

Lifeways Community Care Limited

Woodlands Cottage

Inspection report

Woodlands Cottage
Fernlea Drive, Scotland Gate
Choppington
Northumberland
NE62 5SR

Tel: 01670828487

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17 September 2018
18 September 2018

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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 17 and 18 September 2018. The first day of the inspection was unannounced but we arranged to attend the service for a second day of inspection. A previous inspection in April 2016 rated the service as good overall. At this inspection we found the provider was continuing to meet the requirements in all domains and continued to be rated as good overall.

Woodlands 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. The home is registered to provide support for up to four people in a purpose built bungalow. Residential care is provided for people with a learning disability or physical disability. Nursing care is not provided at the home. On both days of the inspection there were four people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC.

Risks within the service were recorded, monitored and reviewed. The provider had a safeguarding policy in place and any issues had been dealt with appropriately.

Sufficient staff were employed to support people's personal care needs. Staff told us they worked as a team and supported one another. Appropriate recruitment systems continued to be operated.

Medicines in the service continued to be managed and monitored appropriately. Staff had received training on the safe handling of medicines. The service was maintained in a clean and tidy manner.

People's needs were assessed and care delivered in line with these needs. Staff had undertaken a range of training and had sufficient skills and experience to support people with individual care. People were supported with a healthy diet and specialist requirements were supported and catered for.

The service was working within the requirements of the Mental Capacity Act 2005. People were supported to make personal choices, wherever possible. Family members were involved in decisions as much as practical. The environment was homely, warm and welcoming. People's rooms were personalised.

People appeared exceptionally happy and relaxed in staff company and we noted good relationships between staff and people who used the service. Relatives we spoke with praised the care highly and told us it was planned around the needs of their relatives. Staff were committed to ensuring people they supported received good quality and personal support. They had detailed knowledge about people's backgrounds, personal likes and dislikes and individual care needs. People were supported to make day to day decisions

about their care, if at all possible.

People's privacy and dignity were respected. Staff spoke knowledgeably about how they promoted and encouraged people's independence.

People's care records contained information that supported staff to deliver person centred care that met the individual's needs. Care was reviewed and families were involved in care reviews, where appropriate. People were supported to access a range of events and activities, both within the service and outside, including holidays. There had been no recent formal complaints about the service.

Families and staff spoke highly of the registered manager who they felt had the needs of people who used the service as her driving force. Staff said the registered manager was approachable and offered good support and knowledge. Staff told us there was a strong and stable staff team at the service.

Regular audits and checks were in place to monitor the quality of the service. Records were well maintained and up to date. Daily records contained detailed and personal information. The service was meeting legal requirements by displaying the current quality rating and submitting notifications to the Commission.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Woodlands 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.

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This inspection took place on 17 and 18 September 2018. The inspection was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We contacted the local authority contracts team, the local authority safeguarding adults team. They did not raise any concerns about the service at this time.

People who used the service were not always able, or wished, to communicate with us in detail, but we observed they looked happy, relaxed and well cared for. We spoke with the registered manager, a team leader and three support workers. In addition, a senior manager from the provider's organisation attended the service on the second day. During the week commencing 24 September 2018 we spoke with three relatives of people who used the service and one care manager.

We observed care provided by staff on both days of the inspection and the interaction between staff members and people who used the service. We looked at a range of documents including two care records for people who used the service, four medicine administration records, one staff file, staff training and

supervision records, and a range of audits and other management and meeting records.

Is the service safe?

Our findings

At our inspection in April 2016 we rated this domain as good. At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The provider had a safeguarding policy in place and had dealt with any concerns in an appropriate manner. Systems were in place to support people with their finances. Relatives we spoke with told us they felt their relations were safe living at the home. One relative told us, "I do feel they are safe. It's a relief. I know that I can depend upon them [the service]."

Risk assessments with regard to the delivery of care and support were in place. Responsibility for the premises belonged to a housing association, although the provider carried out day to day checks to ensure the environment was safe. Fire procedures were in place and personal emergency evacuation plans were available. Regular fire practices were undertaken to ensure staff were aware of how to react in an emergency situation. There had been no recent serious accidents or incidents.

Staff told us there were enough staff on each shift to provide care and to meet people's needs. Records showed there were three or four staff on duty during the day, depending on circumstances. There was one staff member on duty during the night. Staff told us this was appropriate. The registered manager explained long term absence and holidays had created a recent issue with staff, which had required her to step in and work some support shifts. She told us the issues were now resolving.

At the previous inspection we found staff recruitment processes to be safe and appropriate. At this inspection we found this continued to be the case, including the undertaking of Disclosure and Barring Service (DBS) Checks and the taking up of two references.

Medicines continued to be stored and managed appropriately. Systems were in place to ensure there were sufficient stocks available. Records regarding medicines were up to date and contained no gaps. Staff had received training with regard to the safe handling of medicines.

Staff supported people in maintaining the home in a clean and tidy manner.

Is the service effective?

Our findings

At our inspection in April 2016 we rated this domain as good. At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People's needs had been assessed and care and support was delivered in line with these assessed needs. Records showed staff encouraged people to be as independent as possible. Staff had an understanding of issues related to equality and diversity. They told us they had never encountered any issue when out in the community.

Staff told us, and records confirmed a range of training had been provided and undertaken. The registered manager told us most training was provided on line, whilst additional training was delivered face to face. The provider had a system that recorded completed staff training and alerted managers when training needed to be updated or refreshed. Staff told us, and records confirmed they had regular access to supervision and an annual appraisal.

Staff demonstrated how they supported people with diet and meals. There was a range of information about particular diets that people were required to follow. We saw food prepared at the home followed this guidance. One person received nutritional support through the use of a percutaneous endoscopic gastrostomy (PEG) tube. A PEG is a tube that goes directly into a person's stomach where they cannot eat normally or can only take a limited amount of food orally. There were detailed instructions for staff to follow and staff had received specialist training on dealing with this system. There was clear evidence individuals were supported to access a range of health services and to attend hospital and outpatient appointments. One relative told us, "They are maintaining their health and it seems under control. I think they are as well as they can be."

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 Act 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. The registered manager had an understanding of the MCA and how it related to people living at the home. The registered manager and staff spoke in detail about how they supported people to make choices through the use of communication aids and the use of 'Yes/ No' questioning. Where necessary, best interests decision had been taken, when people did not have the capacity to make more complex decisions, such as entering into an agreement for a Motability car.

The bungalow used by the service was owned and managed by a Housing Association. The registered manager spoke with us about how she worked with the association to ensure the environment was appropriate to people's needs and choices.

Is the service caring?

Our findings

At our inspection in April 2016 we rated this domain as good. At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The service continued to have a culture that promoted individualised and person centred care. Relatives we spoke with told us they were exceedingly happy with the care their relations were receiving. Comments included, "I think it is exemplary to be honest; a fabulous place. I find them very accommodating and [person's name] seems to be very happy"; "I can't think of anything that would improve it. They are well fed, well looked after, clean and well dressed. I suppose there must be room for improvement but I can't see how it would be improved. I think it is excellent"; "I can't fault it. They are always lovely and clean. When you go and cuddle them you can smell they've had their hair washed and the shampoo and conditioner." "I couldn't fault it; [person's name] loves it there. They are well fed, well dressed and well looked after"; "They couldn't want for anything"; "They [care staff] are just like family. They are like an extended part of their family"; "I think it is excellent as far as I'm concerned. Very well cared for by [registered manager] and very nice staff"; "They make sure they have their hair done and nails done and aromatherapy each week. All the things a lady would like to be doing" and "I would give it ten out of ten, maybe more. I couldn't fault anything about their care."

One relative spoke about how staff had gone the extra mile in providing care and supported their relation when they had been unexpectedly admitted to hospital. They told us staff worked additional shifts, and came in on their days off, to ensure there was always someone available on the ward who was known by the individual and was able to support and reassure them. They said that whenever they visited the hospital there was always a member of staff there. They told us, "I think they go above and beyond what is expected."

We spoke with a care manager who was responsible for all the people who lived at the home. They told us they had only recently taken over responsibility for the individuals at the service. They said their initial impressions were that it was a good service, staff were enthusiastic and very person centred in their approach. They said they felt staff tried very hard to provide care that was individual and 'tailor made' to the needs of the people who lived there. They felt the registered manager was 'lovely' and cared a great deal for the people at the home. The care manager told us that no previous concerns had been raised with them as part of the handover information they received.

At our inspection in April 2016 we had noted staff to have 'positive, caring and respectful interactions with people.' At this inspection we noted there continued to be confident and constructive relations and that people looked exceptionally well cared for. Staff at the service told us they were wholly committed to ensuring people they supported received good quality and personal support. Staff spoke extremely enthusiastically about how they tried to ensure people could access a range of events and experiences. They had an excellent understanding of people as individuals, what they liked to do, where they felt safe and comfortable and what they enjoyed doing. They also understood, in detail, situations that they may find uncomfortable and anxiety provoking and how these could be best managed. They spoke about encouraging people to be as independent as they possibly could and inspiring them to make choices every

day. They told us about their desire to ensure people could lead as fulfilling life as possible and make spontaneous decisions.

Staff had an outstanding knowledge of the background, support and individual preferences of the people they were providing care for. They told us most people had been supported by the service for a number of years and therefore had a detailed understanding of each person as an individual.

On both days of the inspection we saw people looked clean and tidy and very well care for. We noted staff took time to ensure people's appearance was maintained throughout the day. People had regular access to baths and showers, including overhead hoisting systems and mechanical baths to aid access. One relative told us that a couple of the staff at the home had known their relation since they were a child and so knew 'just about everything of their ways.' The registered manager spoke about the future of the service and told us, "I want this to be a happy home. I want them to be contented as they can be and happy as they can be." She told us that although people's capacity was limited she wanted to extend their involvement including involving them in staff recruitment in some way.

All the people who used the service had restricted capacity to make complex choices and decisions. Staff spoke about the range of systems they used to assist people to make day to day choices. One person had a picture book they could use to indicate what they wanted, or where they wished to go. Another person used a system they understood, based on Makaton sign language, to indicate their wishes. Staff were looking to increase the range of sign language to improve further the person's choices. Staff also spoke about how they encouraged people to make choices wherever possible and however small, such as choosing clothes for each day. They spoke about how they used a series of 'yes/no' questions, using their hands as indicators for the person. Through this system the person was able to make a series of choices about what they wished to eat, what they wanted to do and where they wanted to visit. The registered manager spoke about trying to support one person to re-attend a day service, to increase their social contact. She told us that to facilitate this staff from the service would attend the day service over the course of the day and provide personal care for the individual to limit any barrier to them attending. One person, who enjoyed shopping, was included in the weekly food shop for the service and was able to make direct choices during this process. Staff said that they always gave the person a basket during the shop so they could place items they wanted in it.

At the previous inspection we noted that staff spoke kindly and compassionately to people using the service. At this inspection we saw this continued to be the case. Staff commented on how nice people looked and spent time chatting with them about the events of the day. Staff respected people's privacy and they were able to spend time alone, listening to music or talking books. People's dignity was also maintained. Staff ensured personal care was undertaken in an appropriate and discrete manner.

The registered manager told us relatives were always welcome to visit the home, or to make contact if they had any issues or concerns. She told us they tried and maintained family contact as much as possible. She spoke about regular telephone calls from family members. She said that even though one person could not verbally communicate well, they always ensured calls to and from the family took place with the individual present, and always ensured the person was able to hear the family members and obviously recognised and responded to the voices. She told us one person had recently been supported to travel to and attend a family wedding in the south of England, including an overnight stay in a hotel. The person had pictures of the event in their room. Relatives confirmed this event and praised the staff highly for taking out several full days to accompany the person to the family event. All the relatives we spoke with told us they felt they could visit at any time and were always welcome.

Is the service responsive?

Our findings

At our inspection in April 2016 we rated this domain as good. At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People's care records contained a wide range of information designed to deliver personalised support. Care plans had been developed to meet the person's varying needs around communication, health and well-being, eating and drinking and emotional support. Care plans contained information about the individual and how staff could best support them. The senior manager for the provider and the registered manager spoke about a new care planning system being introduced across the organisation. They demonstrated the online system which started with a full risk assessment and review of people's needs. Links within the system took staff to additional documentation. For example, if a person's initial assessment indicated a potential choking risk, additional risk assessments and documents were then linked to this outcome, for staff to complete a more in-depth assessment.

Monthly reviews of support plans were noted, although these mainly consisted of dates and signatures to state the plan remained current. More in-depth annual reviews were also undertaken. We spoke with the registered manager about the monthly reviews. She said this matter would be addressed as part of the implementation of the new documentation. Relatives we spoke with told us they were kept up to date and informed with any changes to care and involved in decisions, as appropriate.

People were supported to access a range of events and activities, both within the home and out in the community. On the first day of the inspection, as it was a sunny day, staff had arranged an impromptu visit to a local park and for lunch out. Two people attended local day services during the week. The registered manager told us they were looking at trying to get a third person some time in a local day centre. Three people had access to their own mobility cars, so they could access the community. A fourth person had a bus pass which allowed them to utilise public transport. Staff told us they tried to regularly attend the theatre and other local events. Tickets for a forthcoming show at a local theatre were pinned on the notice board in the office. Staff also described how they supported a person to attend a local cinema, choosing quiet periods to minimise any over stimulation or distress. Staff also spoke about taking people away on holiday, including travelling abroad, and how much people enjoyed this and looked forward to these.

The home was equipped with a range of mechanical devices and equipment to aid support and care. Rooms and bathrooms were fitted with overhead tracking systems to aid hoisting. One bathroom had a mechanical sink that could be raised and lowered so it was accessible for people in a wheelchair. The registered manager also told us she had discussed with some families about possibly introducing Skype to the home to improve face to face communication.

At the previous inspection we noted the provider had in place a complaints process. At this inspection we found this was still the case. The registered manager told us there had been no recent formal complaints. Information with regard to end of life wishes had been included in people's support files.

Is the service well-led?

Our findings

At our inspection in April 2016 we rated this domain as good. At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The home had a registered manager who had been registered with the Commission since September 2013. The registered manager was registered for two services; Woodlands Cottage in Choppington and Sixth Avenue, a sister service in Blyth. She told us she split her time between the two locations and had team leaders in place to support the service at other times.

Relatives and staff spoke positively about the registered manager and their contribution to the service. They told us she was extremely committed to the service and knew people who used the service tremendously well. They told us she was closely involved in all aspects of care at the home. One relative told us, "[Registered manager] is so caring. My only worry is if she left and someone else came in and took over. She has such a nice manner." At the time of the inspection the registered manager was on annual leave, but attended the home on the second day of the inspection to ensure we had access to all up to date information. Staff told us the registered manager was very supportive and they could speak with her easily and at any time.

Staff told us there were staff meetings at which they could discuss any issues or concerns. The provider had also recently instigated a staff forum for the region. A number of staff from the service attended this meeting, which was to share ideas and good practice, as well as acting as an information sharing meeting. The senior manager spoke about the provider on a wider basis. They told us the company had recently incorporated a number of other services and companies into the brand. They said that as part of this process they had been able to share good practice across the whole provider organisation. This had led to the development of the new care planning documents and other improvements.

A range of checks and audit processes continued to be undertaken. The registered manager showed us, and sent us a copy of a monthly 'work book' she was required to complete about the service. The 'work book' contained an overview of activity at the home and ensured checks had been undertaken on any safeguarding matters, complaints or compliments, accidents and incidents, staff recruitments and a range of other safety and operational issues. The service was also subject to a regular quality check by the provider's quality monitoring team. The manager sent us a copy of the service's latest quality report. The report assessed the service using the Care Quality Commission's five domains and key lines of enquiry under each of those domains. The final report highlighted any actions that needed to be completed as a result of the report and graded them as high, medium or low. The most recent report rated the service as being 'very good' achieving an overall score of 91%. The registered manager told us her aim was to be the first service in the region to achieve a 100% score.

The registered manager spoke about how the service worked in partnership with a range of other organisations. Staff spoke about how the service was well integrated into the local community. Local services and shops knew people who lived at the home well and one of the people often popped to the local

pub for a drink. The registered manager described how they decorated the service for Halloween and that local children called at the bungalow for 'trick or treat' and interacted well with people at the home.

She spoke about how she wished to develop the service and to increase the opportunities for people who lived there. She told us she was aware people living at the home were getting older and she wished to address this to ensure they could remain as independent as possible for as long as possible and ensure they were supported to live fulfilling lives.

The provider was meeting legal requirements of their registration. The service had notified the Commission of significant events at the home, such as deaths, serious injuries and DoLS applications, as they are legally required to do. The service was displaying their current quality rating at the home and on the provider's website.