

Miss Kitty Hung

Woodside Residential Home

Inspection report

10 Leyland Avenue
St Albans
Hertfordshire
AL1 2BE

Tel: 01727869406

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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

Woodside Residential Home 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. Woodside residential home accommodates three people in one adapted building.

At our last inspection on 2 February 2016 we rated the service good. At this inspection on 12 September 2018 we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People felt safe and staff knew how to mitigate risks to people's health and wellbeing. Medicines were managed safely and infection control practice adhered to. Safety checks and fire drills were completed appropriately.

People were supported by sufficient numbers of trained staff who felt supported and had been recruited safely.

People said that staff were kind and respected their privacy and dignity. People were able to make their own choices and were supported to live independent lives. People enjoyed their food and were able to participate in cooking when they wished. There was regular access to health and social care professionals.

People received care and support that they needed in a way they liked. Care plans were written with people and in some instances by people themselves. People decided what activities they wanted to enjoy and some people were working in local charity shops. There had been no recent complaints but people knew how to raise concerns and any grumbles had been resolved promptly.

People and staff were positive about the registered manager and how the service was run. There were

quality assurance processes in place to help maintain standards in the service.

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 remained safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led.	Good ●

Woodside Residential Home

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and 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 12 September and was unannounced.
The inspection was carried out by one inspector

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We did not request a provider information return (PIR) for this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with two people who used the service, one staff member and the registered manager, who is also the provider. We reviewed information from service commissioners and health and social care professionals. We viewed information relating to two people's care and support. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I feel safe." Another person had noted in some feedback, "I can speak to staff about anything that is bothering me."

People were supported by staff who had a clear understanding of how to keep people safe. This included how to recognise and report abuse. Staff received regular training and updates. There was information available to people about what to do if they were worried or someone had treated them badly and staff supported people to make wise decisions.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly. Risk assessments were in place for areas including using the kitchen, internet safety, relationships and going out. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. We noted that there were a low number of incidents. However, all accidents and incidents were reviewed to ensure all remedial actions had been taken and the risk of a further incident was reduced.

There were regular checks of fire safety equipment and fire drills were completed, which included evacuating and involving people who used the service. Staff knew how to respond in the event of a fire. The provider ensured that other checks, such as electrical or health and safety assessments, were also completed to help maintain people's safety.

People and their relatives and staff told us that there were enough staff available to meet people's needs. Throughout the course of the inspection we noted that there was a calm atmosphere and that people received their care and support when they needed it and wanted it.

Safe and effective recruitment practices were followed to help make sure that all staff were suitable for working in a care setting. This included written references and criminal record checks. Staff employed at the service had been there a number of years so there had been no new recruits since our last inspection. One staff member said, "We have a great team here."

People's medicines were managed safely. Medicines were stored safely and administered by trained staff. We checked a random sample of boxed medicines and those in the pharmacy blister packs and found that stocks were accurate with the records. Control measures were in place to ensure these were managed safely. Staff received training and regular competency assessments. People received regular reviews to help ensure medicines they were taking were still appropriate for their needs.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. We saw that the home was clean and fresh on the day of our inspection. We noted that people were reminded about good hygiene including handwashing and cleaning the kitchen after use. The service had a five-star food hygiene rating from the environmental health agency.

Lessons learned were shared at team meetings, supervisions or as needed. We noted that any issues were discussed and remedial actions put into place.

Is the service effective?

Our findings

People told us that they felt staff were skilled and knowledgeable to support people living at the home. One person said, "Sometimes I don't understand staff but they always repeat themselves and help me understand."

Staff received training to support them to be able to care for people safely. This included training such as moving and handling, first aid, fire safety and safeguarding. All staff had recently attended training in relation to urinary tract infections and dehydration. Staff told us that there was enough training. One staff member said, "There are always updates and it's good to have refreshers." The registered manager told us, "We all recently did the care certificate induction questions, even though we have all been here for a long time, it was good to go through the questions." Staff told us that they felt supported and were able to approach the management team for additional support at any time. One staff member said, "[Registered manager] is great, can always go to her."

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 registered manager demonstrated a clear understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful and they had their human rights to freedom protected. Everyone living at the service had capacity to make their own decisions. People had recorded their choices in regards to what they did and how they spent their day noting that they enjoyed living at the service because of the freedom and independence it gave them. People were supported to make their own decisions about how they spent their day. Staff supported people to ensure they had all the information they needed to make an informed decision. A health professional was noted to have stated that the service managed difficult situations in relation to decisions and capacity very well.

The home was an adapted house which meant the service had a homely feel. People had their own rooms, which were personalised so that they could have their own space. There was a kitchen where people prepared their food and a lounge for people to spend time together. There was also a garden that people could enjoy. The house was located near to shops so people could walk and get shopping easily.

People were supported to enjoy with a variety of food and their individual likes, dislikes and dietary needs were well known by staff. One person told us, "We had toad in the hole and shepherds pie recently." The menus in the home were flexible and staff asked people what they wanted to eat. People were able to

prepare their own meals if they wanted and make drinks as and when they fancied it. We noted it was a homely atmosphere as while making their breakfast, one person offered the registered manager a cup of tea. Later in the day we noted when the registered manager made a coffee they went and asked if anyone else wanted a drink. Assessments had been undertaken to identify if people were at risk from not eating or drinking enough and a record of what people had consumed was maintained.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. For example, GP, psychiatrist, sexual health clinics and a chiropodist. People told us that staff helped ensure they went to their appointments and supported them appropriately.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "They are kind, I can talk to them." Another person said told us, "[Staff member] is my keyworker, we have really good conversations. I have a good relationship with the staff."

Staff were calm and friendly with people and we observed them interact with people in a warm and caring way. Staff listened to people and gave people time when it took time for them to verbalise what they were communicating.

Staff respected people and supported them with dignity. We noted that all staff worked in a way that demonstrated it was people's home. The registered manager gave people reassurance about the inspection process, reminding them that it was ok for them to go about their usual day. Reviews to people's care involved people. Plans detailed ways in which staff could try to encourage people's involvement by offering choices and supporting them to live independently where possible.

People living at the service, and all of the staff supporting them, had been there for a number of years. This was evident in how people responded to staff and the awareness staff had about people's needs, life histories and preferences. They were able to tell us about people's health, families and important relationships and their interests.

People were encouraged maintain relationships in whatever form they took. This included with family members, partners and friends. Staff told us that when people had been in personal relationships while living in the home, they ensured they had the privacy they wanted. People told us that they were supported by staff in their personal relationships. This included support with health appointments, relationship advice and respecting their privacy. Relatives and friends of people who used the service were encouraged to visit at any time.

People's records were stored in a lockable office in order to promote confidentiality for people who used the service.

Is the service responsive?

Our findings

People's care plans were detailed and person centred. They included information that enabled staff to promote independence where people were able and provide care in a way people preferred. We found that in some instances people had written the plan themselves. We saw, and people told us, that people were involved in all reviews and were the key person to make and agree plans for care and support.

During the inspection we observed staff being prompt in supporting people and responding to their needs in a way that confirmed they knew people well. A person who used the service told us, "I'm really happy here." Another person said, "Everything is done very well."

The service did not provide nursing care and the registered manager told us that they had not yet needed to provide end of life care for people. However, they had prepared for it by ensuring people had their wishes documented in their support plans.

People were supported to participate in activities in and outside of the home which reflected hobbies, interests and preferences. We saw people enjoyed holidays, walks, visiting the library and shopping. Everyone had an active social life with friends and families. One person did voluntary work. People told us that staff supported people to do things that they enjoyed. One person said, "This is why I like living here, I can do what I want, when I want and how I want." Staff knew what people enjoyed and facilitated this.

There had been no recent complaints received. Complaints and minor concerns raised previously had been fully investigated. Where issues were raised during resident meetings, we saw that this was resolved during the meetings. People told us that they knew how to raise concerns but had not needed to. One person said, "If I had a problem I could talk to my keyworker, [registered manager] and I could speak to my social worker but everything is good."

Is the service well-led?

Our findings

The registered manager was well known throughout the home and people told us they liked her. We noted that she provided support to people and knew people well. One person said, "[Registered manager] works very hard, I'm very happy with her." Staff were positive about the registered manager. One staff member said, "She's not just a manager, she's a friend."

There were quality assurance systems in place. These were used consistently and appropriately. As a result, any issues found were addressed. For example, any reviews needed for care plans were identified and any infection control issues resolved. People told us that they felt there was nothing that needed to be improved at the service. One person said, "Nothing could be better, they do everything very well." The registered manager had regular contact with a local care providers association and the local authority who provided them with support and guidance as needed. The local authority commissioners had awarded the service an excellent rating at their last monitoring visit.

There had been a survey completed and we saw that the feedback was positive. The responses were collated and then the registered manager had reviewed them to see if any actions were needed. There had been no suggestions made. Feedback about the service was sought not only from people living there but also their relatives, staff who supported them, neighbours and professionals who supported people. All responses included very positive feedback about the service. People who used the service had stated, "I am happy to live here and have my independence." And also, "I love my room, my privacy." One response from a neighbour stated, "There is always a lot of laughter and joy at the house. We love having [names of people, registered manager and staff] in the street. They always enjoy the annual street party."

There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help staff remain informed about updates in the home and the community and an overview of people's care.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. There had only been one instance where a notification should have been sent. However, the registered manager had not considered the instance notifiable but assured us that going forward should there be a recurrence, they would send the notification.