

Progress Care and Education Limited

Woodlands

Inspection report

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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

About the service

Woodlands is a residential care home registered to provide accommodation and personal care for up to four people. At the time of the inspection three people were living in the service.

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

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

Medicines were managed safely. We observed sufficient numbers of staff in place to support people's needs and staff had been recruited safely. People looked relaxed in the company of staff and people's relatives confirmed they felt people were safe living there.

Staff had undertaken a range of training to support the care which people received. Where required relevant professionals had been involved in the assessments of people's needs. The service had been developed to meet the individual needs of people living there. People's dietary needs were supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received good care, their needs, likes, dislikes and choices were provided by the staff team. People were treated with dignity and respect and they were involved in decisions. Care files were individualised and contained information about how to deliver care to people. Records included information about how to communicate with people effectively. A range of activities were provided to people.

The registered manager understood her role and responsibilities and she was open and transparent with the inspection process. There was evidence of community engagement taking place. A range of audits and monitoring was seen. We received positive feedback about the registered manager and the staff team.

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

Rating at last inspection

The service was rated good at the last inspection (Published on 14 December 2016).

Why we inspected

This was a scheduled inspection based on the previous ratings.

Follow up

The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. The inspection may be brought forward if any risks are identified.

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 remained good.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained good.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained good.

Details are in our well-led findings below.

Woodlands

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two adult social care inspectors.

Service and service type

Woodlands 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 service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to our inspection we checked all of the information we held about the service. This included any statutory notifications that the service is required to send to us by law, any allegations of abuse or feedback about the service. We also checked the provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used a planning tool to collate the information prior to our inspection.

To understand the experiences of people using the service we observed the interactions between staff and people living there. We also spoke with two relatives of people living in the service. We spoke with six

members of staff. These included three care staff, the deputy manager, the operations director and the registered manager who took overall responsibility for the service. We looked at a number of records. These included a care file, medication administration records, two staff files, training records and associated documentation relating to the operation and management 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 remained the same; good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place which ensured allegations of abuse were dealt with appropriately. Policies and procedures were in place to support staff understanding on how to deal with allegations. Safeguarding records confirmed allegations had been investigated and acted upon. The service discussed the actions taken to keep people safe as a response to a previous concern.
- People appeared relaxed and happy in the company of the staff. Relatives confirmed people who used the service were safe in the service. One said, "Feel he is safe yes I do." Training records confirmed relevant training had been completed.

Staffing and recruitment

- Sufficient numbers of staff were available which ensured people who used the service received the care as required. Staff were seen supporting people according to their needs and wishes. Relatives raised no concerns in relation to the staff in the service. They said, "The staff are very much like family."
- Safe recruitment practices had been developed by the service that ensured only suitable staff were employed. Relevant suitability checks such as proof of identity and referencing checks had been completed.

Assessing risk, safety monitoring and management

- Risks had been assessed and managed safely. A range of individual risk assessments were in place which supported people's care needs safely. Environmental risk assessment had been completed which covered a range of areas in the service as well as supporting people in the community.
- Relevant servicing and environmental checks had been completed. These confirmed the service was safe for people to live in and staff to work in. Fire risk assessments and personal emergency evacuation plans had been developed with good information about how to support people to evacuate the service in the event of an emergency.
- Systems were in place to report, record, investigate and monitor incidents and accidents. Information included the nature of the incident as well as the actions taken as a result. The service monitored any incidents ensuring any patterns or trends were identified to reduce any future risks.

Preventing and controlling infection

- Safe infection control procedures had been established in the service. All areas of the service were clean and tidy and free from clutter. Policies and guidance was available to guide staff on safe infection control practices. Infection control audits had been completed and included any findings from these which ensured the service was clean and safe for people to live in.

Using medicines safely

- Medicines were managed safely. Relevant training had been provided and policies were in place to support the safe management of medicines. Medicines administration records had been completed and medicines were stored safely.
- No concerns were raised about the management of medicines. We observed medicines given to people who used the service safely.

Learning lessons when things go wrong

- Systems were in place that supported lessons learned. Team meetings included information about any lessons learned to be shared with the staff team. Records included links that ensured lessons learned were shared with the provider.

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; good.

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

Staff support: induction, training, skills and experience

- Staff received the training to ensure they had the knowledge and skills to deliver care to people effectively. The training records confirmed the range of training provided as well as any future training dates planned. Training included emergency first aid at work, basic life support and introduction to learning disabilities.
- Staff confirmed the service provided them with the training they required. Relatives were complementary about the skills of the staff team. One said, "They [the staff] know him really; really well and have worked there for a long time."
- Records had been completed which confirmed detailed and regular supervisions were taking place along with annual appraisals. Discussions around staff performance and support was discussed. Records included information about any actions required following these.

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).

- Systems were in place that ensured the principles of the MCA were maintained and people protected. Relevant capacity assessments and bests interests' decisions had been recorded in people's care files. Records confirmed DoLS applications had been submitted to the assessing authority. Information relating to assessments and DoLS authorisations was in place. This ensured people were not being deprived of their liberty unlawfully.
- Staff understood the principles of the MCA and DoLS and how these related to people's everyday lives. Training records confirmed staff had undertaken DoLS and MCA training. Staff were observed seeking consent from people who used the service for any care or activity. Staff were able to demonstrate how they ensured people who used the service had consented to their care. Care files contained some information in

relation to consent being obtained from people or their relatives.

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

- The service had developed systems which ensured appropriate assessments of people's needs took place. A detailed preadmission assessment process and transition plan was undertaken prior to people moving in. This ensured only suitable people moved into the service.

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

- People were provided with appropriate and timely support for their individual needs. Care records confirmed relevant referrals had been made to professionals to meet people's health and care needs.

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

- The service had been developed to meet the individual needs of people who used the service. The service had been decorated nicely. People's bedrooms were individualised and they had been involved in the decoration and furnishing of their rooms. Some signage was available with pictorial information which ensured where the written word was difficult to understand people were able to move around the service safely.
- The service was situated in a residential area on the outskirts of Preston close to local shops and public transport links. We observed people who used the service accessing the local community with support from the staff team.

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

- The nutritional needs of people who used the service were supported. Staff supported people who used the service with their individual meal requirements. We observed people eating meals of their choice during the inspection.
- Care records contained information about managing people's individual nutritional requirements.

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; good.

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;

- People received good care and their equal and diverse needs were met. We observed staff interacting well with people, providing care to them as they required it. Staff were heard speaking with people nicely and with respect, ensuring they were involved in decisions about their care. Relatives told us the service was, "Fabulous they have [persons] best interests at heart. He has come a long way, come on leaps and bounds, no issues" and "I would give them five stars."
- Records included information about people's likes and needs. One page profiles had been developed which had good information about how to support people and what was important to them.
- Guidance had been developed that supported staff and people who used the service in relation to Human Rights and adults living with a learning disability. An easy read format had been developed to support people who had limited written communication skills.

Respecting and promoting people's privacy, dignity and independence

- The service ensured people's, privacy, dignity and independence was maintained. We observed people's care was delivered in the privacy of their bedrooms or bathrooms. Staff were observed talking to people quietly maintaining their dignity.
- The service had developed a variety of ways to communicate effectively with people that ensured their independence and choice was promoted. Pictorial cards and basic verbal communication were utilised to encourage people to be independent in a variety of ways. A range of policies were available to support staff in ensuring people's privacy and dignity was supported.
- Care records and staff files were stored in the office which could be locked when not in use. This supported the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

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

- People were supported in making decisions about their care and were supported to express their views. Relatives told us, "[Person who used the service] is able to get anything he wants they will find it" and "It is up to him what he wants to do." We saw staff consistently speaking to people gaining their choices and views in all aspects of their care. We saw that people had been supported to develop a vegetable garden at the property. Photographs confirmed where people had been involved.
- Care records contained information that confirmed their views had been sought and considered. Records

included, 'what is important to me and how best to support me'. Information was completed in the written word and pictorial format which supported people's understanding.

- Information relating to advocacy service was on display that supported people in making decisions.

Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

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; good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records had been completed which supported the delivery of care to people. Records included good information about people's individualised support needs and how staff can provide effective care to people. Evidence of reviews were seen. Records had been completed with the use of pictorial information which supported people's understanding where the written word was limited.
- Relatives confirmed they had been involved in the development of care files. One said, "We are involved in changes to care plan and reviews."
- A wide range of personalised activities were provided to all people living in the service. An activities board had been developed that included information about the activities undertaken including social events and competitions. Staff were seen communicating with people with the use of picture boards to support their decisions in what they wanted to do. We observed people undertaking activities during our inspection. Relatives told us, "He is quite happy he goes all over the place. He has a planner to decide on his activities they [people who used the service] all went to Cornwall. His key worker sends photos of where they are and what they are doing. He has a lovely life there."
- The service made use of technology. Computer systems were used to develop care records, to support staff training and the audits and monitoring of the service.

End of life care and support

- End of life care and support planning was developed in the service. End of life care plan had been developed which included information around discussions with relatives. Care plans had been developed in picture format. This supported people who used the services' understanding of the topic discussed.

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.

- Records included details about how to meet people's communication needs. Care files included good information about how to communicate effectively with people. Care plans had been developed with the use of pictorial information. These contained a picture format about how people who used the service communicates their wishes.

Improving care quality in response to complaints or concerns

- The provider had systems in place that ensure complaints or concerns were dealt with effectively. Policies and guidance were in place and on display in the service about how a complaint or concern would be dealt with. No complaints had been received however a system was in place to record investigate and act on complaints. Positive feedback had been received. Comments included, "I just want to thank you and your staff team for their support and their professional attitude throughout, you have done an amazing job in very difficult circumstances." Relatives we spoke with raised no complaints about the service. They told us, "Never had a slight concern from the staff" and "No concerns none what so ever."

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 remained the same; good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team understood their role, responsibilities and the operation of the service. The registered manager demonstrated their understanding of the operation of the service and their understanding of the needs of all people living there. Staff were seen undertaking their role and duties independently.
- We received positive feedback about the registered manager and the support they provided. Comments included, "The new [registered] manager is really good. She is on top of things, definitely know what they are doing", "The managers are absolutely supportive and very approachable. We are constantly striving to improve" and "The manager is great. Everything is about [people who used the service]. We are definitely supported by the management. They are very approachable."

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

- The service promoted a positive culture that was person-centered and supported good outcomes for people. Certificates of the services registration and the ratings from the last inspection were on display in the service along with the employer's liability insurance. A copy of the PIR that had been submitted to the Care Quality Commission as part of the inspection process.
- The registered manager, senior team and staff were all supportive of the inspection process and any information requested from them was provided promptly.

Continuous learning and improving care

- The service had systems that ensured continuous learning and improving care was provided. A range of provider policies and procedures were available to all of the staff team. These were updated as required. A range of guidance was on display in the service that supported the knowledge and skills of the staff team.

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 service was open and honest and understood it's legal responsibility and duty of candour. A range of audits were being completed and actions plans had been developed that supported improvements in the service. Records included observations of practice and spot checks taking place out of hours that ensured

the service was providing good care to people who lived there. Senior management audits and reviews of the service were taking place that ensured the provider monitored the service delivery.

- Development plans were seen which included the plans for the service which ensured people continued to receive good care that met their needs.

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

- The service demonstrated that systems had been developed that engaged and involved people who used the service, relatives and staff. Team meetings were being held regularly. Staff told us and records we looked at confirmed this. Minutes confirmed the topics discussed as well as the dates and attendees.
- We saw evidence of feedback from people and staff. Your voice meetings had positive feedback. We saw copies of completed records with positive feedback seen. Relatives told us, "They know you as a family. They keep informed of anything."

Working in partnership with others

- The service demonstrated good partnership working was in place. Records contained information that confirmed various health and care professionals had been involved in people's assessments and care needs where required.