

J C Care Limited

Woodhouse Cottage

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

This inspection took place on 29 June 2018. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Woodhouse Cottage is a care home which provides accommodation and personal care for up to six people with a learning disability. There were six people who were living at the home on the day of our visit.

Woodhouse Cottage 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.

People continued to receive safe care as they were supported by staff who knew how to protect them from harm. Staff were aware of people's individual risks and plans were in place to minimise these while maintaining the person's independence. Staffing was arranged based on people's individual needs and what activities were happening in the home. Staffing remained flexible to suit the people living at the home.

The registered manager supported staff by arranging training so staff developed the skills to provide care and support to people, which was in-line with best practice. People receive care and support that was agreed with their consent, the policies and systems in the service support this practice.

People were supported by staff who knew their individual dietary requirements and how to support them in the right way. People had access to healthcare professionals when they required them.

People were treated well which had a positive impact on their well-being. People we spoke with told us that all staff spoke kindly to them and they felt happy and comfortable in their home. Staff helped people to make choices about their care and the views and decisions they had made about their care were listened and acted upon.

People were involved in the planning and review of their care and support. People were supported to continue with their hobbies and interests which promoted their independence and confidence. Information was provided to people should they wish to raise a complaint.

Systems were in place to monitor and assess the quality and safety of the care provided. There were opportunities for people and relatives to feedback their views about their care and this was used to improve the service. Staff were supported to carry out their roles and responsibilities effectively, so that people

received care and support in-line with their needs and wishes. The checks completed focused on people's experience of care. Where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to improve the service delivery.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-Led.

Woodhouse Cottage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection and took place on 29 June 2018 and was unannounced.

The inspection one carried out by one inspector. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service. We spoke with two care staff members, the registered manager and the operations director. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a sample of three people's care records and medication records. We also looked at newsletters, residents and staff meeting minutes, maintenance records, the complaints policy and compliments.

Is the service safe?

Our findings

At the last inspection we rated the service good and found they were safe for this domain. At this inspection we found the service remained safe and have rated them good.

All people we spoke with felt safe from harm and told us they felt safe with the staff who supported them. One person told us, "Oh yeah. I know I am safe here." They continued to tell us how they had lived at the service for a few years and they knew they were safe. We spoke with one staff member who told us the training they had received helped them understand how to maintain people's safety and promoted their independence.

Staff had received training in safeguarding people and knew how to identify abuse and how to report any concerns, including to outside agencies such as the local authority and the Care Quality Commission. Staff told us they would not hesitate to raise concerns if they needed to, including through the whistleblowing process. Whistleblowing is where staff can highlight poor practice without fear of recriminations.

People felt there was enough support from staff when they needed it. People told us they had opportunities to do the things they enjoyed when they wanted. For example, learning and going out to ride a cycle. A staff member told us, "Staffing here isn't a problem as everyone receives one to one staffing support during the day. This means everyone also has a member of staff with them." They continued to say, "The staff rota is adjusted to accommodate any changes" and felt that it was very flexible. People and staff told us there was a sleep-in staff member at night. People and staff felt this was sufficient as they may not always need staff at night, but felt safer knowing someone was there.

Staff had been recruited in a safe way. We viewed recruitment records for three staff. People had applied for the role, had their ID checked, references checked and a Disclosure and Barring Service (DBS) checked. The DBS is a background check for any cautions or convictions and it enables providers to make safer recruitment decisions. However, we found one staff member had not had a repeated DBS check since 2011. We mentioned this to the registered manager who told us they had signed an annual declaration but agreed the formal check was required and this is something they were talking through with the provider.

People we spoke were confident in the staff managing and administering their medicines. Some people in the service self-administered their medicines with staff support. We reviewed these records and saw people were taken their medicines as prescribed. Records of medication administered and the staff's knowledge were checked by the provider to ensure people received their medicines as required. Staff had completed training and advice from the pharmacist around the safe administration of medicines.

Staff understood the need to record and report any incidents and accidents. The registered manager told us these would be investigated to identify what had happened, and any learning was discussed and shared with the staff team and with other homes managed by the provider.

Systems were in place to manage the safety of the environment. Risk assessments had been completed to

identify any hazards such as the management of legionella, fire and electrical equipment. Appropriate guidance was in place for staff in how to mitigate these risks. Staff carried out a range of checks to ensure the environment remained safe. Personal risks to people had been identified, rated and measures put in place to reduce or remove the risk. Risk assessments were clear and reviewed regularly. All people who used the service had a personal emergency evacuation plan in place.

Is the service effective?

Our findings

At the last inspection we rated the service good and found they were effective for this domain. At this inspection we found the service remained effective and have rated them good.

People told us they had lived in the home for many years, and staff knew them well. Staff told us they would recognise if a person was not themselves and would seek medical advice. One person told us, "I get support to go to see the doctors." People told us they were involved in their care which covered different topics such as their on-going healthcare needs and their interests, hobbies and social aspects of their life.

People told us they were supported by staff who knew how to care for them in the right way. Care staff completed an induction course at the start of their employment. This included a shadow period of a more experienced member of staff and completion of the care certificate. The care certificate is a nationally recognised list of standards care workers can complete to ensure they have correct skills and knowledge to support people. We saw staff remained well trained.

Prior to people coming to live at the service, they had an initial assessment completed to make sure their needs could be met. People told us that staff supported them with meal planning, shopping and preparation. Staff were aware of people's different dietary requirements, and how to support people who had a specific preference. To promote healthy living, the service had a healthy theme each month including a health breakfast recipe and weight training.

People set goals for themselves and things they wanted to achieve. These were recorded and documented in a progression and positive outcomes file. Each person had their own file and this documented what they wanted to achieve, steps on how they could achieve it and what they will get from this goal. We saw some positive outcomes for people including learning to drive, building a network of friends and paid meaningful employment. Staff told us how they would promote people's choice and independence. The service was easily accessible to the local community with good links to the surrounding areas.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's views and wishes were respected and staff sought their consent first. Staff we spoke with understood their roles and responsibilities in gaining people's consent and what this meant or how it affected the way the person was to be cared for. We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We found the registered manager ensured people received care and treatment that was in-line with their consent.

People told us they were supported to access health care professionals when they needed this. We saw evidence referrals to health care professionals had been made when appropriate. People had their own private bedrooms and had access to en-suite bathrooms. People had access to communal areas which enabled people to move around freely and independently. People had access to a garden area where they

had begun growing their own vegetables for them to eat.

Is the service caring?

Our findings

At the last inspection in this domain we rated the service good and found they were caring. At this inspection we found the service remained caring and have rated them good.

All people we spoke with told us all staff who supported them were kind and caring towards them and they liked the staff. There was a strong, person centred culture within the home and people's wishes and choices were respected by staff. We saw people were relaxed around staff chatted about things they had done, and what they were looking forward to doing. Staff empowered people to take control of their daily lives, make decisions and maintain their independence as much as possible. We saw people had been involved in many activities such as charity work, collecting collectibles and visiting local attractions which interested them.

The atmosphere in the home was calm and relaxed. Staff interactions with people were kind and respectful. Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. People told us their relatives and friends were welcome to visit at any time and people were also supported by staff to maintain relationships with friends and family outside of the home. However, some people had restricted access to keep people safe.

People we spoke with felt the staff supported them in a way which promoted their dignity and privacy. People told us and we saw that their personal space was their own and respected by staff and other people living in the home. People's bedrooms were decorated to their own tastes and were furnished with their personal belongings which reflected their interests. All staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Staff understood their responsibilities for maintaining confidentiality, in particular the importance of not leaving confidential information lying around where people who were not authorised to do so could read it.

Communication was adapted for people's different needs. We saw different formats of information to keep all people up to date with anything they needed to know. A home newsletter was started in 2016 to keep people updated on events happening in the service.

Is the service responsive?

Our findings

At the last inspection in this domain we rated the service good and found they were responsive. At this inspection we found the service remained responsive and have rated them good.

People told us they were supported by staff in the right way and felt involved in their care and that their wishes were listened to and respected. For example, one person told us, "[Staff] have helped me to learn to drive. I have my test soon." They told us about how staff had supported them to find work which suited their interests. They told us this made them feel, "Happy" because they had met more people which had increased their confidence.

People were supported by staff to maintain their interests and hobbies. People's activities varied according to their personal preferences and wishes, including their religious needs. People had their own activities they were supported to attend. For example, we saw activities for people to get involved in included dragon boat racing, lawn mower racing, night out clubbing in Leeds or weight lifting. People had their own activities timetable listing their interests during the week. This timetable was created by asking the service user in a meeting what they would like to do. We saw these recorded. There were newsletters in the communal area which reminded people of future events such as clubs, races and trips. One person's care records stated they used to attend church and staff were to support if they wished to go again.

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. As well as picture books, a range of communication methods were used by staff to provide information and offer choices, such as showing objects of reference, pictures and a communication board.

Care records were written in a person centred way. Documentation included a one-page profile, information on how to support a person and what they can be like on good days and bad days. Care records clearly and personally directed staff on how to support people in a way that suited them and their needs.

Woodhouse Cottage is a small home, which is run by a small group of staff who know people who live there well. Staff told us they worked well as a team and had good communication on all levels. They told us that they were allocated people to support based on their needs, which meant their workload was more balanced, so they could respond to situations in a timely way.

All the people and staff we spoke with did not express any concerns or complaints to us. Everyone felt listened to and felt the registered manager and provider was receptive and responsive to any concerns. The provider shared information with people about how to raise a complaint about the care they received in a format that suited them. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. This was also available in a format suitable for people who used the service. We looked at the provider's complaints from 2018 and found that two complaints had been

received. These had been responded to in-line with the providers timescales and policy.

Is the service well-led?

Our findings

At the last inspection in this domain we rated the service good and found they were well-led. At this inspection we found the service remained well-led and have rated them good.

People and staff we spoke with felt involved in the service and felt able to share ideas with the registered manager. We saw that regular resident meetings were held, which covered topics such as meals for the following week, up and coming activities and what people would like to do in the near future. Staff told us they felt supported and had regular meetings to discuss any changes. We viewed meeting minutes and saw discussions around the running of the service, support and staff feedback. People and staff, we spoke with told us they were happy with the way things were run and would not make any changes to the service.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager, deputy manager and provider involved themselves with people who lived in the home. People knew those who worked in a management role well, and responded positively to them. Staff told us that those in a management role were approachable and regularly visible in the home. All staff we spoke with told us they felt a sense of pride and felt listened to and valued by the provider's organisation.

We saw that the provider sought people, relative and staff views and had responded back to those who had completed the survey, to explain what actions could and could not be taken as a result. The registered manager compiled all the feedback they had received into a 'You said, we did' document. This summarised the information received. For example, one person who used the service told the survey they felt the home was nice and clean mostly as there was dust on top of kitchen cupboards. This was resolved immediately with kitchen cupboards being added on to the cleaning list. The home also had a 'Your say' representative. This one someone who lived at the home and voiced the opinions of the service users when required.

There were audit systems in place which gave staff responsibilities for the checks and running of the service, such as maintenance checks within the service. These were reviewed and where necessary actioned by the registered manager or escalated to the provider. Items identified for improvement on the audit tools were entered onto an action plan. We found previous actions plans had been completed and the concerns raised had been met. The provider had further systems and checks in place to ensure their vision in the way the service was to be run was upheld.