

# Atlas Home Support Limited

## Woodlands Court

### 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

Woodlands Court is registered to provide personal care to people in their own homes. The service currently supports 19 people living in their own flats, in one building. The number of hours of care provided to each person varies depending on their individual needs. The service is provided to people with a learning disability.

This unannounced inspection took place on 16 and 21 April 2015. The previous inspection was undertaken on 02 and 03 July 2014 and we found that there were three areas where the provider was required to make improvements. These were in relation to ensuring that

people were given the support they required to meet their needs, to the monitoring of the service and having clear and accurate records. The provider submitted an action plan stating that the necessary action would be taken by 30 June 2014. During this inspection we found that the improvements had been made.

At the time of the inspection there was no registered manager in place. 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

# Summary of findings

responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the new manager had applied to the commission to become the registered manager and their application was being processed.

People felt safe and staff knew what actions to take if they thought that anyone had been harmed in any way.

People received their medicines as prescribed and safe practices had been followed in the administration and recording of medicines.

People confirmed that there were enough staff available to meet their needs. Staff were only appointed after a through recruitment process. Staff were kind and compassionate when working with people. They knew people well and were aware of their history, preferences and likes. People's privacy and dignity were upheld.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed.

The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were being followed. This ensured that when needed decisions were made in people's best interests and they were not having their liberty restricted unless the correct procedures were followed.

People were supported to purchase and prepare the food and drink that they chose.

People had been involved in the assessment and planning of their care. Care records were detailed and gave staff the information they required so that they were aware of how to meet people's needs.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the manager.

# 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 received their medicines as prescribed.

Staff were aware of the procedures to follow if they suspected that someone was at risk of harm.

Only people who were suitable to work with people using the service were employed.

Good



### Is the service effective?

Staff were supported and trained to provide people with individual care.

People had access to a range of health services to support them with maintaining their health and wellbeing.

People received the support they required with purchasing and preparing food.

Good



### Is the service caring?

The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind, patient and caring.

People's rights to privacy and dignity were valued

Good



### Is the service responsive?

The service was responsive.

People were involved in the planning and reviewing of their care.

Care plans contained up to date information about the support that people needed.

People were aware of how to make a complaint or raise any concerns.

Good



### Is the service well-led?

The service was well-led.

Staff felt confident to discuss any concerns they had with the manager and were confident to question colleagues' practice if they needed to.

The service had an open culture and welcomed ideas for improvement.

Good



# Woodlands Court

## 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 16 and 21 April 2015 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, including the provider information return

(PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local commissioners to obtain their views about the service.

During our inspection we spoke with five people who used the service, one team leader, three support workers and the manager. We observed people being supported in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to health and safety.

# Is the service safe?

## Our findings

All people spoken with said that they felt safe. One person said, "I feel safe here because when I go out there's always someone to come home to." Another person told us that they felt safe because they knew if they needed help or support there was always a member of staff that they could ask.

Staff were knowledgeable in recognising signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of abuse. Staff spoken with were aware of the agencies involved in safeguarding people and one member of staff said that, "I would make sure that the person was safe and would then go and speak with the person in charge." Staff also told us that they knew where to find the contact details of agencies to report issues to if they suspected any one had suffered any harm. During the inspection we saw staff respond appropriately when one person raised some concerns. There were posters in the communal areas of the building with the contact details of whom to call if anyone suspected anyone had been harmed.

Risk assessments had been completed with a view to promoting people's right to make choices and be as independent as possible, but where possible also trying to reduce any risks that there may be. For example, one person needed help with the management of their money. During the inspection we saw that they wanted to buy a new phone. Their initial choice was very expensive and it would have taken a large amount of their money. Staff talked to the person and gave them the information they needed so that they could make an informed choice. The person then chose to purchase a cheaper phone. However, the staff told us that ultimately it was the person's choice and had they chosen the more expensive phone then they would have been supported to purchase it.

A fire risk assessment had been completed for the building. Personal evacuation plans were in place for each person so that staff were aware of what action they should take if they suspected there was a fire. Risk assessments were also in place for people that sometimes exhibited behaviour that challenged. A flow chart was in place so that staff could clearly see how to react when this happened and what action they needed to take to keep people safe.

The manager told us that the staffing levels exceeded the required number of support hours needed so that if there was any staff absence this could be covered from within the existing staff team. The staff team had been arranged into groups to ensure that there was the correct mix of knowledge, skills, ages and experience in each group. One person who used the service did not like to have unfamiliar staff working with them. Therefore they had their own staff team and the manager was slowly introducing new staff to that team so that if there were any staff absences this would not cause them any anxiety. Because there were staff always available in the building this meant that people sometimes requested care for more than their contracted hours. The manager and staff were recording what extra care people requested so that they could ensure the appropriate level of care was funded. The manager told us that when somebody had been unwell they had increased their care hours to 24 hours a day for three days to provide the care that they needed.

Staff told us they were only employed after the necessary recruitment checks to ensure they were suitable to work in the service had been completed. Recruitment checks included the provider requesting references from previous employers and the completion of a satisfactory criminal records check.

People confirmed that they received their medicines on time. Staff told us that they had completed administration of medicines training and three competency assessments before they were allowed to administer medication. They also completed an annual competency assessment. This was to ensure they had understood the training and followed the correct procedures. The manager told us that two staff on each shift administered medicines together to reduce the risks of mistakes being made. At the beginning of their shift the staff responsible for administering medicines checked the medication administration records had been completed fully and correctly on the previous shift. Any discrepancies were then reported to the management team so that the appropriate action could be taken. We looked at the administration of medicines records and saw that some minor improvements were needed to ensure that accurate records were maintained. Although the records were being audited once a month this did not include a check of the medicines in stock to ensure that the records tallied with the amounts recorded. We could not check that the stock tallied with the records as there was not always a record of the stock brought forward.

# Is the service effective?

## Our findings

People were supported by staff that had the right skills and knowledge. The support workers told us that since the new manager had been in post they had received lots of training and any that they weren't up to date on had been arranged. Staff who had recently commenced work told us that they had received a thorough induction which included time with the manager, shadowing other support workers and completing training. New guidelines had been devised so that new staff were aware of what to expect from their induction and senior staff and the manager were aware of their responsibilities regarding new staff inductions. Experienced staff worked through a check list with the new staff to ensure that they were competent before they were allowed to work on their own. Staff told us they had completed training in food safety, safeguarding people, fire safety, infection control and first aid. During the inspection staff were attending training on using a communication aid so that they could support a person who they thought might benefit from using one.

All of the staff that we talked to confirmed that they had felt supported by the manager. The manager told us that not everyone had received regular supervisions. The senior staff team had recently received supervision training so that they could also carry them out. The manager stated that she encouraged staff to come to her with any concerns or worries at any time rather than waiting for a supervision session. As the manager had only been in post since October no appraisals had yet been completed.

Staff told us that they have received training about the Mental Capacity Act (MCA). Staff were able to tell us what

the main principles of the MCA were and how they put them into practice. We saw that people's care records contained information about mental capacity assessments and best interest's decisions. The previous manager had completed applications for people they felt were having their liberty deprived which were still being processed by the court of protection.

People told us that the support workers helped them to plan and prepare their meals, and support them with shopping when required. People's care plans clearly stated what support they needed with meal planning and preparation. Each person had allocated time with a support worker to ensure that they received the help with their meal preparation that they needed. One person told us, "Since living here my cooking has really improved."

People told us that when needed the staff either supported them to make appointments with healthcare professionals or made appointments for them. During the inspection we saw that one person was in pain so they were encouraged to make an appointment to see their GP. One person told us, "If I'm not feeling well the support workers will arranged for me to see a doctor". The records showed that people had been supported to access other health care professionals such as dentists, chiropodist and dieticians as needed. Each person also had a health action plan in place so that it was easy to see when they had last accessed health care professionals and what support they needed as a result. Each person also had a 'Hospital Passport' in place which could be taken with them if they needed to attend hospital. The 'passport' included important information about them and the support that they required.

# Is the service caring?

## Our findings

People told us that they liked the staff and that they were caring. One person told us, "It's quite nice here, staff are nice. Staff are always kind". Another person told us, "Staff are kind to us, they never shout at me, they talk to me." Another person told us, "The staff are friendly to talk to." One person told us, "The support workers care about me."

Staff told us that they treated people as they would like a family member to be treated. One staff member told us that they would be happy for their family member to be supported at Woodlands.

We saw that staff knew people well and treated them in a caring manner and with dignity and respect. We also saw that when people were upset or anxious staff gave them the support and time that they needed to express their feelings. People were supported to make decisions that would help to reduce their anxiety. For example, one person was not sure how much to spend on buying a new item. The staff member helped them by explaining what the features of the various items were and how much they cost but the decision was ultimately the persons.

Rather than criticising people staff made suggestions to people when they thought that something could be done differently. For example, one staff member saw that a person was going to go out with their partner wearing dirty clothes. They kindly suggested that their partner might like it if they wore something smarter. The person reacted to this in a positive manner and by going and getting changed.

Staff took time to support and encourage people to try new experiences. For example, one person told a member of staff that they wanted to purchase some new furniture. They showed the member of staff a catalogue and said that

was how they had always purchased their furniture. Instead of purchasing the items from just looking at the catalogue the person was supported to visit furniture shops so that they could see and feel the furniture to see which they liked the most. One person told us that they liked to go shopping but that when they were feeling anxious the staff would also go and support them.

Care records had been written in a manner to encourage staff to treat people with respect. For example one person's care plan stated, "I don't like being told to do housework, I like staff to ask me."

People told us that they either made their own decisions or if they needed support to make decisions this was also given. Two people used a local advocacy service. One person found that in meetings they became quite anxious and couldn't always express their true feelings and didn't feel confident to make decisions in these situations. Therefore they had been supported to access an advocate that they could meet with to discuss their wishes and then the advocate could support them during any meetings and explain their choices for them. "One person told us, "Staff support me to make decisions, they give me their opinion and I can make the decision."

People confirmed that their privacy and dignity was respected. We saw and people confirmed that staff did not enter their flats before knocking and being invited in. Staff were able to tell us how they promoted people's privacy and dignity. They explained that they always knocked and waited to be invited in to people's flats. They also told us how they asked permission before helping people with personal care and explained what they were going to do. They stated that they always ensure people were covered up where possible and encouraged to do as much for themselves as possible.



# Is the service responsive?

## Our findings

People told us that they had read and agreed with what was written in their care plans. We saw that people had also signed their care plans to say that they agreed with them.

We looked at two people's care plans. We saw that they had been reviewed regularly to ensure that they reflected people's current needs. People's daily records also referenced the corresponding care plan. This made it clear to see if support was being given in line with the care plans and where appropriate what progress had been made. The care plans contained information about people strengths, what support they needed, their likes and dislikes and were also cross referenced where needed to risk assessments. The care plans were very detailed so that staff could provide consistent care. For example, one care plan stated that the person liked to travel on the top deck of a bus or in the front seat of a taxi. Because the staff were aware of this information this meant that the person did not become anxious when they were travelling.

There was a formal review of people's care and support every six months. A meeting was held with the person, the manager and any other relevant person present. This was so that the previous six months could be reviewed and the new goals and aspirations set for the future.

Staff knew and understood people's needs. One person told us that when they had become unwell the staff supported them to avoid further deterioration. They told us that staff knew what made them happy such as going out for a walk or exercises to cope with anxiety and this had meant that they had avoided becoming really unwell and avoided a hospital admission.

People accessed activities on their own and also with the support of staff. People were supported to take part in activities that interested them. People could plan ahead what they would like to do or discuss it with their support worker on the day. One person told us, "I like bowling so I've been today". Another person was attending a catering course at a local college as they wanted to become a chef. People told us that they enjoyed going to local discos and social events. Some people also attended work placements completing tasks such as painting furniture and packaging goods.

The manager told us that people had been appointed special roles to increase their self-confidence. For example one person had been chosen as the birthday cake baker. The manager told us that the person really enjoyed making other people a birthday cake and it had increased their self-confidence.

People were supported to build appropriate relationships with others. For example, there used to be a communal room where people living in the building could meet and eat together. However this was no longer in place so people were being supported to form small groups and socialise in each other's flats. People were also supported to invite family and friends to visit them.

People told us that if they were not happy with anything they would speak to their keyworker or a support worker or the manager. People and staff were aware of the complaints procedure and said that if they received any complaints they would speak with the manager or the person in charge of the shift. They also told us that sometimes people did not complain but because the staff knew people so well they were usually aware if someone was unhappy and would talk to them about what was upsetting them. No concerns or complaints had been received by the manager since they had been in post.



# Is the service well-led?

## Our findings

There was a new manager in place who had started working at the service in October 2014. They were in the process of applying to the Commission to become the registered manager. Staff told us that the new manager had made many improvements to the service and as a result people were much safer and the staff were working much more as a team. One member of staff told us that before the new manager had been working in the service they wouldn't have wanted a family member to use the service but they would be happy for them to now. The new manager had been working closely with the local authority team to identify areas for improvement and how these were going to be achieved.

Regular tenants meetings were held. Items on a recent agenda included social activities, educational courses, healthy living, keyworkers, holidays and appropriate behaviour in the building. The manager also appointed a tenant representative each month to go and ask everyone if there was anything they would like to discuss in case they didn't feel confident to raise it in the meeting. This had helped to boost the confidence of the tenant representative. Keyworker meetings were also held. This was time that people spent with their keyworker to discuss their care plan and any concerns or wishes. The frequency of the meeting depended on how often the individual preferred.

The manager stated that some staff had left recently but that there was now a, "Solid team who all want to achieve the same goal – to improve people's independent living skills and to enable and empower people to be the best they can be." The manager told us that she had an "open door policy" and that she wanted both the people who used the service and the staff to be able to ask any questions or raise any issues at any time. Staff meetings had been held and the manager stated that she used these to discuss proposed changes and improvements. Staff told

us that they can also add to the agenda. At a recent meeting one person had suggested having a member of staff who was responsible for coordination activities so this was being trialled. The team leader told us that they had "learnt so much since [the manager] has been in place" and that they could always ring her for advice when she was on call.

The manager stated that right from when she interviews potential staff she stressed to them how important it is to treat people with dignity and respect. A person who uses the service is also involved in the interview process so that they can give their views on the potential staff member. In order for all the staff to be aware of the aims of the service they attended training with the manager and also completed a common induction standards workbook which included information about how people should be supported. The manager stated that new staff would be completing the new care certificate training as part of their induction. The manager had put a training matrix in place so that she could easily monitor if people had completed the required training and when any refresher courses were due.

The manager stated that she audited the care plans to ensure that all monthly reviews have been completed. A senior manager visited the service monthly to complete a full audit including, person centred planning and involvement, meeting nutritional needs, safeguarding, medication and staffing. The outcome is discussed with the manager who then compiles an action plan. The manager told us that she will be sending out satisfaction questionnaires to all the people that use the service, their relatives and staff so that any areas for improvement can be highlighted.

There were strong links with the local community as people attended college course, used local shops and health centres, work placements and social and leisure activities such as swimming, pub, discos and bowling.