Parkcare Homes (No.2) Limited

Woodthorpe Lodge

Inspection report

Woodthorpe Lodge
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Date of inspection visit:
15 June 2016
17 June 2016

Date of publication:
08 September 2016

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 unannounced inspection took place on 15 and 17 June 2016. The service was last inspected on 11 June 2015 when we found there was a breach in the legal requirements and regulations associated with the Health and Social Care Act 2008 relating to risk assessment. We asked the provider to take action to make improvements, and this action has been completed.

Woodthorpe Lodge is registered to provide accommodation and personal care for up to eight adults with mental health needs. Seven people were living there at the time of our inspection.

The service did not have a registered manager at the time of our inspection visit. 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 manager at Woodthorpe Lodge was in the process of applying to become the registered manager.

People were protected from the risk of abuse and avoidable harm. Risks associated with care were identified and assessed. Staff had clear guidance about how to meet people's individual needs. Care plans were regularly reviewed with people and updated to meet their changing needs and preferences.

People were happy, comfortable and relaxed with staff. They were cared for by sufficient numbers of staff who were suitably skilled, experienced and knowledgeable about people's needs.

The provider took steps to check potential staff were suitable to work with people needing care. Staff received one-to-one supervision and had regular checks on their knowledge and skills. They also received regular training in a range of skills the provider felt necessary to meet the needs of people at the service.

The systems for managing medicines were safe, and staff worked in cooperation with health and social care professionals to ensure that people received appropriate healthcare and treatment in a timely manner.

Appropriate arrangements were in place to assess whether people were able to consent to their care. The provider was meeting the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS). This meant people's rights were being upheld, and any restrictions in their care were lawful and proportionate.

People were supported to be involved in their care planning and delivery. The support people received was tailored to meet their individual needs, wishes and aspirations.

People understood how to make complaints or raise concerns. The provider had an accessible complaints policy and procedure.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care. Regular checks were undertaken on all aspects of care provision and actions were taken to improve people's experience of care.

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.

People were protected from the risk of avoidable harm by staff who were trained and confident to recognise and report abuse. Medicines were stored, administered and managed safely. People were supported to take part in daily activities, and risks were identified and mitigated appropriately.

Is the service effective?

Good

The service was effective.

People received effective care from staff who had the knowledge and skills to meet their needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 to ensure that people's care was provided in the least restrictive way. People were supported to maintain their health.

Is the service caring?

Good

The service was caring.

People were supported by staff who treated them with kindness and respect. People were involved in making decisions about their own lives. Staff spent time establishing what people's wishes and preferences were, and provided support which was personalised.

Is the service responsive?

Good

The service was responsive.

Staff demonstrated a good understanding of people's needs and preferences. People were supported to participate in activities that were meaningful and enjoyable for them. A complaints procedure was in place and people were encouraged to express their views about their care and support.

Is the service well-led?

Good

The service was well-led.

Staff were aware of their responsibilities, and felt supported by the manager and their colleagues to provide good care. There was a positive and open culture, and staff demonstrated values including respect, kindness and a concern for people's well-being. There was an effective quality monitoring system in place to identify areas for improvement.

Woodthorpe Lodge

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 inspection took place on 15 and 17 June 2016 and was unannounced. The inspection visit was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. Due to a technical problem a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, notifications of serious injuries or allegations of abuse. We spoke with the local authority and health commissioning teams and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. No concerns were raised by them about the care and support people received. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

During the inspection we spoke with two people who used the service. We spoke with four care staff and the service manager. We looked at a range of records related to how the service was managed. These included two people's care and medicine administration records, two staff recruitment and training files, and the provider's quality auditing system.

Good

Is the service safe?

Our findings

At our last inspection we found the provider had not consistently ensured that risk assessments were undertaken or followed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this. Following that inspection the provider sent us an action plan detailing the changes they would make to address the identified shortfalls. During this inspection we saw that improvements had been made and found this regulation had now been met.

People's care plans included relevant information about risks to their safety and how to protect people from the risk of avoidable harm. People were involved in discussions about how risks to their safety could be mitigated. Staff understood how to support people to be as independent as possible, whilst ensuring that known risks were minimised. For example, there was clear information about what steps staff should take to reduce the risk of harm if a person became verbally challenging. Records showed that on the occasions this had happened, staff took appropriate action in accordance with the risk assessment and care plan. One social care professional told us staff took a positive approach to managing risk which enabled people to gain confidence in their independent living skills.

People were kept safe from the risk of avoidable harm by a staff team who understood how to support people safely. One person said, "Staff do help keep me safe here. They have a duty of care towards me." Information on how to raise concerns was available in an easy to read format, and people felt confident to tell staff if they had concerns. Staff knew how to identify people at risk of abuse. They could describe what indicators of abuse they needed to be aware of and knew how to report this. Staff were confident to raise concerns about abuse or suspected abuse. They also knew how to contact the local authority with concerns if this was needed, and the evidence we looked at supported this. The provider had a policy on safeguarding people from the risk of abuse, and staff knew how to follow this. Staff received training in safeguarding people from the risk of avoidable harm and this was recorded in training records we were shown.

There were plans in place to ensure people would continue to receive care in the event of an emergency. The provider had up to date and accessible personal emergency plans for everyone living at the location. These contained important information about how people needed to be supported in the event of an emergency, for example, if people needed to leave the building in the event of a fire or if people needed to go to hospital.

Accidents and incidents were recorded and reviewed by the manager, and action was taken to minimise the risk of future harm occurring. The manager also undertook regular assessments and checks to identify any risks present in the service environment. These included fire risk assessments and checking equipment was safe to use.

There were enough staff to provide the care people needed. People said that there was usually enough staff available to support them, and each person had a specific number of hours per week where they received one-to-one support for activities of their choice. People also knew which staff were working each day, as this information was displayed in the hallway. One person said it was important that they knew which staff were

available for them to talk with. Staff said they felt there was generally enough staff to support people in their daily lives. The manager tried to ensure that people were supported by staff they had a rapport with. Staff told us that staffing levels were flexible to enable people to be supported to go out. We saw that people were supported at times they wanted and needed this.

The provider undertook pre-employment checks, which helped to ensure prospective staff were suitable to care for people living at Woodthorpe Lodge. This included obtaining employment and character references, and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. All staff had a probationary period before being employed permanently. This meant people and their relatives could be reassured that staff were of good character and were fit to carry out their work.

People's medicines were managed safely. One person told us they were able to manage their own medicines and we saw they had a locked medicine cupboard in their room. We saw that staff had assessed the risks associated with this, and had checks in place to ensure that the person continued to manage their own medicines safely and with privacy. Another person said, "Staff do my medicines – I'm happy with that." This person had a clear risk assessment and care plan in place detailing what staff should do if the person declined to take medicines as prescribed, and records showed that staff followed the plan. Most people's medicines were administered by staff who had received training in managing medicines safely. Staff told us and records demonstrated that they had received training and had regular competency checks to ensure they managed medicines safely. Staff told us and records showed that they knew what action to take if a person missed their medicine for any reason. We checked the storage and records staff kept in relation to medicines. These showed that medicines were stored, administered, managed and disposed of safely and in accordance with professional guidance.

Good

Is the service effective?

Our findings

People were supported by staff who were trained and experienced to provide their care. One person told us that the staff supporting them were well-trained and understood how to provide the care they needed. Staff we spoke with were knowledgeable about people's individual needs, and this was supported by the care plans we looked at. All staff had a probationary period before being employed permanently. The provider had a programme of induction which included role-specific training, shadowing experienced colleagues and skills checks. All staff undertook relevant training the provider felt essential to meet people's health and social care needs. New staff undertook the Care Certificate as part of their induction. The Care Certificate is a set of nationally agreed care standards linked to values and behaviours that unregulated health and social care workers should adhere to. Staff told us, and records showed they had received an induction when they started work, which they felt was sufficient to be able to provide care for people.

Staff undertook regular training in a range of areas the provider considered essential, including first aid, safeguarding, person centred support and managing challenging behaviour. Staff could request training that related to the specific health needs of people living at the service, such as skills for supporting people with autistic spectrum disorder. One staff member described how their mental health awareness training had enabled them to appreciate how hearing voices might affect a person's ability to cope. They said that they had spoken with the person about this to learn how to support them more effectively, and the person confirmed this. Staff told us and records showed that they received regular refresher training in care skills. There were regular staff meetings which enabled staff to discuss information relating to people's care. Staff also had individual meetings with their supervisor throughout the year to discuss their work performance, training and development. They told us this was an opportunity to get feedback on their performance and raise any concerns or issues. This showed the manager ensured that staff maintained the level of skills the provider felt essential to meet people's needs.

All staff at Woodthorpe Lodge undertook training in managing positive behaviour, which is accredited by the British Institute of Learning Disabilities. This training is designed to give staff skills and confidence in defusing situations and minimising risk where people may behave in a way which is potentially harmful to themselves or others. The training is also designed to support people to develop positive coping strategies in situations which cause stress. One person described how staff supported them when they became stressed, and said, "It helps me feel safe." Staff told us the training gave them the confidence to support people, and could describe how to support people in accordance with the provider's policies on managing behaviour. Records showed that any episodes of behaviour that challenged staff were recorded and analysed regularly to look for patterns or trends.

Staff told us and evidence showed that they kept daily records of key events or issues relating to people's care. There was a handover of this information between staff shifts and this was documented. This meant that staff could see what the daily issues were and take action to ensure that people received the care needed or requested.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and found that they were. Everyone living at the service had the capacity to consent to their care arrangements, and care plans documented this. Staff had good understanding of the principles of the MCA, including how to support people to make their own decisions, and when a DoLS application may be required. The provider was working in accordance with the MCA, and people had their rights upheld in this respect.

The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to do so. No-one living at the service was eligible to have a DoLS application submitted, and evidence showed that people's care was provided in a way that was least restrictive. For example, all the people living there had unrestricted access to and from the building. This meant people's rights were being upheld, and any restrictions in their care were lawful and proportionate.

People said that they had plenty of choices of food. One person said, "I do my own shopping and cooking. I got support at first [from staff] and now I'm confident." Another person said staff supported them to shop for food and prepare meals, and their care plan clearly documented the support they needed. People made their own breakfast and lunch, and staff supported them to make their evening meal. We saw that people had access to the kitchen to make their own drinks and snacks throughout the day. There was a selection of food available, and staff supported people to make healthier food choices if they wanted this. This ensured that people had access to nutritious food and could choose when and where they wished to eat.

People told us they were supported to access health services when needed to maintain their well-being. One person told us they had stopped smoking, and we saw staff had supported them to do this and to celebrate improvements in their health. Care plans identified what people's health needs were and how staff should support them. Staff kept daily notes regarding any health concerns for people and action taken. Records confirmed that people were supported to attend a range of health and social care professionals, and that any actions arising from appointments were followed up. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

Good

Is the service caring?

Our findings

People were supported by caring staff who understood their needs and preferences. One person said, "I talk with staff if I'm anxious; they're good staff here." They also described how staff had supported them to participate in activities relating to recent improvements in the building. They described how this had made them feel involved and part of a team. We saw staff support people in a relaxed and caring manner during our visit. When people indicated they wanted something, staff responded in a timely manner, and demonstrated kindness and respect in the way they spoke with people throughout the day. People answered the door whenever anyone visited during our inspection visit, and felt confident to do this. Staff said this was encouraged as this was people's home, not staff's workplace.

People's bedrooms were individually decorated and personalised. One person showed us their bedroom and said they had chosen the colours and furnishings themselves.

People said they were involved in planning and reviewing their care and support. Staff told us, and records confirmed that people were supported to express their views and wishes about their daily lives. Staff said that their approach was person centred, and one staff member described this by saying, "We help people to do; we don't do for [people]." People's care plans showed people's preferences about how they were supported were documented. For example one person had a care plan clarifying how they communicated and how staff should check that the person understood what they said. We saw that staff used the techniques described in the care plan throughout our inspection visit. This meant people were encouraged to be actively involved in their care, and their independence was promoted.

People were supported to access advocacy services and there was information available for people to do this. Staff and records confirmed that one person had recently been supported by a Care Act advocate. Care Act advocates provide independent advocacy for people who would otherwise have substantial difficulty in being involved in care and support processes and have no appropriate person in their life to support their involvement. This showed that the provider took steps to ensure people were as involved as possible in their care planning and delivery, and their rights were upheld.

People's records about their care were stored securely. Staff understood how to keep information they had about people's care confidential, and knew why they should share information appropriately. Care staff had access to the relevant information they needed to support people on a day to day basis. We saw when people spoke with staff about private matters, staff offered to have the conversation in either the office or the person's bedroom. This showed people's confidentiality was respected.

People were supported to maintain contact with their families and friends. One person regularly stayed with family, and records confirmed this. Another person spoke about the support they had to maintain a relationship that was important to them, and evidence demonstrated that this was the case.

Good

Is the service responsive?

Our findings

People told us and staff confirmed that they were involved in regularly reviewing the care and support they were offered. One person said they were supported to work towards clear aims and objectives to improve their health and become more independent. For example, they described how staff were helping them to improve their daily living skills and said this had given them the confidence to consider living more independently in future. Staff confirmed this was the case, and care records documented how the person's skills had developed. The same person also described how they had raised an issue with the manager and said, "I told [manager] and he sorted it very quickly. I was impressed."

People's care plans were person-centred, and included information about people's goals and aspirations. Staff worked with people to identify how to support them to maintain their mental well-being. One person told us that it was helpful to talk with staff when they felt low in mood, and their care plan enabled staff to identify known triggers for anxiety or low mood. Staff confirmed this. There was a clear protocol in place for supporting the person in these situations. Staff recorded what action they had taken and what effect it had on the person's mood. This showed people's individual support needs were known by staff, and they could take positive action to enable people to maintain good mental health. Staff felt care plans contained enough information to be able to understand people's needs, goals and aspirations. The care plans we looked at contained detailed information about what people's needs were, and what their views were about how they were supported. This showed the provider recorded sufficient information about people's needs in order for a good quality of care to be provided.

People told us about regular house meetings where they could talk about the quality of care, range of activities, or any other matters to do with the service. One person spoke enthusiastically about issues people had raised and what action had been taken. For example, following recent building works the garden now needed work to make it more accessible. Staff told us and records confirmed work was planned to improve the garden. People and staff told us they had asked the provider for more frequent access to a minibus. The meeting minutes showed people had requested this. The manager confirmed that plans were in place to purchase a minibus. This demonstrated the provider listened to people's views and suggestions to improve the quality of care and took action.

People were confident any issues or complaints would be handled appropriately by the manager. They felt able to raise concerns and knew how to make a complaint. One person said, "I talk to staff if I'm worried or want to make a complaint." Another person said, "I'm confident to speak up and be listened to." The complaints procedure was displayed in the home in an accessible format and the provider had a clear system in place for dealing with complaints. No formal complaints had been dealt with by the provider since the last inspection. The provider had an advice line for people to use if they had comments or issues with their care, but people told us they preferred to speak with staff directly. This meant people had a range of options available if they wished to raise concerns about the quality of care.

Good

Is the service well-led?

Our findings

Staff understood their roles and responsibilities, and demonstrated they were trained and supported to provide care that was in accordance with the provider's statement of purpose. A statement of purpose is a legally required document that includes a standard set of information about a provider's service. Statements must describe, for example, the provider's aims and objectives in providing the service. The provider's statement of purpose states that, "We are flexible and person centred in our approach, believing that no two people will have the same support needs, goals or aspirations and knowing therefore that everyone's support will be different. Our person centred support plans are developed in partnership with the people we support and others who are important to them. We always ensure that the process is meaningful and that the person supported has real opportunities to direct the process and state their wishes." The manager and staff demonstrated that they worked with the people they supported in a way that was personalised and meaningful, and where they were involved in planning their own care and support.

People felt the service was managed well. One person said, "[Manager] is improving the home," and showed us work that had been carried out to upgrade the kitchen and bathroom. Staff spoke positively about the support they received from the manager and from each other. They felt confident to raise concerns or suggest improvements. One staff member said, "I feel supported and I love my job." Another staff member said "I get enough support. I can take any concerns to [manager]." This staff member also commented that the manager was proactive in trying to improve the service for people. For example, people said they wanted better access to their own transport, and the manager was taking steps to arrange this.

The provider was supporting the manager at Woodthorpe Lodge in applying to become the registered manager. The manager understood their responsibilities and felt supported by the provider to deliver good care to people. They appropriately notified the Care Quality Commission of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required. The manager had taken appropriate and timely action to protect people and had ensured they received necessary care, support, or treatment. They also monitored and reviewed accidents and incidents, which allowed them to identify trends and take appropriate action to minimise the risk of reoccurrence. The service had established effective links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed.

The provider had systems to monitor and review all aspects of managing the home. This included essential monitoring, maintenance and upgrading of the facilities, and regular monitoring of the quality of care. The manager carried out weekly and monthly checks of care provided, and there were regular quality monitoring visits carried out by another registered manager from a local service run by the provider.

We saw organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and were knowledgeable about key policies. We looked at a sample of policies and saw that these were up to date and reflected professional guidance and standards. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they

had any concerns they would report them and felt confident the manager would take appropriate action. This demonstrated an open and inclusive culture within the service.