

Woodside Farmhouse Limited

Woodside Farm House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

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

The service was developed and designed before the introduction of 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. The provider and management team were aware of the guidance and worked to support people in line with the principles. 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

Medicines prescribed for regular use were administered according to prescriptions and clearly recorded. Those medicines intended to be used when required, for example for pain relief or to help people when they were anxious were not consistently recorded.

We have made a recommendation about the management of some medicines.

Care plans were detailed and clearly guided staff on how people should be supported in all areas of their lives. These were reviewed regularly although we identified some examples where the review process had not been robust. Some supporting information was out of date or incomplete.

Audits to ensure robust record keeping which reflected people's needs had failed to identify the issues in recording the use of medicines to be used as required or the shortcomings in other records identified in this report.

There were enough staff to support people safely and enable them to go out when they wanted. Any gaps in the rota were covered by agency staff. These staff usually knew people well and were familiar with the service. Permanent staff told us it could be difficult when agency staff were new to the service and, at these times, people were not always supported according to guidelines in place. The acting manager told us they would address this problem.

Risks to people's safety, health and emotional well-being were well known and risk assessments had been completed to inform staff on how risks could be mitigated. These were reviewed and updated as people's needs changed.

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

People living at Woodside Farm House had complex needs and could become distressed and anxious at times. Staff had a good understanding of each person's needs and knew how they preferred to be supported. They understood what might lead to people becoming distressed and how to avoid these triggers. When incidents occurred staff and management reflected on the circumstances surrounding the event to see if any lessons could be taken from it to improve people's experience in the future. Staff received de-briefs to support their own learning.

Training was provided which focused on people's individual needs as well as training identified as necessary for the service. Staff were supported by a system of supervision and staff meetings.

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

Rating at last inspection

The last rating for this service was Good (report published 19 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to auditing systems and record keeping at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Woodside Farm House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector and a specialist advisor with experience of working in mental health services.

Service and service type

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

The registered manager had resigned their position the day before the inspection. Registered managers are legally responsible, with the provider, for how the service is run and for the quality and safety of the care provided. A registered manager from another of the providers services was working at the service as acting manager.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met and spoke with four people who used the service and eight members of staff including the acting manager and deputy manager.

We reviewed a range of records. This included two people's care records and two people's medication records. We looked at one staff recruitment file and a variety of records relating to the management of the service, including meeting minutes and quality assurance surveys.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and pre-assessment information. We contacted one relative and an external healthcare professional for their views of the service.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Some people had medicines for use when required (PRN). Records to document the use of these medicines did not ensure people were protected from the associated risks.
- We checked the Medicine Administration Records (MAR) for two people who had medicines to use when they were anxious or distressed. The records for one person did not reconcile with the amount of medicine in stock, with three tablets unaccounted for. When cross referenced with the electronic records, two of the inconsistencies could be accounted for but there remained a discrepancy.
- The second person rarely used this medicine. On the one occasion it had been administered there was no record to indicate why it had been used.
- One person had a pain killer to use 'as required'. The entry on the MAR did not record how often this could be administered or clearly indicate it was a PRN. The medicine box showed the prescription was made in 2017. There were no records to show this had been reviewed to check it was still an appropriate medicine.
- MAR sheets were generally disorganised. Some entries had spread over the allotted box making them difficult to decipher.

We recommend the provider ensure staff receive training and guidance to support good working practice when administering, and recording the use of, medicines to be used when required.

- Records for other prescribed medicines were accurate and tallied with the stock held.
- Following the inspection, the acting manager sent us an action plan outlining how the systems for administering, recording and auditing medicines were being improved.

Staffing and recruitment

- There were enough staff to meet people's needs. There were some vacancies and consequently agency staff were being used to make sure staffing levels were consistently met.
- Where possible the same agency workers were used, permanent staff told us these workers had a good understanding of people's needs.
- When agency workers less familiar with the service were used staff told us this could lead to people not being supported according to guidelines in place. We discussed this with the acting manager who said they would try to ensure more time was allocated for agency staff to read care plans and guidelines.
- Most members of the staff team had worked at the service for over a year and knew people well.
- Pre-employment checks such as criminal record checks and references had been carried out before staff started work.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and told us they would report any concerns to the acting manager. They were confident any issues would be dealt with.
- Information about how to report safeguarding externally was displayed in the service and staff were able to identify the appropriate agencies to notify if their worries were not taken seriously.
- Relatives told us they had no concerns about their family member's safety.

Assessing risk, safety monitoring and management

- Risk assessments were developed to identify when people were at risk and what actions staff could take to mitigate risk.
- The risk assessments were specific to people's individual needs and focused on taking the least restrictive action when keeping people safe.
- Utilities, equipment and fire systems were regularly checked to make sure they were safe and fit for purpose.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. These were highly individualised and considered people's emotional response in an emergency as well as their health needs.

Preventing and controlling infection

- The premises were clean and fresh. Regular infection control audits were completed to help ensure any problems were quickly identified.
- Staff had access to protective clothing to use when supporting people with personal care.

Learning lessons when things go wrong

- Following any incident staff had a formal de-brief. This was an opportunity to reflect on what had gone wrong and what could have been done differently. A member of staff told us; "We're well supported with de-briefs, and it's a chance to wind down after incidents, but they're not as frequent these days."
- Any incidents were reviewed by the management team and senior management. If appropriate action was taken to change the way support was delivered to mitigate risk.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when they first moved into the service. The acting manager told us they considered how people's needs might impact on others when deciding if the service was suitable for them.
- The need assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.
- The provider was signed up to STOMP, a national movement calling for stopping the over medication of people with a learning disability, autism or both, specifically in relation to psychotropic medicines.

Staff support: induction, training, skills and experience

- New staff completed an induction which included training and familiarisation with policies and procedures, organisational working practices and people's care needs. There was also a period of shadowing more experienced staff.
- Staff training was regularly updated. Staff told us the training was of good quality and equipped them to carry out their roles confidently.
- Training was provided across a wide range of subjects. There were plans in place for staff to receive face to face training in person centred care and support planning, drug and alcohol abuse and mental health. A bespoke training package in respect of supporting one person had been delivered to the team. One member of staff commented; "That was very useful."
- Staff received regular supervisions and annual appraisals. They told us they felt well supported on a daily basis and were able to ask for additional support if needed.

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

- Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- Some people had specific guidelines in place to support them in this area. Staff were able to describe the support people needed and understood why this was important.
- There were clear guidelines in place outlining the action staff should take, and when, if they were concerned about people's food and fluid intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- When people moved in, or out of, Woodside Farm House, staff worked with other providers to help ensure

people's experience was positive and their needs were met.

- Multi-disciplinary meetings were arranged so people's needs were holistically considered. Care plans contained clear information and guidelines provided by external agencies including the NHS.
- An external healthcare professional told us; "Any recommendations made at meetings are implemented in a timely manner and reviewed at the next meeting."
- People had access to GP's, dentists and other healthcare professionals.
- People were given information and support to encourage them to adopt a healthy lifestyle.

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

- The premises had been adapted to provide people with privacy and support their independence.
- Most people had their own living area and kitchen facilities. Three people shared a kitchen and two lounge/dining areas. It had been identified that this arrangement was not working as well as it had in the past and plans were in place to change people's living arrangements.
- A shared lounge area had not been decorated or furnished to create a welcoming environment. People's personal spaces, and areas which were not shared, were welcoming and reflected people's taste and preferences.
- A maintenance worker was employed to make sure any defects in the building could be addressed in a timely manner.

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.

- Capacity assessments had been completed to demonstrate if people were unable to consent to aspects of their care. When no DoLS were in place for specific situations any decisions were taken in line with the best interest process.
- DoLS applications had been made appropriately and some authorisations were in place. Where conditions were attached to the authorisations these were being complied with.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff knew people well and had a good understanding of their needs and preferences.
- Care plans contained details about people's backgrounds and personal histories. This meant staff had access to information which helped them understand people.
- People were treated with respect and compassion. Staff knew what mattered to people and demonstrated an understanding of their needs when then speaking with us.
- People and relatives told us staff were friendly and approachable. A response in the most recent quality survey read; "The staff are brilliant and are always on hand for advice and to answer any questions."
- One person had been through a bereavement. Staff had worked with the person to support them to express their grief.

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

- Meetings were held to give people an opportunity to talk about the way they were supported.
- Staff understood how best to communicate with people and how to encourage them to express their views. One member of staff was responsible for developing individual communication systems to support people in this area.
- Care plans contained detailed information about people's communication needs with multiple examples detailing how to approach effective communication.
- Staff introduced us to people and encouraged them to share their views of the service and tell us about their lives. People showed us pictures of things they liked doing. One person was particularly proud to show us their accommodation and talk about how they used the kitchen.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop their independence. For example, we saw people were supported to make their own drinks and food as well as developing their skills with money management.
- One person needed to be observed at all times to ensure staff would be immediately aware if they became unwell. The acting manager was reviewing how this was done to see if the person could have more privacy at times.
- Staff understood the importance of personal relationships to people. Family relationships and friendships were supported.
- Personal information held by the service and relating to people using the service was being treated

confidentially and in line with legal requirements.

Is the service responsive?

Our findings

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

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

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

- Care plans gave staff information in areas such as people's background history, likes and dislikes, health and social care needs, care outcomes, and how they would like to be supported.
- Most staff had worked with the people at the home for a long time and knew them well. Where new staff had joined they told us care plans were a good source of information as well as talking with people and their relatives. One member of staff described the care plans as; "gold."
- Daily notes were kept which reflected how people had spent their time and information about their health and well-being.
- Handovers between shifts helped ensure staff were up to date with any change in people's needs and were aware if people were distressed or anxious.

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.

- Staff knew how to support people to understand written information. Easy read documents were used where appropriate.
- Care plans and hospital passports contained information about how people could be helped to understand information. Social stories were developed to support people's understanding of complex situations.

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 to pursue hobbies and spend time doing things they enjoyed.
- Some people attended a local college and had developed social networks outside of the service.
- People used the local amenities and attended clubs in the area. Staffing was arranged so people were able to organise their days as they wished, going shopping or on trips out according to their preferences.

Improving care quality in response to complaints or concerns

- There were no ongoing complaints at the time of the inspection. When complaints had been raised these had been dealt with in line with the organisations policies and procedures.

End of life care and support

- No-one had expressed any wishes about how they wanted to be cared for at the end of their lives. The provider had care plan templates to use if needed.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Records did not always reflect people's needs or accurately document the support people had received.
- Some supporting information was out of date or incomplete. Hospital Passports, used to give hospital staff basic information about people's health needs, had not been updated and contained old information which was incorrect. A Health Action Plan was not dated and some sections had not been completed.
- Care plans had been marked as reviewed but some information was out of date. Some historical information was included but it was not clear what, if any, relevance the information had to the person's plan of care at the time of the review.
- There were a series of audits in place to monitor service delivery. These had failed to identify the issues in the management of, and administration records for, medicines to be used as required.

We found no evidence anyone had been harmed. However, the failure to ensure records were accurate and up to date was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Accidents and incidents were recorded and communicated to Potens senior management team. They analysed incidents over a period of time and identified if any changes to the delivery of care were needed as a result.
- There was no registered manager in post at the time of the inspection. A new manager had been appointed and was due to start work in the weeks preceding the inspection. The acting manager overseeing the service told us the new manager would submit their application for registration shortly after taking up the post.
- The manager was supported by a deputy manager, team leaders and a senior. All had clearly defined roles and responsibilities.
- Staff told us they were treated fairly. No-one reported any incidents of discrimination.

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

- Meetings for staff and people living at Woodside Farm House were regularly held. These were an opportunity for all to express their ideas and contribute to how the service was organised.
- At a recent meeting staff had asked for additional training to support their use of the electronic care planning system. The acting manager had arranged for them to have access to a test site and for extra

training to be provided.

- Annual surveys were sent out to all stakeholders to gather their views of the service provided. Results from the previous survey were positive.

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

- The values of the organisation were displayed within the service. New employees received information on the company ethos as part of the induction process.
- The organisation employed a PBS lead who worked with the staff team as required to help ensure care was delivered in a way which met people's individual needs. They were able to develop and deliver bespoke training to achieve this.

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 acting manager spoke with us about their responsibilities under the Duty of Candour. A duty of candour incident is where an incident occurs that results in physical or psychological harm to people.
- The acting manager had discussed these responsibilities with the staff team to progress their understanding.

Working in partnership with others

- Records showed evidence of multi-disciplinary approaches to supporting people.
- A health care professional told us; "Both management and support workers have been very keen to develop their understanding of the client through assessment and training from a variety of external professionals (such as speech and language therapy, psychology and occupational therapy)."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure that accurate, complete and contemporaneous records, including records of care and treatment provided were kept in respect of all service users.</p>