

# Lifeways Community Care Limited

## Woodbury View

### Inspection report

Martley Road  
Worcester  
Worcestershire  
WR2 6QG

Tel: 01905641745

Date of inspection visit:  
09 January 2020

Date of publication:  
21 January 2020

### 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

### About the service

Woodbury View is a residential care home providing personal care to two people who may have learning disability aged up to 65 and over at the time of the inspection. The service can support up to five people in one residential adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There was a registered manager in post who was present during our inspection. 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.

People felt comfortable and happy living at the home. Staff responded promptly and appropriately to their needs and provided person centred support. Staff knew people well and had a detailed understanding of their individual needs and preferences. The care plan was detailed and provided staff with enough guidance to enable them to meet the person's support needs. Records showed the person was regularly supported to participate in a variety of activities of their choice.

Staff and the registered manager knew how to report allegations of abuse

Staff had been provided the training relevant to the need of people they provided care to. The registered manager had a training planner, and this showed staff training was being refreshed when required in line with the provider's expectations.

The registered manager and provider checked the quality of the care provided and encouraged suggestions from relatives and staff to improve people's care further.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Requires Improvement [published 26 November 2019].

Why we inspected

This was a planned inspection based on the previous rating.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Woodbury View

## 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.

#### Inspection team

This inspection was carried out by one inspector on 9 January 2020.

#### Service and service type

Woodbury View 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We looked at information we held about the service, including notifications they had made to us about important events. We also looked at other information sent to us from other stakeholders, for example, the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with six members of staff including the registered manager, team leader, support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the

management of the service, including policies and procedures were reviewed.

After the inspection

After the inspection we contacted two relatives to gain their opinions of the care provided to their family members who lived at the home.

# 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.

### Using medicines safely

- At our last inspection we found areas of improvement were required to ensure the safe management and administration of medicines. These included staff who had not always had their competencies checked annually to ensure they were administering people's medication safely. At this inspection we found all staff had undergone medication training and competency checks.
- We found there had been an improvement in the way the medicines were audited, and opening dates were recorded.
- Medicines were now received, stored, administered and disposed of safely.

### Assessing risk, safety monitoring and management

- Since our last inspection the registered manager had put in place "falls protocols" for staff to follow to help minimise the risk of people falling. For example, the necessity for a person to wear their specially adapted shoes.
- Staff helped people feel safe living at the home by offering assurance when people became anxious.
- Staff were knowledgeable and understood the risk assessments which included ways to help people stay safe if they chose to spend time in the community.
- Staff had assessed people's safety and well-being needs and considered when planning their care. For example, if people had increased risks in relation to food and the risk of choking. We saw staff had person specific guidelines to follow for example when using prescribed food thickening agents.
- When people's needs physical or well-being changed. People's wishes, and the views of other health and social care professional were considered when people's safety plans were amended.

### Systems and processes to safeguard people from the risk of abuse

- Staff told us, they had received training on safeguarding adults and on the provider's relevant policies and procedures for managing risks and maintaining people's safety.
- All staff we spoke with were knowledgeable about the types of abuse and how to report concerns. One staff member said, "I wouldn't hesitate to report any concerns...If I thought anything was wrong I'd speak to [registered manager's name] or use the whistleblowing telephone number we've been given by Lifeways [provider's name] to report anything."
- The registered manager, team leaders and care staff were aware of the local authority's safeguarding processes and their responsibility to share information with relevant professionals and other agencies to help protect people from abuse.

### Staffing and recruitment

- The suitability of potential staff to care for people was checked prior to their employment. The registered manager also undertook regular checks on the continued suitability of staff to care for people, to provide on-going assurance
- In people's support plans was information about the type of staff members they would personally like and guidance for interview questions people may like to ask [if they chose to be part of the interview process].
- There were enough staff to care and support people at times they required.

#### Preventing and controlling infection

- Staff maintained good standards of hygiene and cleanliness throughout the home.
- Staff received infection control training to help them understand the role they played in protecting people, themselves and visitors from the risk of infections. Staff told us, they were supplied with personal protective equipment [disposable gloves and apron]) to reduce the risk of cross-infection and understood when to wear this.

#### Learning lessons when things go wrong

- The registered manager monitored and communicated to staff any information about incidents, so any learning could be taken, so risks to people were reduced.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Since our last inspection the provider had started to refurbish the home. There had been a new kitchen fitted and some bathrooms replaced. However, the registered manager showed us one person's en-suite bathroom which was waiting to be refurbished. There was mould around the bathroom floor and a malodour present. The person had to use a vacant room for their shower across the hallway as a temporary measure. Their relative told us, "It's been taking a long time to sort this out." The registered manager assured us this was currently being discussed with senior management and contractors and would be sorted in the very near future.
- We saw the home had been decorated to meet individual's choice and possessions to help it feel like each person's home.

Supporting people to eat and drink enough to maintain a balanced diet

- At our last inspection we found records had not always been up-dated and as to what each person had eaten or drunk during the day [to avoid dehydration]. At this inspection people's daily notes recorded this and oversight was maintained by the management team to help people stay well.
- Where people had eating difficulties, they had been referred to the speech and language therapist and guidance was available for staff to follow. This included the use of thickener in people's drink and advice about what consistency food should be to aid swallowing and avoid choking.
- At our last inspection we found out of date food in the kitchen. Systems for checking food expiry dates had been introduced to stop this happening again.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's physical, mental and social needs had been holistically assessed in line with Registering the Right Support. People had their own individual goals recognised and staff worked with other professionals to achieve them. For example, we saw it was important for one person to have regular hydrotherapy sessions, we saw this had occurred regularly
- The registered manager told us how they worked with other agencies and providers before people came to live at the home. We heard how they visited the person in their existing home and spent time talking to the person, relatives and staff to make sure the staff had the skills to meet the person's needs.

Staff support: induction, training, skills and experience

- Relatives told us they felt their family member liked the staff teams that supported them.

- Staff were well trained and received in depth induction and regular additional training to enhance their skills and knowledge to meet the needs of the people they supported. One staff member told us, "We have lots of training, but if ever I'm not sure about anything I can always ask another member of the team."
- Staff told us that they felt well supported by the registered manager and had regular staff meetings and supervisions.

Supporting people to live healthier lives, access healthcare services and support

- Staff and the registered manager worked effectively with healthcare professionals to ensure that people received the care they needed. Health Action plans and Hospital passports detailed people's ongoing involvement of GP's and other specialist healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff obtained consent for people's care and support. Staff understood the principles, of the MCA and people were supported wherever possible to make their own decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At our last inspection we found people's confidential information was not always stored in a confidential way. We found at this inspection improvements had been made care records and other information were stored securely when not in use.
- The registered manager and staff consistently acted to ensure the person's privacy and dignity were always respected.
- The registered manager had helped each person to have their own car, so they could access the community more independently at times of their preference.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw people were comfortable in the presence of staff as they often approached them for reassurance. Staff responded promptly to the person's requirements, using advice recorded in the person's care plan.
- Relatives were complimentary about the staff. One relative said "They [staff] are wonderful with [Person's name]. I know they are happy living there."

Supporting people to express their views and be involved in making decisions about their care

- Staff were committed and focused on supporting the person to develop new skills. They spoke about the people affectionately and with pride in trying to help them achieve their goals. One staff member said, "We [staff] all work closely together to achieve the best for the people living here."

# Is the service responsive?

## Our findings

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's needs were met through good organisation and delivery.

### End of life care and support

- At our last inspection people's end of life wishes and preferences had not been considered. At this inspection no one was receiving end of life care. However, people's end of life preferences had been considered and recorded in their care plan.

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

- Staff had a good understanding of the person's needs and provided individualised care and support.
- People's care plans were very detailed and informative. It provided staff with enough information to ensure staff understood the person's particular support needs. A staff member told us, "The care plans are very useful – they tell us all we need to know about the person. Staff here though, do know people really well, so if I'm not sure of anything, I can always ask a more experienced member of staff."
- The care plans included information about the person's likes, interest and life history was included in the care plan.
- Care plans were reviewed regularly or updated as necessary. Relatives confirmed they had attended their family members reviews. One relative told us "I like to keep close tabs on what is happening for [family member's name], so I am in regular contact with the home."
- Daily records were completed detailing how the person had spent their time, the care and support provided and staff observations in relation to both physical and emotional well-being.

### 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 individual communication styles were recorded, and guidance was available for staff to follow. For example, a list of words one person used to make their wishes understood.
- Information for people to use was in an easy read format to aid their understanding, this included their health action plans, hospital passports, care plans and how to complain information.

### 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

- People were encouraged and supported to participate in activities they enjoyed. A relative told us "[Person's name] goes out a lot now – this has improved. They really enjoy the hydrotherapy sessions."
- Staff supported people to maintain relationships that were important to them. People had regular visits to

their family homes. Relatives told us they were welcomed to visit at any time.

- People were assisted by staff to have regular holidays. Photographs were displayed around the home, showing people having fun.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and information about how to make complaints was available in accessible formats.
- Relatives knew how to complain. They were confident any concerns or complaints made would be investigated and resolved.

# 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.

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

- The registered manager was passionate about delivering a person-centred culture within the home. Staff spoke about the importance of respecting coming to work in the person's own home. One staff member said, "We have to remember we are all guests in [people's names] home."
- Relatives commented on the improvements at the home since our last inspection. One relative said, "I do think things have got better at the home – they went through a difficult time."

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 registered manager understood their responsibilities under the duty of candour and kept relative well informed. They spoke to us about the importance of transparency and not being afraid to report when anything went wrong.

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

- Since our last inspection there had been a change in registered manager. Staff spoke positively about them, saying they felt very supported and welcomed the changes he had brought to the home.
- The provider had a defined organisational management structure and there was regular oversight and input to the service from senior managers and quality monitoring staff.
- There were effective quality assurance and auditing systems in place designed to drive improvements in the service's performance.
- The provider had notified CQC of significant incidents in line with the requirements of the regulations.

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

- The staff team had a good understanding of equality issues and valued the person's individual skills and personalities.
- There were systems in place to ensure the person and staff were protected from all forms of discrimination.
- Annual customer feedback questionnaires to identify any improvements or developments were considered.

#### Continuous learning and improving care

- The registered manager told us they continually looked to see if any improvements could be made, through regular auditing and requesting feedback from people, relatives and professionals.

#### Working in partnership with others

- The registered manager and staff worked collaboratively with healthcare professionals and commissioners to ensure people's needs were met.