who are competent, well trained and recruited and in sufficient numbers to meet individual needs.

Evidence:

People are cared for by staff in sufficient numbers. During the day there are up to six care staff, including a senior carer who is the duty manager. The home manager is supernumerary but is easily accessible to all the people using the service. Overnight there are three care staff, currently there are forty seven people using the service. Some people have low dependency needs and therefore three carers overnight is reasonable. However, if the dependency levels or number of people using the service increases this would have to be reviewed. During the visit staff gave assistance promptly to people and no-one was waiting for long to receive help. Currently eight care staff have completed an NVQ Level 2 in care, and a further eleven staff are undertaking this. The duty manager confirmed that they were completing an NVQ Level 2. The home also has personal care managers who undertake NVQ Level 3 in care. People looked well cared for and needs were being met. An induction programme is in place which all new staff undertake. Part of this programme is also covered through mandatory training. Staff are made aware of health and safety issues and the standard of care practices expected in the home.

Evidence:

Recruitment files were inspected. The manager discussed obtaining two written references, a police check and a protection of vulnerable adults check prior to a new member of staff starting work. Interviews involve two members of staff, and the manager is aware of the equal opportunities policy in place. This helps to protect people from harm.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is run in the best interests of the people using the service.

Evidence:

The manager is registered with The Commission and has completed an NVQ Level 4 in Care and Management. She is an experienced manager with many years experience working with older people. The atmosphere in the home is calm and relaxing and visitors feel they can approach the manager and staff if they have any concerns. The annual quality assurance assessment was completed though this contained limited information regarding the improvements that will take place in the next twelve months. The evidence relating to what the service does well again was limited. This was discussed with the manager.

The home have a quality assurance system in place which includes client and visitor questionnaires and a range of audits which relate to health and safety, the environment and care practices. A senior manager also visits monthly and speaks to

Evidence:

people using the service and identifies what improvements have been made. Records of these visits were available.

People can keep personal money in the home. This may be used for chiropody, hairdressing, clothes or toiletries. Well-maintained records are kept of all transactions and invoices are available which confirm the money coming in and going out.

Health and safety was discussed and a selection of policies were inspected. A fire risk assessment is in place and staff had a good understanding of the action needed in the event of a fire. Staff receive fire, moving and handling, infection control and food hygiene training. Specific training is also given relating to older people's conditions. Water temperatures are taken and both the electrical wiring certificate and gas safety checks are in place. This helps to keep people safe in their environment.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	16	22	<p>Outcomes of complaints investigations must be recorded correctly. This information needs to be reflected in the complaints audit.</p> <p>This will identify how many complaints are upheld, then action can be taken accordingly</p>	23/11/2008
2	19	23	<p>The environment in Toilet 2 and bathroom 3 must be reviewed and updated.</p> <p>This will enhance the environment for people using these facilities.</p>	23/11/2008

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	3	The pre-admission assessment should include more detailed information regarding mental health issues. This will help to form the care plan and ensure needs can be met.

2	9	An up to date copy of the Royal Pharmaceutical Guidance would be beneficial for staff to refer to.
3	19	Bathrooms and toilets should not be used as storage areas. This makes it difficult to access these areas.
4	26	The smell of urine in the entrance area needs to be removed.
5	28	The home should encourage all care staff to complete an NVQ Level 2 or 3 in care. This helps to improve the standard of care which people receive.

Helpline:

Telephone: 0845 015 0120 or 0191 233 3323

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