Arcare Woodlands Limited

Woodlands

Inspection report

The Promenade
1-2 Albert Place
Southport
Merseyside
PR9 0DT

Tel: 01704500850

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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

Summary of findings

Overall summary

This unannounced inspection was conducted on 17 June 2016.

Situated close to the promenade and the town centre in Southport, Woodlands provides accommodation and care for up to 22 people with a learning disability and/or mental health needs. Accommodation is provided over three floors, with bedrooms located on each floor.

A registered manager was in post. 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 we spoke with told us they 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 there were enough staff available to meet their needs, people were not rushed or pressured when being supported.

Staff we observed delivering support were kind and compassionate when working with people. They knew people well and were aware of their history, preferences and dislikes. 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.

People told us there were enough suitably trained staff to meet their individual care needs. Staff were only appointed after a thorough recruitment process. Staff were available to support people to go on trips or visits within the local and wider community and attend medical appointments.

Staff understood the need to respect people's choices and decisions if they had the capacity to do so. Assessments had been carried out and reviewed regarding people's individual capacity to make care decisions. Were people did not have capacity, this was documented appropriately and decisions were made in their best interest with the involvement of family members where appropriate and relevant health care professionals. This showed the provider understood and was adhering to the Mental Capacity Act 2005.This is legislation to protect and empower people who may not be able to make their own decisions.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005).

People's bedrooms were individually decorated to their own tastes. People showed us their bedrooms and were proud of them.

People told us they liked the food. We observed there was a choice of menu for people if they did not like what was cooked that day.

People who lived at the home, their relatives and other professionals 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, the deputy manager or the registered manager.

Staff were trained and skilled in all mandatory subjects, and additional training which was taking place within the organisation. Staff we spoke with were able to explain their development plans to us in detail and told us they enjoyed the training they received. Staff told us they could approach the management team anytime and ask for additional support and advice.

Staff spoke highly of the organisation's values and all of the staff we spoke with told us they were proud to work for the organisation. Staff said they benefited from regular one to one supervision and appraisal from their manager. Staff spoke highly about the registered manager and the provider.

There was a safeguarding and a whistleblowing policy in place, which staff were familiar with.

Quality assurance audits and feedback were collected regularly from staff, relatives and people living at the home, and were analysed and responded too appropriately. We could see the registered manager was using this feedback to continually improve the service. Other quality assurance audits we saw were highly detailed and the registered manager responded appropriately to shortfalls identified within the service provision. Working action plans and target dates for completion were seen.

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

There was enough staff employed at the service to ensure people were supported safely.

Recruitment checks had been undertaken on staff before they started working at the home to check they could work safely with vulnerable people.

There were procedures in place to monitor the stock, delivery and administration of medication. Everyone was receiving their medications safely.

Risk assessments were in place for people who needed them. They were reviewed on a regular basis or when the person's needs changed, and contained up to date information.

Is the service effective?

Good

The service was effective.

The service was operating in accordance with The Mental Capacity Act 2005 and associated principles.

Staff felt the level of training and supervision they had access to supported them effectively in their everyday role and made them feel valued.

Food was nutritionally balanced, and people were complimentary about the food.

Is the service caring?

Good

The service was caring

We observed positive and friendly interactions between staff and people who lived at the home.

People told us staff respected their privacy and treated them with respect.

Staff were able to give us examples of how they supported people in a respectful way, taking their individual needs into account. Staff could demonstrate that they knew the people who lived at the home very well.

Care plans were signed by people or by their relatives if they had permission to do so.

Is the service responsive?

Good

The service was responsive

People's care plans reflected how they needed to be supported and contained information relevant to that person.

Information was available in different formats to support people to understand what it meant.

There was a complaints procedure in place. People at the home told us they knew how to complain.

The home was supporting people to become more independent and engage in the community.

Is the service well-led?

Good

The service was well-led.

The registered manager worked as part of the staff team and was very well known in the home.

People and staff spoke positively about the registered manager.

There were quality assurance systems in place, which regularly checked the records and other documentation relating to how the service was run.

There was a procedure in placed for collecting people's feedback to take on board people's views to improve the service.

The registered manager demonstrated their profound knowledge of people throughout the duration of the inspection and was passionate about their work.

Woodlands

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 was unannounced, and was conducted on 17 June 2016 by one adult social care inspector.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the statutory notifications and other intelligence, which the Care Quality Commission had received about the home.

During the inspection we spent time with four people who were living at the home and spoke to three staff members including the registered manager.

We looked at the care records for three people living at the home, three staff personnel files and records relevant to the quality monitoring of the service. We looked around the home, including people's bedrooms, the kitchen, bathrooms and the lounge areas

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home. Comments included "Oh, yes, very safe." and "They take good care of us all." Other comments included "I have a key to my room; I can lock it if I wish" and "The staff always look out for me."

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. Arrangements were in place for confirming people's current medicines on admission to the home. Corresponding Medication Administration Records (MAR) charts were provided and all the MAR's were checked and were complete and up to date.

Medicines were stored securely which helped to minimise the risk of mishandling and misuse. Auditing medicines reduced the risk of any errors going unnoticed and therefore enabled staff to take the necessary action to rectify these. Training records showed staff responsible for medicines had been trained and a regular audit of medicine management was being carried out. Where new medicines were prescribed, these were promptly started and arrangements were made with the supplying pharmacist to ensure that sufficient stocks were maintained to allow continuity of treatment.

Some people were prescribed PRN medicines to be used only 'when required'. There was guidance in place to inform staff when these medicines should be used. This shows the provider has recognised it is important that staff have detailed information, including personalised details of people's individual signs and symptoms to ensure that people are given their medicines correctly and consistently, especially if the individual has communication difficulties or is unable to recognise their own needs.

We looked at the staff rota for the week. The registered manager told us most staff were long serving and were therefore familiar with people's needs. This also meant staff were able to build up trusting relationships with people they cared for. Staff spoken with confirmed they had time to spend with people living in the home. The registered manager told us cover for sickness or annual leave was managed well with existing staff.

Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all staff employed to care and support people within health and social care settings. This process allows an employer to check if there are any criminal records belonging to applicants. This enables the registered manager to assess their

suitability for working with vulnerable adults One staff member we spoke with confirmed they were unable to commence employment until all checks had been carried out. They told us they completed an application form and attended for an interview. They could not start work until they had received clearance from the disclosure and barring service (DBS). This confirmed there were safe procedures in place to recruit new members of staff.

We looked at the adult safeguarding policy for the home and asked the staff about their understanding of their roles in relation to safeguarding. Staff were clearly able to demonstrate an in depth knowledge of the procedures they would be expected to follow to keep people safe from abuse. One staff member said "I would go to (registered manager) and tell her."

We also asked staff about whistleblowing. All of the staff we spoke with told us they would not hesitate to use this policy if they felt they needed too.

Risk assessments were reviewed when needed following an accident or incident. General risk assessments such as accessing the community, eating out, traveling, and infection control were all in place. Risk assessments provided information to staff and guidance on how people should be looked after to keep them safe. Risk assessments contained an appropriate and informative level of detail. Risk was clearly documented and procedures were clear for staff to follow. The registered manager informed us at the time of inspection that the risk assessment process was being reviewed to enable it to be more simplistic so the people who lived in the home could be more involved in the process, and have copies of their own risk assessments.

We saw evidence of lessons learnt. The registered manager talked us through a medication incident at the home, including what steps had been taken after the incident had occurred and what the home were now doing differently in response to that incident. This demonstrated that the home was willing to learn to from mistakes.

We checked to see if the relevant health and safety checks were regularly completed on the building. We spot checked some of the certificates, such as the gas, electric and mobile equipment, including hoists and slings. Everyone who lived at the home had a personal evacuation plan (PEEP) in place that was personalised to suit their needs.

Good

Is the service effective?

Our findings

People told us they felt the staff had the right skills to support them. One person said "The staff are very good." And "I think they know what they are doing. Its better here than where I was last time."

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Staff received all essential training, which was classroom based. This system was managed by the provider, in a range of areas. For example, fire, manual handling, food hygiene, infection control, safeguarding, MCA and Deprivation of Liberty Safeguards [DoLS], food and nutrition and medication. Staff were also encouraged to work towards external qualifications, for example, some staff had achieved a Diploma / National Vocational Qualification Level 3 in Health and Social Care.

Before the staff started work, they completed an induction process in line with The Care Certificate. The Care Certificate is an identified set of standards which health and social care workers must adhere to in relation to their job roles.

Staff had supervision meetings with their manager and staff records confirmed that staff had received supervisions at least every 10 weeks. Issues such as holidays, handovers, key working, learning and development and medicines were discussed. We also saw there was an annual appraisal system in place for staff.

We looked at the kitchen and the arrangements for the provision and planning of meals. The kitchen was readily accessible and we saw staff making drinks and snacks for people during the day. We saw, and our conversation with people and staff confirmed that people were given a choice about what they ate. The home regularly added new foods and recipes to the menu and afterwards asked for people's feedback regarding these new foods.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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 were being met.

All the staff team had received training in the principles associated with the MCA 2005 and the DoLS. We

found staff understood the relevant requirements of the MCA and put what they had learned into practice. The registered manager had applied for DoLS authorisations appropriately for some people who lacked capacity and was waiting for them to be authorised. We saw an application had been made to the relevant authority for consideration.

We saw examples were best interest's processes had been followed. For example, one person was encouraged by their GP to follow a particular diet, otherwise their health would suffer. We saw this person had some capacity to make decisions, but it was evidenced that this person did not understand the implications of them refusing this type of diet. Therefore the registered manager had arranged a best interests meeting for this person, involving the person and other medical professionals and key people, and the decisions to follow this GP's advice was clearly documented and the reasons why.

We saw that the service had gained consent from people who lived at the home to be able to share their records, support them with medications and provide their care. For any person who did not have the capacity to consent to care we could see the principles of the MCA were followed and the least restrictive option was chosen. Throughout the day, we continuously heard staff asking people for their consent before they provided support.

People living at the home told us that the home was suitable for them to live in and no one had any complaints about the building. We saw the building was well lit and the grounds were well kept and tidy.

People's rooms were decorated in their favourite colours; There were other forms of personalisation such as photos and posters on display in their rooms.

We saw people were supported to maintain their physical health and there was documentation, which showed that a range of healthcare professionals regularly visited people, and people were supported by staff to attend regular appointments and check-ups.

Good

Is the service caring?

Our findings

Everyone we spoke with, without exception, told us they felt the staff cared about them. Comments included "They are brilliant", "Excellent", "Top Marks." Another person told us "It's 10 out of 10." And "Staff are really kind." Another person commented "They put nice meals on." Further comments included "I can go out when I want, staff help me", "We have a good laugh" and "Staff always ask me to come and join in."

We saw people's records and care plans were stored securely in a lockable room which was occupied throughout our inspection. We did not see any confidential information displayed in any of the communal areas.

We saw from looking at care plans that they had been signed by the person receiving the care or their family member. When we asked people if they had been involved in their care plans, people confirmed they had. People told us the staff asked their permission before they came into their rooms and sought permission before assisting them with any personal care tasks.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. We saw a number of people had an advocate supporting them.

There were numerous thank you cards in the home, commending staff for all of their help and care, again reflecting on the hard work and caring nature of the staff.

Staff we spoke with gave us examples of how they had protected people's dignity and respect, not just by closing doors when delivering personal care, but making sure people had their own space and were respected if they chose to have time to themselves.

Throughout the duration of our inspection, we heard staff speak to people with respect. Staff were asking people what they would like to drink or if they wanted to go out.

Good

Is the service responsive?

Our findings

People we spoke with told us the staff knew them well. One person said "I really like [staff name], we get on well." Another person said "The staff will go out of their way for me."

We saw that throughout the home, displayed on the walls, was information for people regarding how to complain. The information was presented in pictorial format, including pictures of the registered manager and staff members as staff who people could go to if they had a complaint. There was no complaints to review, as the service had not received any formal complaints recently.

Staff we spoke with displayed a clear and vast knowledge of the people they supported and it was evident through our observations and conversations with staff that they knew the people who lived at the home very well. For example, staff could recall the in depth information in one person's care plan who required a high level of intervention if they became challenging or verbally inappropriate. The staff member told us the exact procedure they would follow. When we checked this person's care plan we saw that this was right. This helped evidence a consistent approach to care by staff

We looked at how social activities were organised. People were keen to tell us about recent day trips they had been on, and there were photographs around the home which showed people on holiday with staff engaging in various activities. Some people told us they accessed the community independently and they enjoyed doing this.

Care plans contained background information about each person, including their past histories and any hopes or aspirations they had for the future, and what was important to them. For example, we saw that one person had engaged the help of the staff to facilitate weekend trips to see their loved one. There was a risk assessment and strategy in place to support this, and we saw that the person had been consulted and this was happening. We spoke to this person, and they told us they were "Over the moon" this was happening.

One person told us how they had been supported by staff to attend their part time job in the community, and they showed us photographs of their retirement party. This shows that the home was actively supporting people to pursue employment if they wished.

The registered manager and the staff team were able to evidence how they supported people differently depending on their individual situations. This ranged from the registered manager arranging training in sexual health for those that expressed they wished to have a relationship, to finding holidays for people based on what they would enjoy.

We saw that reviews were completed at least every six months with people, and we saw that action points from reviews were clearly recorded with what help they would need to achieve these actions.

Good

Is the service well-led?

Our findings

There was a registered manager at the home who had been in post for a long time.
People were complimentary about the registered manager, and it was clear during our discussions with them that the ethos of teamwork and person centred practice ran through the home. This is when care delivered is centred around the needs of the person, and not the service
We observed throughout the day that people had a strong bond with the registered manager and told us how much they liked them.
The registered manager and the staff were aware of every person's individual support plan and specific strategies to follow. They were also aware of each person's background.

Team meetings were regular and were well organised on rotas so staff would be available to attend. The last team meeting was in May 2016. We saw that residents meetings were also taking place. The last resident meeting took place in May 2016.

The registered manager demonstrated an ability to deliver high quality care and regular audits took place to assess the quality of the care delivered. Records confirmed that audits had been conducted in areas such as health and safety - including accident reporting, manual handling, safety of the premises, food safety, medication, laundry and people's risk assessments. . Audits were undertaken on a monthly basis. Where action was required to be taken, we saw evidence this was recorded and plans put in place to achieve any improvements required.

We enquired about other quality assurance systems in place to monitor performance and drive continuous improvements. The registered manager had developed a system to analyse trends and patterns in relation to accidents and incidents. We saw that all accidents and incidents and been recorded and any actions identified had been completed.
We saw results from a recent feedback survey undertaken by the home and the registered manager had analysed the results and developed a chart made up of people's responses to multiple choice questions.

The home had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them
The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us [the Care Quality Commission] for any incidents or changes that affected the service.