

Methodist Homes Woodlands

Inspection report

Bridge Lane
Penrith
Cumbria
CA11 8GW

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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 was an unannounced inspection that took place on 24 May 2018.

Woodlands is located within a purpose built complex of flats set in its own grounds on the outskirts of Penrith

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. At the time of our visit 13 people were receiving care and support.

The home had a suitably qualified and experienced registered manager. 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.

We previously inspected this service in February 2017 and found the following breaches of the Health and Social Care Act; Regulation 17 Good Governance and Regulation 18 Staffing . In December 2016 we rated the service as 'Requires Improvement'. Following the last inspection we met with the provider and asked them to complete an action plan to show what they would do, and by when, to improve the service.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Risk assessments and support plans provided guidance for staff. People who used the service were involved in writing support plans and were able to influence the content. The registered manager had ensured the plans reflected the person-centred care that was being delivered.

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and talked to us about how they would identify any issues and how they would report them appropriately. Risk assessments and risk management plans outlined how people were to be kept safe. Arrangements were in place to ensure that new members of staff had been suitably checked before commencing employment. Any accidents or incidents had been reported to the Care Quality Commission as necessary and suitable action taken to lessen the risk of further issues.

The registered manager ensured that there were sufficient staff to meet people's needs. Our findings corroborated this. Staff were suitably inducted, trained and developed to give the best care possible. We

met experienced and kind team members who understood people's needs.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People saw their GP and health specialists whenever necessary. They accessed hospital appointments as a matter of routine.

We saw that an assessment of needs was in place and that the staff team analysed the outcomes of care for effectiveness. Most people cooked for themselves or went out into the community for a meal. Those who chose to eat the food provided by the service were very complementary of it.

Suitable equipment was in place to support people including an adapted bath.

We observed kind, patient and suitable support being provided. Staff knew people well and made sure that confidentiality, privacy and dignity were maintained.

The registered manager had successfully improved the service since our last inspection and intended to develop it further. Staff were able to discuss good practice and issues around equality and diversity and people's rights.

Complaints and concerns were suitably investigated and dealt with. Good records management was in place in the service and there was a quality monitoring system in place which was used to support future planning. The registered manager promoted a 'lessons learned' culture.

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 was safe.

There were sufficient staff available to meet people's needs in a timely manner.

Staff, including the registered manager, were knowledgeable about abuse and knew how to keep people safe.

Medicines were managed appropriately.

Is the service effective?

Good ●

The service was effective.

People's needs were being thoroughly assessed.

The staff were well trained, competent and confident in their approach.

People's nutrition and hydration needs were being met.

Is the service caring?

Good ●

The service was caring.

People were able to access advocacy services if they wished.

Staff treated people with dignity, respect and kindness.

People were supported to continue living independent lives.

Is the service responsive?

Good ●

The service was responsive.

People's support plans reflected their assessed needs.

People were not at risk of social isolation as the service had measures in place to make sure everyone received a social call in their own homes.

There was a complaints policy and procedure in place.

Is the service well-led?

Good ●

The service was well-led.

There was a culture of improving practice.

The registered manager took an active role in all aspects of the service.

The quality assurance system helped support continuous improvement in the service.

Woodlands

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 checked 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 provide a rating under the Care Act 2014.

This inspection took place on 24 May 2018 and was unannounced. It was carried out by one adult social care inspector.

Prior to the inspection we gathered and reviewed information we held about the service including statutory notifications we had received. Statutory notifications contain information that the provider is legally obliged to send us, for example if someone is seriously injured. 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 health and social care professionals and asked their opinion of the service.

We observed people's support in all areas of the service. We spoke with three of the people who used the service and five staff including the registered manager and care staff. In addition we consulted one representative of the local authority, reviewed three care records and various other records relating to the service such as training records and equipment maintenance logs. We walked around the building and with permission entered people's private residences to speak with them.

Is the service safe?

Our findings

We last inspected this service in February 2017 during which we found there were insufficient staff in the service and this breached Regulation 18: Staffing, of the Health and Social Care Act 2014. At that time we noted there were not enough staff to deal with emergency situations particularly at night.

During this inspection we asked people who used the service if they thought there were now enough staff to meet their needs in a timely manner. One person said, "They are here within three minutes if I press my call bell." Another added, "Everything is alright now." We spoke with staff who confirmed that staffing levels had increased since our last inspection. One member of staff stated, "It is a lot better." Another told us, "Staffing is a lot better there's two on in the afternoon now instead of one."

We spoke with the registered manager of the service. They explained that a 'well-being' staffing role had been developed alongside the 'traditional' carer worker's role. Staff in the well-being role focused on people's social and integration needs whereas care workers assisted with personal care, mealtimes and supporting people to mobilise. This meant that more staff were available throughout the day and into the late evening who were able to provide a wide variety of support. The registered manager went on to tell us that only 13 people within the accommodation complex were receiving personal care from Woodlands and none of those people received care at night. A member of staff was on duty alone between the hours of 12 and six am but they were there to respond to emergencies. Staff rotas we saw confirmed this. We saw procedures that outlined what to do in emergency situations during the night which included calling the out of hours GP service or an ambulance. We judged the service had improved sufficiently and was no longer in breach of the Health and Social Care Act.

Staff records indicated that all staff had undergone background checks before commencing employment including references from previous employers and checks by the disclosure and barring service (DBS) to see if they had a criminal record. Where staff had not attained the best standards of conduct they had been dealt with in line with the providers human resource policy.

We spoke with staff on duty and asked them how they safeguarded the people who used their service from abuse. Staff were able to tell us about different kinds of abuse and what they would do if they suspected abuse was taking place which included reporting it to the registered manager. The registered manager demonstrated their knowledge on how to report and investigate issues relating to abuse and safeguarding. We saw from our records they had appropriately raised any concerns with the local safeguarding authority. The policies and procedures relating to safeguarding were on clear display in the staff office at Woodlands along with guidance on whistleblowing. Having whistleblowing guidance meant that staff were aware of how to confidentially raise concerns about the conduct of colleagues.

Records indicated that the service had responded to incidents and accidents. For example concerns had been raised about the safety of staff working by themselves at night. The registered manager had discussed this with staff and the provider and had devised a 'buddying' system with a similar service that also operated at night. Staff from both services were expected to ring each other periodically during the night to ensure

they were safe. If the staff failed to make their scheduled phone call emergency services would be alerted. This is known as a 'learning lessons' approach and is in line with best practice.

We looked at people's care records and saw that they each had individualised risk assessments covering a variety of areas, for example mobility and accessing the local community. The risk assessments undertaken identified ways to minimise risk to people who used the service and helped keep them safe from harm. For example, some people required staff to support them in the community. We saw equipment, such as the specialist bath were well maintained and regularly serviced.

The safe administration of medicines was outlined in policies and procedures at the service. Medicines were administered by staff trained to do so whose competencies were regularly scrutinised by senior staff. As people lived independently medicines were generally stored safely in people's flats along with the appropriate records.

Staff had access to personal protective equipment and had the training and knowledge to carry out safe infection control practices.

Is the service effective?

Our findings

People we spoke with told us they thought the staff were knowledgeable and well trained. One person commented, "They do their job properly" adding, "I would say the staff are well trained." We spoke with staff and asked them if they felt confident and competent whilst carrying out their role. Staff told us they were well trained.

Records confirmed that staff had completed training the service deemed mandatory. This included health and safety, infection control and safeguarding vulnerable adults. New staff were provided with induction training which included a period of probation. During this period their competencies were regularly checked by senior staff. Staff were able to access more formal vocational training, to help support them with further education the provider offered maths and English courses.

We looked at supervision and appraisal records for staff. Supervision sessions gave staff and the registered manager the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions. When we spoke with staff they told us that they found these sessions helpful in terms of their development and performance.

The service had a system of assessment in place which focused on people who used the service and their wishes. They contained information about people's physical care needs and social aspects of their lives such as friendship networks. Assessments were sufficiently detailed and written in the first person. Staff told us that people were involved in the assessment process and the people we spoke with confirmed this.

Assistive technology such as sensor mats was available as part of the service but people generally telephoned or pressed their call bells if they required emergency assistance in their homes.

People's nutritional needs were being met. We saw everyone had care plans relating to nutrition and hydration. Where people needed specialist support the opinions of dietitians and speech and language therapists had been asked for via the GP. Staff prepared meals for people in their own homes if they had been assessed as requiring support for this. There was a restaurant on site where people could purchase a meal if they wished. People told us they enjoyed both the food and company this provided.

Staff regularly liaised with other providers of health and social care such as GP's and occupational therapists to ensure good outcomes for the people who used the service.

Support plans were in place to ensure people's health and wellbeing were monitored. As people lived in their own homes this relied upon good communication between them and staff. Staff also knew to alert relatives or health and social care professionals if they noticed that people were unwell or 'not themselves'.

Communal areas and corridors were clean and in a good state of repair. There were communal areas for people to relax in, pleasant gardens and a restaurant. Staff, people who used the service and other residents had raised concerns about one area of the building being too easily accessible from the car park and the

nearby public road and footway. The registered manager was addressing this with the provider.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, we found that mental capacity was monitored as part of people's assessments carried out by the service. The main purpose of this was to ensure relatives or services, such as GP's, were alerted, if people's capacity to make decisions became impaired.

Is the service caring?

Our findings

We spoke with people who used the service and asked if they felt cared for by the service. One person told us, "It's care with comfort they [the staff] are warm." Another person commented, "It's a very cheerful place...the ethos here deserves high marks." Another added, "The [staff] are kind and thoughtful." Relatives had commented in customer satisfaction surveys about the care provided by the service. One stated, "The care, respect and affection that [name] has been shown has made his life happy and contented. Another relative commented, "She has a great flat, nice views and most importantly a very caring and supportive staff."

The registered manager had details of advocacy services that could be contacted if people needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. We looked at people's written records of care and saw support plans were devised with the person who used the service sometimes with support from their relatives. People were aware that advocacy services were available to them should they require it. This meant people were actively involved in making decisions about their care treatment and supported to express their views.

When we spoke with staff they appeared to know people well. They were able to tell us about people's preferences and the support they required. This information was accurately recorded in people's support plans. The sufficient staffing levels allowed staff to spend time sitting and talking with people. This meant staff were equipped with the correct information and had the time to build caring relationships with the people they supported.

We observed staff treating people in a respectful manner. During our inspection people's privacy or dignity was not compromised. Staff had received training on how to ensure all of the people who received a service were treated with kindness and respect. In addition, they had been trained to treat people equally and account for people's diversity.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep the person safe.

Support plans clearly stated what people what support staff would be required to provide and what people chose to do independently. Where people were unable to manage staff told us they made sure people were given choices to enable them to retain as much independence as possible. All of the people who used the service were encouraged to maintain their independence. We saw that some people had purchased mobility scooters so they could access the community without support.

The service had a welcoming atmosphere, we saw that family relationships were positively promoted as part of day to day life within the service. A dedicated chaplain provided people and their relatives with pastoral care and support. We saw that they visited people who used the service in their own homes. One person told

us, "The chaplain is an absolute asset."

Is the service responsive?

Our findings

People told us though they liked to live independently they often chose to attend events within the complex of flats at Woodlands. One person told us, "We have a ladies group, a men's group, quiz's there are no shortages of activities."

We saw that people chose how to spend their day. Some preferred to remain in their homes, others received visitors and others spent time in the restaurant or at events organised for all of the residents of Woodlands. People regularly accessed the community if they chose to do so. Everyone received a visit from a member of staff both to deliver care and check on their welfare or even just for a chat.

People's support plans were written with the involvement of people who used the service, their relatives or advocates and staff. Areas where people required support were clearly documented as were their strengths. For example, some people required help getting in and out of bed but were able to mobilise themselves with the aid of equipment such as walking frames.

Support plans were comprehensive and contained information around all aspects of people's health and wellbeing. Staff had created an overview of each person using a variety of sources including the person themselves, relatives and health and social care professionals. Together the staff and people who used the service had used the information to develop support plans that took into account people's current needs and abilities and encouraged people to remain independent.

The service employed a number of strategies to help people communicate their wishes. There were noticeboards to share important information about upcoming events. We saw staff going to people's flats to remind them about activities. A variety of communication strategies and procedures were outlined in the providers policies.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. The registered manager explained that wherever possible they would attempt to resolve complaints informally. When we spoke with people they were aware of how to raise a complaint. However they all stated they were satisfied with the service and had no complaints, this was reflected in the complaints log which recorded no on going complaints at the time of our visit.

At the time of our inspection no one was receiving end of life care. We saw that staff had received training to help support people at the end of their lives. The registered manager told us care at the end of life would be supported by a multi-disciplinary team approach which would include the GP, hospice at home and other health and social care professionals.

Is the service well-led?

Our findings

When we last inspected this service, we found the service to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled, Good Governance.. At that time the service had failed to identify and act on issues relating to staff. During this inspection we asked people who used the service if they felt the service had improved. One person commented, "It [the service] needed pulling up, this is a better place compared to last year, more activities, more new ideas." People spoke of the registered manager and told us they were approachable and active within the service. One person said, "The [registered manager] is very keen, we [the people who used the service] have a monthly meeting with the [registered] manager where we can raise absolutely anything."

The registered manager carried out checks on how the service was provided in areas such as support planning, medicines administration and staffing levels. They were keen to identify areas where the service could be further improved and were promoting a 'lessons learned' culture. This included speaking with people to ensure their support was being provided as per their support plan. This helped the registered manager to monitor the quality of the service provided. All audits and checks were shared with the provider to help them monitor the performance of the service. During the inspection, the registered manager and their team were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

There were regular meetings held with both staff and people who used the service so that important issues could be discussed and any updates could be shared. These were clearly recorded so that people who were not able to attend could read them afterwards. We observed a culture where people who used the service and staff were able to discuss their own ideas for how the service could be improved. In addition, the service carried out satisfaction surveys for people who used the service and their relatives. The surveys returned contained largely positive feedback with one quote stating, "Four years ago I came to live here, inspired decision."

The registered manager was able to outline how the quality assurance system, including how people were listened to when raising concerns, supported improvement in the service. We judged that the service was no longer in breach of the Regulation.

Staff we spoke with told us the registered manager was supportive of them. One commented, "[Registered manager] is great." Another said, "Very good, very approachable."

We noted that the registered manager was involved in all aspects of the service, they were liked and respected by both people who used the service and their staff. They modelled professional behaviour to their staff and they were clearly knowledgeable about good practice.

During our inspection we asked the registered manager about their vision for the future of the service. They told us, "To create an environment which is inclusive and welcoming. To provide a safe place at Woodlands for residents whilst they continue to live independently in a larger community. To enhance the quality of life

for residents of the community through Christian Wellbeing and Caring Services."

We reviewed incidents that had taken place within the service. We found that the registered manager had responded to incidents appropriately and informed the necessary statutory bodies including the CQC. The ratings from the previous inspection were displayed in the service as required and on the provider's website.