

Woodside Farmhouse Limited

Woodside Farm House

Inspection report

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Date of inspection visit:
07 July 2021

Date of publication:
09 August 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Woodside Farm House is a care home for up to eight people with a learning disability and autistic people. At the time of the inspection there were eight people living in the service. Two people were living in self-contained accommodation at the rear of the main house. Woodside Farm House is part of the Potens group, a national provider of health and social care support services for children and adults with disabilities and complex needs.

People's experience of using this service and what we found

The service was clean and there were additional cleaning procedures in place to limit infection control risks within the service. Covid-19 testing had been regularly completed.

Staffing levels were appropriately managed, and people received care from consistent, regular staff. Enough staff were employed each day to meet people's needs, keep them safe and give them the opportunity to take part in their chosen activity.

People were offered choice and control and where able, consented to their care and support. Pictures and photographs were used to facilitate effective communication. Staff supported people to be as independent as possible with activities of daily living, such as laundry, cooking, shopping and personal care. People were supported to take part in community activities of their choice and interest. Where people had capacity, they used public transport and went into the wider community independently.

The leadership of the service promoted a positive culture that was person-centred and inclusive. We received positive feedback about the quality of care and support people received and the overall management of the service from their relatives. The registered manager and the staff team showed a desire to continue to improve on the service provided and in turn the quality of life experiences for the people at Woodside Farm House.

Medicines were administered and managed safely. Staff maintained accurate medicines administration records. The environment was safe and clean.

There were systems in place for staff to learn lessons when things go wrong.

People's care needs were assessed, and their support planned based on their individual needs and choices. Care plans were reviewed regularly to ensure support delivered to people continued to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received food and drink to meet their nutritional and dietary needs. People received support to maintain good health; and staff worked effectively with health and social care professionals.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support:

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Right Care:

People received good quality person-centred care that promoted their dignity, privacy and human rights. There was a strong person-centred culture within the staff team.

Right Culture:

People lived in a service where the ethos, values, and attitudes of management and care staff ensured people led inclusive and empowered lives. People were supported in an environment that helped them to achieve realistic goals and ambitions.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (Published 17 June 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led.

When we inspected the service in April 2021 we found staff were not always wearing surgical face masks. We also identified that COVID-19 checks were not robust for visitors. This was contrary to guidance published by Public Health England and a breach of the regulations.

Following the site visit we sent a letter of intent to take enforcement action and requested an action plan from the provider showing how these concerns would be addressed. The manager provided an appropriate action plan to resolve these issues. The evidence provided us with some reassurance. At this inspection we found the service had taken action to ensure Personal Protective Equipment (PPE) was used in accordance with guidance and visiting protocols had been reviewed and updated.

The ratings from the previous focused inspection for those key questions not looked at on this occasion

were used in calculating the overall rating at this inspection. The overall rating for the service has changed from required improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

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Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

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Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

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Details are in our well led findings below.

Woodside Farm House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector

Service and service type

Woodside Farm House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

During the inspection

We observed some care and support interactions as people were not able to share their feedback with us about living at Woodside Farm House. We looked at records and support plans relating to two people's care. These included risk assessments and incident records. We spoke with two members of staff on duty. The registered manager and deputy manager. We also reviewed information relating to the management of the home including quality monitoring audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection we found infection control systems were not safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the inspection in April 2021 we were not assured infection control measures were protecting people. On arrival at the service we found that current guidance was not being consistently followed in that staff were not wearing masks. No risk assessments had been completed for staff who had been authorised as medically exempt from wearing a mask. COVID-19 checks were not requested before we entered the service and the manager had not implemented correct procedures for visitors to follow. At this inspection we found the provider had taken action to improve how people were protected from the risk of infection. For example, additional signage instructing visitors not to move beyond the front steps before the visitor admission process had been facilitated. This included temperature checks and evidence of LFT test (either test on site or evidence this has been completed off site) and declaration of symptoms and 'contact' with any person.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help protect people from the risk of harm and abuse.
- People were supported by staff who had received safeguarding training.
- Staff understood their responsibility to identify and report concerns of abuse. Staff knew how to whistle-blow and how to raise concerns outside of the provider. Whistleblowing is the process of speaking out about poor practice.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and wellbeing were identified and assessed. People had personalised risk assessments in their care plans.
- People were supported to try new experiences while any related risks were identified, and action taken to help reduce the risks.
- Risk assessments were regularly reviewed and monitored to ensure the information and guidance remained up to date.
- Accidents and incidents were reported to the management team and reviewed. De-briefs took place with the staff, to discuss if there was anything which could be done better. Learning from incidents was discussed in staff supervision and team meetings.
- The service worked closely with other health and social care professionals in order to adapt and change the way people were supported if issues arose.

Staffing and recruitment

- At the previous inspection the registered manager had identified the need to increase staffing levels. At this inspection we found a recruitment programme was underway.
- The service used agency staff to support the staff team. Agency staff were block booked meaning they were the same staff to ensure continuity. Staff told us there were enough staff on each shift to support people and that people were supported to go out into the community when they chose to. They told us, "We make sure people are supported in numbers they need. For example, some people need more than one person to support them here and outside" and "We [staff] are very flexible and cover shifts where we need to."
- There were enough staff available to meet people's needs.
- The inspection in April 2021 looked at recruitment and found the systems were safe. At this inspection no further staff had been recruited therefore the judgement remained the same.

Using medicines safely

- The inspection in April 2021 found medicines and medicine systems were safe. At this inspection we found the systems remained safe.
- We saw there was safe medicines storage, administration records, and medicines were only given to people by trained staff.
- The service responded to any issues by seeking medical advice and support. For example, where a person had refused prescribed medicines the service investigated possible reasons and sought the advice from the person's GP. Other options were explored to ensure the person received the prescribed medicines in a form they could manage.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised support plans in place. They supported staff to deliver care and support and to respond to individual needs and choices. They supported people to maintain and build day to day routines.
- People were supported by staff who were proud to provide personalised care and support, and to help people achieve personal outcomes. Staff told us, "Yes it can be challenging, and no shift is the same. But I always feel rewarded when we have supported a person to achieve a personal goal."
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers. The service used an electronic and paper recording system to record daily records. Staff told us the system was "very effective".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. Some people living at the service were either non-verbal or had limited verbal communication. Some were supported using a signing method called Makaton. Staff were trained and well versed in the use of Makaton and any adaptations to the standard signs individual people used.
- The service identified people's information and communication needs by assessing them. These needs were shared appropriately with others.
- We observed staff using the methods described in people's care plans to aid communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were supporting people to try new and different opportunities in the community to help develop interests and avoid social isolation. This also helped people choose how they wanted to spend their time. Staff told us, "It's getting better now we can go out to more places since the lockdowns. Tend to go somewhere every day."
- Some people had limited interests or hobbies. Staff continued to offer them opportunities and encouraged them to go out regularly. A staff member told us; "We [staff] have worked hard to encourage [person's name] to expand their interest. The activities that [person's name] does are the ones they like. Lots of others have been tried but it's been worth working through them."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale. There was an easy read version available.
- There was evidence the service responded to concerns raised and there was evidence of action taken to resolve the concerns/complaints.
- Staff sought people's views of the service and identified any themes or trends.

End of life care and support

- The service had supported some people to plan their wishes and choices to support them for end of life care. Nobody was receiving end of life care at the time of the inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the previous inspection the registered manager had not picked up the issues in relation to safety, as infection prevention control guidance had not been followed potentially placing people at exposure of harm. This is referred to in the Safe section of this report. The provider sent us a monthly action plan detailing how it was going to improve infection prevention systems. The provider had met this requirement and this inspection gave us assurances people were protected.
- Audits and checks were carried out to improve quality of the service. These included audits of medicines and regular reviews of care plans. Senior managers from the provider carried out regular monitoring visits to the service.
- The service had a clear management structure in place There was a registered manager who was supported in the running of the service by a deputy manager and senior support staff. Staff were clear about lines of accountability and who they reported to.
- The provider was aware of, and adhered to, their legal responsibilities. They had notified the Care Quality Commission of any significant incidents and operated within any conditions of registration they were subject to.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and person-centred culture throughout the service. People received care and support tailored to their needs and preferences.
- The management and staff teams were pro-active and consistent in helping people to work towards achieving personalised outcomes.
- We observed that staff had good relationships with people, and they were treated well. Staff were committed to providing the best possible care and support for people and achieving positive outcomes for them.
- The provider's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their regulatory requirements and responsibilities. This included acting on the duty of candour when needed.

- Staff and the registered manager took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service regularly sought the views and opinions of people using the service, families, staff and professionals.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- There were opportunities for people to discuss how care was delivered, drive improvement and share learning. For example, staff had received training in topics which required specific skills.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.