GP Homecare Limited

Woodland Court Extra Care Housing

Inspection report

School Lane
Dewsbury Moor
Dewsbury
WF13 4DU
Tel:
Website: www.radis.co.uk

Date of inspection visit: 5 February 2015
Date of publication: 28/03/2015

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

This was an unannounced inspection carried out on the 5 February 2015. At the last inspection in August 2014 we found the provider was in breach of regulation that related to supporting staff. We found, since the last inspection, the provider had taken appropriate action to ensure they made improvements and met the regulation.

Woodland Court Extra Care is a purpose built independent living facility comprising of 46 flats and shared communal facilities including a hairdressing salon, bistro, activity rooms, therapy room, laundry, lounge and landscaped garden. The communal facilities, including the bistro can be accessed by the general public.

At the time of this inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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 told us they felt safe and said they knew the staff well and felt comfortable with them. Staff had a good understanding of protecting people from abuse and knew what to do to keep people safe. Systems were in place to manage risk so people felt safe and also had the most freedom possible. There were enough competent staff on duty to keep people safe. Our review of records and observations showed people received their medicines as prescribed.

People felt confident that the staff were well trained and competent. Staff understood their obligations with respect to people's choices and involved people in making decisions about their care and support. People received appropriate support to ensure their nutritional needs were met. They had choice of cooking and eating in their accommodation or eating at the on-site bistro. People were supported with their health needs.

People provided a consistent response about the high quality of care delivered by the provider. When we walked around the building we could hear chatter and laughter, and the friendly atmosphere was evident. People told us they had good relationships with staff. Staff were confident people received good care and understood how to ensure they treated people with respect, dignity and privacy.

People's needs were assessed and care delivery was planned to make sure care was person centred. People enjoyed a range of activities and were protected from the risks of social isolation. The provider had systems for dealing with complaints and receiving compliments.

The service had good management and leadership. People got opportunity to comment on the quality of service and influence service delivery. Effective systems were in place that ensured people received safe quality care.

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 felt safe and the staff knew what to do if abuse or harm happened or if they witnessed it.

Systems were in place to identify, manage and monitor risk, and for dealing with emergencies.

There were enough staff to keep people safe and meet people's individual needs.

People's medicines were managed consistently and safely.

Good

Is the service effective?
The service was effective.

Staff received training and support that gave them the knowledge and skills to provide good care to people.

People were asked to give their consent to their care, treatment and support.

People were supported at mealtimes to ensure their nutritional needs were met.

People received appropriate support with their healthcare.

Good

Is the service caring?
The service was caring.

People valued their relationships with the staff team and felt that they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and care and support was planned.

People were protected from the risks of social isolation; the service recognised the importance of social contact and companionship.

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process.

Good

Is the service well-led?
The service was well led.

Staff spoke positively about the registered manager and said they were happy working at the service.

The provider had systems in place to monitor the quality of the service.

Regular meetings were held so people had opportunities to share their views.

Good

Woodland Court Extra Care Housing

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 5 February 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience in older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority.

During our inspection we used different methods to help us understand the experiences of people who lived at the service. We spoke with 15 people who used the service, one relative, a visiting professional, and eight staff including support workers, senior support workers, a team leader and the registered manager. We also spoke with two contracted staff that worked at the service but were employed by another agency. We visited people in their accommodation and looked around communal areas. We looked at medication records, three people's care records, staffing rotas, staff training and induction records and the quality assurance records that the management team had completed.

Good

Is the service safe?

Our findings

People were protected against potential abuse. Everyone we spoke with, who used the service, told us they felt safe. They said they knew the staff well and felt comfortable with them. One person said, “Everything is planned in this place for the safety and security of older people. It is total planning so can almost have the effect of making you feel more vulnerable outside. You're so looked after here.” Another person said, “I feel very safe in my flat. Safe and contented. I don't have to worry about anything.”

Staff we spoke with were able to demonstrate a good understanding of safeguarding issues and were able to give examples of how they would identify abuse. All the staff we spoke with told us they had received safeguarding training. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. Records we reviewed confirmed staff had received safeguarding training. The registered manager told us they had no on-going safeguarding cases. We saw previous referrals to the local authority had been appropriately made and in a timely manner. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Systems were in place to manage risk so people felt safe and also had the most freedom possible. We looked at three sets of care records for people who were supported within the service. We saw that people had been actively involved in an assessment to identify their individual needs and choices. We saw evidence of a range of risk assessments for each person which allowed people to be kept safe whether in their flat or in the community. For example, one person had a fear of slipping on a wet floor following a shower. We saw the situation had been assessed along with action to be taken by support staff to lessen the risk and reduce the person’s anxiety. We saw that assessments were carried out to determine people’s ability to administer their medication safely.

We observed staff responding to potential risk appropriately. For example, one person who had mobility difficulties dropped some food on the floor. They attempted to pick it up but a member of staff was quick to respond, reassured the person and offered assistance. Staff told us risk was well managed. One member of staff said, “The beauty of this place is everyone lives in their own home but it’s within a community. Everyone has the best of both worlds; they are independent and safe.

We asked staff to describe what actions they would take in response to a person becoming acutely ill and needing emergency care. The answers we were given demonstrated staff were able to competently deal with a range of common emergency situations. The service had in place personal emergency evacuation plans for people using the service. These identified how to support people to move in the event of an emergency.

Communal areas were free of clutter, open, light and easy to negotiate for wheelchairs and walking frames. One person said, “The maintenance people are very good. Very efficient and they never leave any mess. Any maintenance problems in the flats or the building in general are dealt with very quickly.”

There were enough competent staff on duty to keep people safe. People we spoke with did not raise any concerns about the staffing arrangements. Some people told us they sometimes had to call for assistance during the night. They all said that their calls were answered straight away. One person said, “They come right away when I call in the night. I know them well now and we have a good laugh. They don't make me feel uncomfortable or embarrassed.”

Staff told us there were enough staff to meet people’s needs. They said they had work rotas which clearly identified the calls they had to complete during each shift and the allocated time they should spend with each person. They said these worked well and if they ever needed additional time the management team arranged this. On the day of the inspection we observed there were enough staff to keep people safe and meet their needs. Staff duty rotas and work sheets, we reviewed, showed sufficient staff were on shift at all times.

The provider had effective staff recruitment and selection systems. We saw there was a clear process which ensured appropriate checks were carried out before newly appointed staff began work. These checks helped the provider to make sure job applicants were suitable to work with vulnerable people. We were told the records included proof of identity, full employment history, training, qualifications, health status and a Disclosure Barring Service (DBS) check. The DBS is a national agency that

Good

Is the service safe?

holds information about criminal records. Staff told us the recruitment process was thorough. They told us they had to complete an application form, supply references and attend an interview. Our observations and review of records showed that a robust recruitment process operated within the service.

We saw that at the point of commencing the service people were asked to indicate their wishes as to the level of support they required to safely take their medicines. We saw people's wishes and needs were under regular review which had led to some people requiring greater levels of support.

We saw medicines were consistently and accurately recorded on medicine administration record (MAR) sheets. Staff had adequate information available to ensure 'as necessary' (PRN) medicines could be administered in line with the prescribing GP's instructions. Where people had not taken their medicines the reasons were recorded on the MAR sheet.

People's medicines were appropriately stored either in a cabinet or the fridge. We looked at the storage arrangements for medicines in two people's flats and found everything to be in order. We asked people who needed support in taking their medicines if staff arrived on time to help with this task. On all occasions we were told they did. Our review of records and observations showed people received their medicines as prescribed.

The provider had a written medicines policy. The one provided on the day of the inspection had not been reviewed since August 2011. After the inspection, the registered manager sent us a more up to date policy and associated documents.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. People we spoke with felt confident that the staff were well trained and competent. Staff told us they were well supported by peers and management, and had received appropriate training that equipped them with the knowledge and skills to do their job well. Two recently appointed support workers told us they received a good induction and had worked alongside more experienced staff until they were confident and competent to support people unsupervised.

We looked at the training matrix which showed the staff team had accessed a range of training courses and refresher training was being provided in line with the provider's recommended timescales. We also looked at a random sample of four individual staff files and found they contained evidence that an appropriate programme of training was completed. Mandatory training was provided on a number of topics such as safeguarding vulnerable adults, manual handling, first aid and medication awareness. Additional training was provided on topics such as the reporting and recording of incidents. Staff had access to a range of policy and procedure guidance about how to carry out their work. The registered manager had identified that staff would benefit from some additional training. First aid, Mental Capacity Act 2005 and dementia training was being planned.

The service had a programme of supervision and appraisal to ensure staff were appropriately supported. It was stated in the provider's policy that each member of staff was expected to have one-to-one supervision at least once every three months. We looked at a copy of the record for monitoring staff supervision and saw that the service was maintaining this frequency or had plans in place to do so. The information we reviewed also showed that staff received annual appraisals.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. We asked staff to tell us how they ensured people were giving their consent to their care. The answers we were given demonstrated staff promoted choice and enabled people to make decisions about their care and support. Records always showed people consented to care and support. For instance, written consent was given by people before support staff helped with the administration of medicines. People gave written consent for support staff to have a key to people's flat and the instances where access could be gained.

We saw support plans recorded whether someone had made an advanced decision on receiving care and treatment. The care files held 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions. The correct form had been used and was fully completed recording the person's name, an assessment of capacity, communication with relatives and the names and positions held of the healthcare professional completing the form. We spoke with staff were aware that these documents must accompany people if they were to be admitted to hospital.

People had a choice of where to eat their meals. They could cook and eat in their accommodation and there was a bistro on site. The choice of meals in the bistro was clearly displayed in the dining area; various options were provided which included at least one hot main meal and a 'chef's special'. In addition, jacket potatoes, soup and bread, and lighter options were available. There were a range of soft drinks available plus tea and coffee. We observed lunch in the bistro which was a pleasant and relaxed experience. The dining area was a clean, airy and light room looking out over the gardens. People ordered at the counter and a waitress brought their food to their table. Several staff also ate their meal at the bistro. The food looked and smelt good. As one person was leaving they said, "It was very good. I like thick gravy. They make proper gravy here."

Many people chose to eat in their flats. Staff said the arrangements for supporting people with shopping, cooking and eating were incorporated into their allocated time and worked well. Staff said the flexibility of eating in their home or the bistro really benefitted people.

We saw that some people receiving support had been identified at being at risk of dehydration due to underlying medical conditions or people's inability to mobilise easily to access a drink for themselves. As part of the support package we saw people should be encouraged to drink and a record kept of fluid intake. We found that whilst an attempt had been made to record fluid intake the chart provided an inadequate record. The amount of fluid given was described in cups offered. Fluid remaining should have been recorded but this was not commonly the case. Furthermore the charts were not in date order and there was a haphazard approach on each sheet to recording

Good

Is the service effective?

information chronologically. Fluid intake charts were not securely located in the person's support file and some were torn or otherwise damaged. We discussed the matter with the registered manager who knew of this shortfall and assured us that it would be remedied.

People were supported with their health needs and with making visits to health professionals, or receiving visits from them. For example, we saw health professionals were involved in people's care which included GPs, community nurses, palliative care nurses, physiotherapists, occupational therapists, dentists and opticians.

Good

Is the service caring?

Our findings

People we spoke with provided a consistent response about the high quality of care delivered by the provider. One person told us, “My wife and I have only been here for a short time but it has made such a difference to the quality of our lives.” Another person said, “I feel very lucky to have this place, it's immaculate all over.” Another person said, “We think it's brilliant. This is a flagship service for Kirklees. It's a knockout.”

One person we spoke with was complimentary about most aspects of the service but was concerned because they felt that sometimes some of the staff were rushing and could be quite impatient. They said, “Most of them are very good and respectful. It's just a couple and I think it's an attitude thing. A couple of them need educating in seeing the needs of the person rather than being impatient. But most of them are very good.” We spoke with the registered manager about these comments. She said they regularly discussed provision of high quality care which included giving people adequate time. She said she would continue to stress this to the staff team and closely monitor timings of visits to ensure all staff are spending the full allocated time with the person. We saw from recent staff meeting minutes that the registered manager had discussed care practices with the staff team at length.

When we walked around the building we could hear chatter and laughter, and the friendly atmosphere was evident. We saw people had unrestricted access to outdoor space in the well-laid-out gardens attached to the property. Whilst many people spent much of their time in their private flats we saw that communal activity space was available and was regularly accessed. Some people had ‘home sweet home’ plaques outside their entrance. Several said they were happy to call it their home. We spoke with two people in a communal area one of whom said, “It is lovely to come and sit in the lounge and talk with friends but if I want privacy I can get it.”

People told us they had good relationships with staff and on the day of the inspection we observed friendly chatter and banter between them. One person said, “The staff are all very nice.” Another person said, “I know them all and they always have a bit of a chat.” We observed staff speaking in a friendly and relaxed manner and it was evident from the discussions they knew the people they were supporting very well. We saw people’s privacy was of paramount importance. Staff were respectful and always knocked before entering flats. When we arrived at one person’s flat we were asked to wait whilst the staff asked the person if we could visit them and access their support plan.

There were notices displayed in communal areas to help keep people informed; this included details of local community events, religious services and local health services.

Good

Is the service responsive?

Our findings

People told us they received personalised care and were involved in planning their care and support. People said support staff arrived when they should and stayed for the length of time they expected. One person said, “I'm in heaven. It's like a five star hotel. There are lots of things going on. I have a good social life, but I can be quiet if I want to be. I can't fault it. You get so much help, whatever you need, or you can get help with any problems.” Another person told us when they moved in to their accommodation the housing provider had offered to make adaptations to ensure it met their individual needs.

One person told us they would like more support with moving and transferring. When we looked at the person’s records there was a clear assessment and plan that identified how care should be delivered, and staff were following this guidance. A moving and handling assessor had been involved in planning the person’s care and was providing on-going support. The registered manager said they liaised closely with the person and the moving and handling assessor to ensure care was meeting the person’s needs and keeping everyone safe. Even though the person raised a concern about this aspect of care they also said “We love it. The staff are very nice and go for a bit of shopping for us once a week. I was in hospital and when I got back, I just thought, thank goodness I'm home.”

People’s care and support needs were assessed and plans identified how care should be delivered. A process was in place to assess people’s needs before they started using the service. This covered pre-existing medical conditions, issues affecting daily living and people’s aspirations for their future. The assessment was then used to indicate the amount of support time required and the frequency of that support. The person and family members were included in the planning and subsequent reviews of support needs. An environmental risk assessment was completed to ensure care and support could be delivered safely both for the person and the staff.

Care planning documentation gave guidelines and information for staff regarding the care and support that the person required at each visit. Examples included assistance with personal care, assistance with medication and preparation of drinks and meals. Staff we spoke with during our inspection demonstrated their knowledge about the needs of the people they were supporting and gave examples of support they had provided.

We saw samples of detailed daily notes which described the care and support that had been provided. Care plans and records of daily living were kept in people's own accommodation. Some care planning information was replicated and kept in the main office. The accessibility and detail of care and support documents meant that staff had the information to understand people's needs.

People were protected from the risks of social isolation; the service recognised the importance of social contact and companionship. We observed people gathering in communal areas and enjoying the company of others who used the service. Throughout the building there were notice boards with leaflets from local groups and activities.

The service had a programme of activity, for example on the day of the inspection, a bingo session was held. Many people told us they enjoyed the activities provided; some said they did not get involved but this was their choice. One person said, “I like to be quiet”. Another person said, “I usually go down to the activities, even though I'm not a fan of bingo, it’s good fun. We have a laugh. I always go to the ‘move more often’ sessions, it's brilliant. I haven't been for a while because I've been so busy doing other things, but I'll get back to it.” They also said, “I've made good friends here. I don't have any family, and here there are lots of things going on. Yes, I've made lots of friends. I love the curling especially. It's so much better than living alone.” Another person said “I feel very comfortable here. I go to ‘keep moving’, it's very good. I really enjoy it. We have a good laugh. I get on with the other residents. They're a sociable bunch. There's plenty going off to keep you occupied, but if you want to be quiet, you can just go back to your flat.”

Visitors could visit any time, and people had individual doorbells with electronic locks so they could let visitors in themselves whilst still maintaining security. Many people accessed the local community and went into town shopping. We spoke with one person regarding access for their friends and relatives to visit. The person told us visiting was no different from when they had been in their previous family home.

Good

Is the service responsive?

People told us they would be happy to raise concerns with the staff and management or through the residents group or representative on the 'management committee'. One person said they wouldn't raise concerns.

There were notices throughout the building outlining complaints procedure, plus a comments and suggestions box in the lounge room. Next to this was a pile of leaflets outlining the complaint's procedure, including contact details for the provider, Local Government Ombudsman, CQC and other relevant organisations.

The provider's policy for dealing with complaints and receiving compliments indicated timescales within which complaints should be dealt with. The policy stated they wished to act with transparency and be reflective in learning from adverse comments and untoward occurrences. The registered manager said people's complaints were fully investigated and resolved where possible to their satisfaction. The complaint's file contained details of six complaints received within the past year. We saw no evidence of a recurrent theme to complaints which may have indicated that issues were not being addressed. We saw that during the same period five letters had been received complimenting the service. Comments within the letters included, 'My mother is in a safe environment and staff are always on hand to help'. Another comment was '[Name of person] thinks the team of support staff are fabulous'.

Good

Is the service well-led?

Our findings

There was good management and leadership. At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager dealt with day to day issues within the service and oversaw the overall management of the service. They engaged with people living at the service and were clearly known to them. One person said, "I'd feel quite happy raising any worries including with the manager."

Staff spoke positively about the registered manager and were happy working at the service. The staff we spoke with told us they felt valued and confident in their roles. One member of staff said, "The service is very well managed. It's very responsive. If any issues are raised they are dealt with straightaway." Another member of staff said, "The manager is very approachable and if you do your job properly this is recognised. She won't take any nonsense though."

During our inspection we spoke with staff about the values of the service. Staff told us the service was person centred and everyone clearly understood what was expected of them. They said the drive was to provide a high quality service. A member of staff said, "The manager is really focussed on high standards. She is always talking to us about spending time with people and reminding us of what is important when we are caring for people." Another member of staff said, "We never rush the support we give and we always stay for the entire allotted period even if we finish early." The registered manager reiterated the same values and it was evident from discussions that the manager had a positive influence the quality of service delivery.

Staff understood the principles of whistleblowing and assured us they would make use of whistleblowing if necessary. They were however keen to assure us that the registered manager had an open approach and they had confidence that any concerns would be dealt with appropriately.

The provider had systems in place to monitor quality and safety. People told us they could put forward views and suggestions for improving the service. One person told us that they sat on the management committee as a resident's representative and regularly attended resident meetings. They had also been to London to a ceremony and were awarded 'resident of the year'. There was a 'tenant's suggestion box' in the communal area of the service. When we spoke with people who used the service and staff we found there was a high level of satisfaction.

People who used the service told us they held 'tenant meetings'. We looked at meeting minutes which showed at the last meeting health and safety matters, social activities and local authority monitoring were discussed.

Staff meetings were held which gave opportunities for staff to contribute to the running of the service. At the last meeting discussions were held around whistle blowing, medication administration quality care, and staff responsibilities.

A 'service user satisfaction survey' was carried out by the provider in September 2014. We looked at the provider's report which outlined the responses to the questions, feedback from people who used the service and an action plan. The report showed overall there was positive feedback; where people had indicated they were less than satisfied the provider had identified how they would ensure improvements were made to the service.

The registered manager and staff completed a number of checks at the service to make sure systems were working effectively. For example a weekly 'pendant and pull chord' check was completed. A daily well-being check was carried out where a member of staff visited people who used the service. We saw the provider had a monitoring system installed to record the response times for people's calls for help and assistance. Records showed response times were good.

The registered manager told us there were good partnership arrangements between the service and other agencies involved in the overall quality of the service. We spoke with a member of staff from an ancillary service provider who said there was a good working relationship between the agencies and issues such as infection prevention and control were seen as a joint responsibility. We observed the overall site was clean and hygienic.

A visiting professional from the local authority community assessment team was visiting the service on the day of the inspection. They told us the service was well managed and very responsive if any concerns were raised. They told us the care was good and staff went the 'extra mile'.