

Potensial Limited Woodlands

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 

Overall summary

The first inspection visit took place on the 4th and 6th November 2014 the first day was unannounced.

We last inspected Woodlands on 27th December 2013 and found the service was not in breach of any regulations at that time.

Woodlands is a care home providing care and accommodation for up to 10 adults with learning disabilities. The home is a Victorian terraced house situated on Yarm Road in Stockton on Tees.

There is a registered manager in post who has been registered with the Care Quality Commission since

October 2014. '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.'

Some people who used the service had extremely complex needs. The staff were aware of methods to use in accordance with people's needs and preferences. This approach reduced people's levels of anxiety and stress.

Summary of findings

There were procedures in place to keep people safe. The service had processes in place to minimise risks to people whilst ensuring their independence was promoted. Staff received safeguarding training and were aware of how to identify and report abuse. People had risk assessments in place to promote safety whilst still allowing independence for activities they enjoyed. There were processes in place to ensure the safe handling of medicines.

Safe recruitment procedures were followed and staff said that they undertook an induction programme which included shadowing an experienced member of staff.

There were positive interactions between people using the service and staff and it was evident staff knew people well. We saw that care was provided with patience and kindness and people's privacy and dignity were respected. People were supported and encouraged to participate in activities in the community. All relatives and people who used the service were pleased with the care they or their family member received and the staff who provided this.

The registered manager and staff had been trained and had a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made, and how to submit one. At the time of our inspection they had eight DoLS in place. This meant that people were safeguarded and their human rights respected.

Staff received training to enable them to perform their roles and the service looked at ways to increase knowledge to ensure people's individual needs were met. Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the management team.

All relatives we spoke with found the manager and staff to be approachable and said they always keep them up to date and informed about their family member.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures to follow to safeguard vulnerable people.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support. We saw the recruitment process for staff was robust to make sure staff were safe to work with vulnerable people.

There were procedures in place designed to ensure the safe handling of medications.

Good



Is the service effective?

The service was effective.

Staff received training appropriate to their job role, which was continually updated. This meant that they had the skills and knowledge to meet people's needs.

People had regular access to healthcare professionals as need dictated, such as GP's, district nurses and Community Psychiatric Nurses (CPN's).

Meal times were flexible and individual to each person's preferences and people were complimentary about the food.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good



Is the service caring?

The service was caring.

People told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff. People had access to an advocate if needed.

Good



Is the service responsive?

The service was responsive.

People's mental health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate.

We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

Good



Summary of findings

We had a look at the complaints policy and a record of complaints. The manager was devising an easy read complaints policy to put on the notice board.

People had an individual programme of activity in accordance with their needs and preferences.

Is the service well-led?

The service was well-led.

The management of the home kept up to date with current good practice and researched different ways of working such as Rainbow, which works in line with the National Service Framework (NSF) for Mental Health, to help ensure people live meaningful lives.

The manager also spent time working alongside staff, provided learning through supervision and involved staff through regular staff discussions.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the manager to ensure any trends were identified and lesson's learnt.

Good



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 to provide a rating for the service under the Care Act 2014.’

This inspection took place on the 4th and 6th November 2014 and the first day was unannounced.

The inspection team on consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the home and contacted the commissioners of the service to obtain their views. We spoke with four external professionals who had knowledge of the service, including a consultant psychiatrist. They all said that communication with the service had improved greatly in

the last six months. One health care professional said “Since the new manager came they have made great improvements that are a benefit to the people who lived there.”

We asked the provider to complete a provider information return. This is a form that the provider completes to tell us key information about the service what the service does well and any improvements they plan to make. We looked at notifications that had been submitted by the home. This information was reviewed and used to assist with our inspection.

During the visit we spoke with five people who used the service, the manager, the deputy manager, four support workers and two nursing students. We spoke via telephone with three relatives of people who used the service. We undertook general observations and reviewed relevant records. These included three people’s care records, staff files, audits and other relevant information such as policies and procedures. We looked round the home and saw some people’s bedrooms, bathrooms, the kitchen and communal areas.

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person said, “I am safe, it’s nice I like it here, staff are nice.” Relatives we spoke with said, “Yes X is safe and I have no reason to think otherwise.” And “X is safe; they have been there a number of years now.”

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. The staff we spoke with told us they were aware of who to contact at their local safeguarding authority to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

We saw written evidence the manager had notified the local authority of safeguarding incidents. We discussed the need to notify CQC of safeguarding incidents also. The manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

We looked at three care plans and saw risk assessments had been carried out to cover activities and health and safety issues. The risk assessments we saw included going out in the community, road safety, using the iron, safe showering and using the stairs. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

There were risk assessments in place, supported by plans which detailed what might trigger each person’s behaviour, what behaviour the person may display and how staff should respond to this. This meant people were protected against the risk of harm because the provider had suitable

arrangements in place. Staff we spoke with said, “If I notice a change in someone, I discuss with staff to see if they have also noticed and document the changes in the care plan.” And “If something does not work, we try something else.”

Through our observations and discussions with people and staff members, we found there was enough staff with the right experience or training to meet the needs of the people living in the home. We spoke with people living in the home and relatives and they told us there were sufficient members of staff on duty at all times. Staff members told us, “Yes there are enough staff, people who live here are safe and they come first.”

The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. The rotas showed that the required number of staff were on duty to support the needs of people at all times. We saw there were enough staff to meet the needs of people. The registered manager told us staffing levels were assessed depending on people’s need. The rotas were colour coded to show who was receiving one to one care and by whom.

They said where there was a shortfall, for example when staff were off sick or on leave, agency staff were used. The manager said that they always the same agency and get the same people. They said this ensured that the service and maintained the care, support and welfare needs of the people living in the home. One staff member said, “The agency staff are brilliant, they are always the same ones and they know our routines.”

We looked at the recruitment records for three staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We spoke with one member of staff who told us they had received a good induction when they started work at the home. They also told us they had attended an interview, had given reference information and confirmed a Disclosure and Barring Service check had been completed before they started work in the home. We looked at the induction process which identified what was required on day one, by week one and by the end of month one etc. At the end of each stage supervisions took place to discuss how things were going and where extra training may be required if necessary. This meant people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

Is the service safe?

Agency staff, students and new staff were provided with a booklet that was a pen picture of each person who used the service.

Disciplinary procedures were in place and we discussed with the registered manager examples of how the disciplinary process had been followed where poor working practice had been identified. This helped to ensure standards were maintained and people kept safe.

We observed a lunch time medicines round. People were given their medicine safely and assisted where needed and staff stayed with the person until they had taken the medicines. We looked through the medication administration records (MARs) and it was clear all medication had been administered and recorded correctly, with full explanations if they had refused.

The medication trolley was stored safely when not in use and the temperature was checked and recorded daily. At the time of our inspection no one living at the service was prescribed drugs liable to misuse called controlled drugs. The service ordering procedure allowed plenty of time to sort out any discrepancies before the prescriptions went to the pharmacy.

The service had protocols for when required medicines (PRN), these were individual to each person, explaining why and how each PRN should be administered. Where

medicines had to be administered at a certain time or another dose could not be administered until a certain time, the exact time was documented on a sheet with the MAR, so everyone was aware.

Medication training was up to date and the manager checked people's competency to administer medicines every six months.

We spent time looking around the service and found the communal lounges were comfortable and furnished to meet the needs of people who used the service. Bedrooms were individualised to how each person wanted them, they could be locked with a key from the outside and there was a thumb lock on the inside. It was their choice and only one person who used the service wanted a key. We did see evidence of this in the care files we looked at.

We saw the service was clean and tidy. One member of staff had requested to become the infection control lead. We saw there was plenty of personal protection equipment (PPE) such as gloves and aprons. Staff we spoke to confirmed they always had enough PPE.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as boiler safety and water temperature checks. Fire checks and drills were in place for both staff and people who used the service. People who used the service had an individualised personal emergency evacuation plan (PEEP) in place.

Is the service effective?

Our findings

People were supported by staff that were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal. This was evident as several training courses for 2013/2014 were seen to have taken place or due to take place, including safeguarding, moving and handling, infection control and epilepsy. The registered manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. The registered manager explained that this needed updating as the training matrix did not list all training that had taken place and would not let anything different to be added.

The services supervision policy stated 'All full time staff within the company should receive formal supervision at least once every 4-6 weeks'. The registered manager told us that supervisions had not taken place as often as it should, but they have now devised a timetable to make sure everyone receives supervisions. We saw evidence that supervisions were now taking place. It is recommended that staff receive at least six supervisions a year.

Staff told us they valued formal supervision meetings which were now undertaken frequently and provided support. One staff member said, "I have asked to be the equality and diversity champion." Performance development review meetings and an annual appraisal were undertaken with each staff member. The registered manager received supervision from the area manager and said they felt fully supported by senior management. We also saw staff had received an annual appraisal.

The registered manager told us that they have signed up to the Social Care Commitment. The Social Care Commitment is a voluntary agreement about workforce quality. The Social Care Commitment's primary purpose is to ensure public confidence that people who need care and support services will always be supported by skilled people who treat them with dignity and respect. We saw evidence of development plans in place to cover this. Employers promise to give their workers the development they need and staff promise to put social care values into practice in their daily work.

During our observations, we saw that meal times were flexible and individual to each person's preferences. The

registered manager told us there was a set menu for tea and a picture would go up on the notice board each morning to show people what they were having. If a person did not like what was on offer they could tell a member of staff and would be offered an alternative or the meal would be adapted to how they liked it.

The majority of people who used the service were out at the day centre during the day. When they arrived home, they would make drinks for themselves or each other and snacks such as fruit was available. Staff prepared food for people at times to suit the person's wishes. On the day of our inspection they were having jacket potatoes with a variety of toppings such as curry, beans or cheese. One person who used the service said, "This is one of my favourite meals, I love the curry." Some people ate in the dining room and others sat with a tray watching the television.

One person who used the service had been quite ill recently and was refusing to eat or drink. The dietician and speech and language therapist (SALT) were involved and we saw evidence of their involvement documented in the person's care plan. This person was now back to eating regularly.

The registered manager said that no one has any special dietary requirements. They had two people with type 2 diabetes, for whom they documented their food intake and they initially involved the dietician to support staff with their diets. One relative we spoke with said, "X comes every Sunday for their lunch and brings their book to document their food/fluid intake."

The service had introduced the 'eatwell plate'. The eatwell plate highlighted the different types of food that make up a healthy diet, and showed the proportions people should be eating to have a well-balanced diet.

Relatives told us they were kept informed about their family member and would be contacted about any changes to their health. One relative said, "They contact me with any concerns." Another relative said, "They keep in touch regularly."

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The

Is the service effective?

registered manager told us there was eight people using the service who needed an authorisation in place. We saw an assessment tool was in place to make individual

judgements. We saw evidence of authorisations and review date had been agreed. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Our findings

Some people who had complex needs were unable to tell us about their experiences in the home. So we observed interactions between the staff and the people they cared for, whilst talking to other people who used the service. We saw staff approached people with respect and support was offered in a sensitive way. One person who used the service had returned from the day centre saying they were 'really upset'. We observed the member of staff sit next to them and gently question what had made them upset, another member of staff contacted the day centre to find out what had happened. They then put the person at ease and showed concern for their wellbeing. We saw people were relaxed and at ease in the company of the staff who cared for them.

The registered manager explained how they had introduced an advocate when one of the people who used the service became ill. The advocate was brought in to make sure the other people who lived there were fine and had a voice.

When people returned to the service from the day centre, some would get a drink and sit with the staff chatting about what they had done that day and what their plans were for the evening. Two people who used the service were joking and laughing with each other. The place had a very homely atmosphere.

There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people, one staff member said, "I love it here, I get job satisfaction and they have a good quality of life." People could choose where to sit and spend their recreational time. The premises were spacious and allowed people to spend time on their own if they wished. The registered manager told us that they were planning to make the front room into a 'Hollywood glamour theme', the people who used the service had started covering chairs with pictures of their favourite movie stars.

People we spoke with said they were happy with the care provided and were very positive about their relationship with staff. They said, "I like to have a shower at night, they help me with that." And "They (staff) take me to watch the football; I am going to see Middlesbrough play."

We spoke with people living in the home and relatives about the staff. People who used the service said, "My key worker is nice, they treat me well." And "X (staff member) cut my hair they were very gentle." Relatives we spoke with said, "The carers are very young now, I feel they don't have the needed experience but X is not neglected by any means." And "I cannot praise them enough, I don't know how they cope with my X, they can be very challenging. Staff are very good."

We discussed with a member of staff about who they were key worker for. This member of staff explained what this person's condition was, what challenges they face, how to care for this person and their changing needs. We evidenced what they said was detailed in this person's care plan.

We looked at care plans for three people living in the home. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, preferred name and advice on when to support or encourage. The information covered all aspects of people's needs, included a 'listen to me' workbook, which gave clear guidance for staff on how to meet people's needs and what is important to them. All staff signed to say they had read, understood and agreed with the care plan.

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One member of staff said, "We make sure bathroom doors were always closed." And, "We always knock before entering their rooms." Another member of staff said, "They always get choice of what to wear, I get a few outfits out and encourage them to point to the one they want, I then encourage them to dress themselves, but it depends on their mood that day."

Is the service responsive?

Our findings

The majority of people who used the service had lived there for ten years or more. We saw records which confirmed people's preferences, interests, likes and dislikes and these had been recorded in their support plan. Individual choices and decisions were documented in the support plans and reviewed on a regular basis. People's needs were regularly assessed and reviews of their care and support were held annually or more frequently if necessary.

The registered manager told us that everyone got one to one time to do activities of their choice. The registered manager said, "These activities are not rigid and will be varied over weeks to their choice, if they want to go to the pictures we take them." The age range of people living at the service was from 44 – 67 and one person loved basketball and played at the local sports centre.

The registered manager said they used the Pool Activity Level (PAL). This Instrument had become the framework for activity-based care systems in a variety of health and social care settings for people with cognitive impairments.

People living at the service liked to do a variety of different things, one person who used the service said, "I like painting." A staff member also told us that this person liked to help with jobs around the home. On the day of our inspection we saw this person helping to fix a hinge on a door. One person said they liked gardening and had a greenhouse. Another person who used the service liked colouring.

One person who used the service told us about a part time job they have, and how much they enjoyed it.

Each person living at the service had a key worker. Due to people's complex needs people were accompanied on outings by a support worker. We asked people living in the home about their ability to come and go from the home, one person we spoke with said, "I went to Manchester to watch the football, it was great." Another person went for rides in Woodlands van, on the day of our inspection this person had got out of the van and walked on the beach, they said this was a great accomplishment for this person. At staff member said, "It's all about keeping calm and providing explanations throughout."

One person who used the service had extremely complex needs and required one to one care 24 hours a day, Woodlands had developed a system that whoever was providing the one to one care wore a bright pink band on their wrist. This would alert all staff that this person could not leave the room to answer phones, doors etc. We observed the one to one care and saw the staff member knew how to react with this person, they knew when to be in close proximity, offer an activity and when to back away and observe from a distance. The staff member showed extreme patience and kindness. When this staff member went on a break or finished shift the pink band was handed to the next staff member.

We saw evidence that care plans were regularly reviewed to ensure people's changing needs were identified and met. There were separate areas within the care plan, which showed specialists had been consulted over people's care and welfare which included health professionals, GP communication records and hospital appointments. Each file contained a 'health passport' which helped improve the hospital experience for people with learning disabilities.

One person who used the service had been ill recently and had to stay in hospital. Woodlands made sure a member of their staff was with this person at all times to reduce their anxiety and stress.

The staff we spoke with told us the care plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them. They demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. One member of staff told us, "The care plans have enough information for us to make sure they have everything they need." And "Everyone is aware of care plans; they are kept up to date." Another staff member said "I feel I have the right skills and training to do my job, I have been trained on specific conditions such as diabetes and autism." Relatives we spoke with said, "I have no problems at all, I cannot praise the staff highly enough, they are so patient."

People were supported in maintaining their independence and community involvement. People had attended a Halloween disco the weekend before our inspection and a

Is the service responsive?

firework party on November 5th. We were told the local pub was very supportive of the people who lived at Woodlands and were also arranging Christmas events which entailed a three course carvery, a pantomime and a visit from Santa.

People were supported to maintain relationships with their family. The registered manager told us that some people go and stop with relatives every other weekend. One relative told us, "They come for the day every Sunday and Bank Holiday such Christmas Day."

We saw the complaints policy and a record of complaints. The service had received one complaint from a neighbour about the noise level of one person who used the service. The neighbour had involved the police which we were told

was quite frightening for the people who lived there. The registered manager had tried to follow up this complaint but their neighbours live in a block of flats and therefore did not know who had put the complaint in. We discussed ways to overcome this issue with the registered manager.

There was no information around the home to explain how to make a complaint. The registered manager was aware of this and was in the process of developing an easy read policy with pictures and putting it on a notice board. We asked relatives if they had ever had to make a complaint and they said they had never had a reason to, but they knew how to make a complaint if they needed to.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been in post since March 2014 and registered with the Care Quality Commission since October 2014. They had worked at the service on and off for about 11 years in total.

The registered manager worked about 20 hours on the floor and people who used the service clearly knew them and were comfortable with them.

We saw the service was an organisation that was keen to develop and improve. The registered manager made sure they kept up to date with current practice and research. For example, they were fully aware of the recent supreme court ruling regarding Deprivation of Liberty safeguards.

There was a system of audits that were completed weekly and monthly which included infection control, medications, mealtimes, health and safety, care planning and safeguarding. Where an issue had been identified we discussed the need for an action plan to be implemented and the person responsible for completing the task to be identified and when the task needed to be completed by.

Staff told us they felt very supported by the manager, one staff member said, “The support is spot on.”

Relatives we spoke with said, “They (management) are capable, I can’t doubt them.” “The management are good.” And “Management are very helpful.”

Healthcare professionals we spoke with said, “Since X took over the improvements they have made are a great benefit to the people who live there.” And “They communicate well, this has improved in the last six months, possibly when the new manager started.”

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the registered manager or organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas. One staff member said, “There is no right or wrong way, we always try different things.”

Staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the running of the

home. We saw the meeting agenda’s for the last two months and it included a review of the last month’s meeting, discussion around any updates on people who used the service, what had gone well, holidays, key worker roles and one to one hours. The registered manager also told us they picked a policy every fortnight, staff need to read the policy, think about how they put it into practice and these were also discussed at the staff meetings.

We observed a handover when a new member of staff came on duty; they discussed each person who used the service, any updates, a recent safeguarding alert, what had happened previously and what was happening for the rest of the day.

Staff, people who used the service and relatives were encouraged and supported to make their views known about the care provided by the service. The home had invited people living in the home and relatives to complete a customer satisfaction questionnaire in 2014. These were returned to head office where the uptake and answers were collated for a region. We discussed with the registered manager how this does not support the service to improve as they could not tell what was relevant to Woodlands. The registered manager said she would feed this back.

The registered manager told us ‘residents’ meetings were held on a monthly basis and this gave people the opportunity to contribute to the running of the home. We saw the meeting agenda’s and minutes for the last two months and topics discussed were activities, holidays, packed lunches and the option to take soup now the weather was colder. Staff also took the opportunity each month to do some work on different topics with the people who used the service. One month they discussed abuse and how to report it. The next month they discussed fire safety and how to phone 999 in an emergency.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified. The registered manager confirmed that the majority of the incidents were around one of the people who lived there who had complex needs. The registered manager was in the process of doing some work around trends so they could see if incidents took place at certain times or for instance just before pain relief medication.