

# Truecare Group Limited

# Woodlands

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 20 and 21 July 2016 and was unannounced.

Woodlands provides a range of services for up to six people with a learning disability. At the time of our inspection there were six people using the service. The home is in a residential area close to local amenities. The home has a large accessible garden with parking to the front.

There was a registered manager in place. 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 who lived at the home, their relatives and staff told us people were safe. There were systems and processes in place to protect people from the risk of harm. These included thorough staff recruitment, staff training and systems for safeguarding people from abuse.

There were enough suitably trained staff to meet people's individual care needs. We saw staff spent time with people and provided assistance to people who needed it. Staff were available to support people to go on trips or visits within the local community.

People were supported to keep healthy. Any changes to their health or wellbeing were acted upon and referrals were made to social and healthcare professionals to help keep people safe and well. Accidents and incidents were responded to quickly. Medicines were managed safely and people had their medicines at the times they needed them.

Staff followed the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were protected where they were unable to make decisions.

Staff were patient, attentive and caring in their approach; they took time to listen and to respond in a way that the person they engaged with understood. They respected people's privacy and upheld their dignity when providing care and support.

There were effective systems in place to monitor and improve the quality of service through a programme of audits and checks.

There was an open and inclusive atmosphere in the service and the manager showed effective leadership. People at the service, their relatives and staff were provided with opportunities to make their wishes known and to have their voice heard. Staff spoke positively about how the manager worked with them and encouraged team working.

## 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.

Staff had received training on how to keep people safe, and safeguarding procedures were in place to protect people from possible harm.

There were safe recruitment practices in place and appropriate recruitment checks were carried out before staff started work.

Staffing levels were adequate and enabled the delivery of care and support in line with people's assessed needs.

### Is the service effective?

Requires Improvement ●

The service was not always effective  
Staff had not all received regular supervision and appraisal.  
However the manager has put a plan in place to rectify this over the next three months.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005. Staff obtained people's consent before they delivered care and support and knew what action to take if someone was being deprived of their liberty.

People received the assistance they needed with eating and drinking and the support they needed to maintain good health and wellbeing.

### Is the service caring?

Good ●

The service was caring

People were supported by staff in a respectful, kind and caring way.

People's dignity was maintained and staff responded to people quickly when they showed signs of distress or discomfort.

There were no restrictions on people's friends and family visiting them.

### Is the service responsive?

Good ●

The service was responsive.

People had access to activities of their choice on a daily basis.

People were regularly involved in reviewing their care plans.

People knew how to raise concerns should they need to.

### Is the service well-led?

Good ●

The service was well-led.

The manager knew the responsibilities of their role.

Processes were in place for checking the quality of the service.

There was an open culture in the home.

# 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.

The inspection took place on 20 and 21 July 2016 and was unannounced.

The inspection was conducted by one inspector.

The provider completed a Provider Information Return (PIR). This 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 reviewed other information that we held about the service, such as notifications of serious incidents, safeguarding concerns and deaths that the provider is required to send us by law. We used this information to assist us in the planning of our inspection.

During our inspection we spoke with two people who lived in the home, one relative, six staff and the manager. We looked at the records of three people, four staff files, training records, complaints and compliments, accidents and incidents recordings, medication records, and quality audits.

We contacted two health care professionals for feedback about the service but at the time of writing this report we had not received any response.

# Is the service safe?

## Our findings

People told us they felt safe. One person told us, "Yes I feel safe living here, the staff are alright." A relative told us, "I think that [person's name] is quite safe living at Woodlands. I am quite happy they are in a safe environment."

People were protected from abuse. Staff had received training in safeguarding adults and training records showed this was up to date for all staff. Staff were able to explain to us the various forms of abuse that people were at risk of and who they would report this to. Some of the staff had worked at the home for many years and knew people well. Staff explained that this was important as they would be able to notice any small changes in behaviour that may indicate abuse. One member of staff told us, "I would report any concerns to the manager or senior staff on duty." Staff told us they were encouraged to raise any concerns and were aware of the processes and procedures to follow. We saw that the provider had policies and procedures in place to keep people safe such as safeguarding and whistleblowing procedures. Staff were aware of both and knew how to raise any concerns regarding poor practice to agencies outside the organisation, such as the local authority safeguarding team and the Care Quality Commission (CQC).

Potential risks to people in their everyday lives had been identified, such as risks relating to personal care, medicines, behaviour that may challenge the service and monitoring their health. Assessments indicated the severity and likelihood of the risk and control measures were considered to reduce the risks. Risk assessments

focused on enabling the person to be as independent as possible and staff supported people in a positive manner that supported them person's to achieve this.

Each person had a Personal Emergency Evacuation Plan (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations.

There were sufficient numbers of staff deployed to meet the needs of the people living at the home on the day of the inspection. Staff told us that there were sufficient staff available to support people. The manager informed us that staffing levels were increased to enable people to take part in planned activities that may require higher levels of staff support.

The provider had a robust recruitment procedure in place. We reviewed staff files and saw that all of the relevant checks were carried out to make sure staff were suitable to work with people who needed care and support. These included references from previous employers to evidence their conduct in previous employment and proof of the person's identity. Disclosure and Barring service (DBS) checks had been carried out. The DBS checks a person's criminal background for cautions or convictions. Staff had to complete a six month probation period to ensure they had the right qualities and skills to work at the service. This ensured only staff who were suitable to work in a social care setting were employed.

Medicines were managed safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicines given. Records showed that medicines had been administered as instructed by the person's doctor. There were systems in place to make sure people were able to take their medicines with them when they went out for the day. The medicine fridge and room temperatures were checked to ensure medicines were stored at the correct temperatures. Only staff who had received training in medicine administration were able to support people with their medicines. Staff told us about checks the provider carried out to ensure they were competent to administer meds. The provider informed us that after a staff member had been deemed competent, regular checks were completed to ensure they had retained their abilities to administer medicines safely.

## Is the service effective?

### Our findings

A person who lived at the home told us, "Staff know what they are doing" and a relative said, "Staff are well trained and are very good." Staff told us that they felt they received appropriate training to enable them to care for people effectively. One member of staff told us, "You learn a lot from the training. It gives you the skills to do the job properly."

The provider had a policy for the frequency of supervisions and appraisals. Supervision and appraisals are important tools which help to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. Not all staff had received supervision in line with the provider's policy and the manager could not find minutes of supervisions that we were told had taken place for some staff. We were concerned that supervision notes we reviewed were not individualised and a number of records in respect of staff members' supervision meetings had content that was identical in parts to other staff members. For example, one person's supervision record was identical in content in respect of staff training to another staff member and did not reflect the earlier statements in the record. The manager took immediate action. They arranged further supervision training and prepared a timetable of when all staff will be in receipt of regular supervision. Although staff had not received regular supervision, they told us they felt well supported and discussed things on daily basis with senior staff and the manager when necessary.

New staff were provided with a comprehensive induction comprising of shadowing experienced colleagues and attending various training courses. Staff were also working towards attaining their Care Certificate. The Care Certificate is designed to ensure all care staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

We saw a training plan was in place and had been updated to reflect what training had taken place and what training was required. Training was monitored by the provider and the manager received regular reports to ensure that staff were accessing the training they required. The training included mandatory training such as fire and health and safety and also topics which were specific to people's needs such as communication and managing challenging behaviour.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. MCA 2005 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.

We found staff had a good understanding and knowledge of the key requirements of the MCA 2005 and DoLS. Staff put this knowledge into practice on a regular basis and ensured people's human and legal rights were respected. Care records showed that people's capacity had been assessed and, where necessary, meetings held in a person's best interests had been recorded. The manager had assessed where people



were being deprived of their liberty and had submitted applications to the local authority for the six people living at the home.

Staff told us people enjoyed their food and drinks and were given a choice of what they wanted on a daily basis. We saw people were provided with their choices and they ate their meals where they wanted. People were involved in choosing menus and picture cards were provided to assist people in this process. Staff told us if people did not want the choices on the menu, alternatives would be provided.

Records showed people had received care and treatment from healthcare professionals such as opticians, dentists and GPs when required. Appropriate referrals had been made and these were made in a timely way to make sure people received the necessary support to manage their health and wellbeing. Each person had a health passport. This contained information about how staff should communicate with the individual concerned, along with medical and personal details. This document could then be taken to the hospital or the doctor to make sure that all professionals were aware of people's individual health needs. We saw that information had been kept up to date and reviewed appropriately when people's health needs had changed.

## Is the service caring?

### Our findings

People living at "Woodlands" told us they found the staff very caring. One person told us, "The staff are very helpful they really support me." A relative told us, "I cannot fault the staff. They are always very caring and kind towards all the people in the home." One staff member told us, "I really enjoy my job, we can make a real difference to people's lives."

During our inspection we saw staff treated people in a respectful and dignified manner. There was an inclusive atmosphere in the home. There were communal living rooms where there was a music channel playing on the television and people were walking in and out. Some people were getting ready for their activity or going out. Staff told us people sometimes wanted private time alone in their bedrooms and staff respected this. There was a relaxed and friendly atmosphere at the home. People looked comfortable with the staff that supported them. We observed staff respond quickly when people showed any signs of distress or discomfort. For example, staff were aware of the signs that someone may be becoming anxious and when they saw these signs they offered support and reassurance.

People were encouraged to maintain their independence. During the inspection we saw a person doing their own laundry and accessing the kitchen to make their own drinks and prepare their lunch. Staff offered support if the person asked staff to help them complete the activity. Staff immediately responded but offered minimal support and encouraged the person to be as independent as possible.

People were supported to make day to day choices such as where they went and what they did. One person told us how they had wanted to change what they did during the day as they were no longer enjoying what they were doing. We heard how staff had listened to them and new opportunities were being trialled to see which they might like. A relative spoke to us about the, "Great interactions," between their family member and the staff that supported them in making informed decisions about the care they received and how they spent their time.

People were treated in a dignified and respectful manner by staff. People we spoke with told us that staff treated them with respect, with one person telling us, "If I am in my bedroom staff always knock before they enter." People told us they were treated as individuals and knew about their rights to privacy. We observed people were treated as individuals and staff were mindful of people's preferred needs. The relatives we spoke with told us they felt their relation was treated with respect.

Where appropriate people had access to advocacy services. People were provided with information on how to access an advocate to support them through complex decision making, such as moving into supported living in the community. Advocacy services are independent of the service and local authority and can support people to make and communicate their wishes.

The manager told us that people were welcome to visit the home at anytime and there were no restrictions on when people visited their relatives. The home encouraged people maintain relationships with their family if they wished and organised trips or stays at the relative's home, if the family were unable to arrange this

themselves. We saw from care records that many people who wanted to have contact with their families did so.

## Is the service responsive?

### Our findings

The people we spoke with told us that they had their choices and views respected. We observed staff consistently gave people choices about their care. For example, on the day of our inspection three people went out to a local beach for a walk and ice cream. We observed that people were asked what they wanted to do and were involved in discussions about who would go on the outing. The manager told us that they tried to provide activities according to what people wanted, on a flexible basis. For example, the previous day someone had been planning to go to the cinema but chose instead to take part in other activities. A relative said "I think they do their best with the staff they have. They seem to do activities most days."

Staff told us how important it was for them to be vigilant and respond to people's needs quickly. We observed that staff were responsive to people's needs and requests for help. Staff were attentive and responded quickly to provide reassurance or distraction when someone began to show signs that they were unsure or anxious. Staff told us that the support plans were particularly helpful with this and the practice we saw from staff reflected what was detailed in the care planning documents.

People told us they were involved in planning their care. We saw that care was reviewed with people to ensure the care provided still met their needs. Each person at the home had a key worker who had got to know the person well and who was responsible for ensuring these monthly reviews took place. Relatives told us that they were also involved in these reviews. Risks were assessed where appropriate and risk management plans clearly identified the support a person needed should they require it. For example, One person can become anxious when out or travelling and the risk assessment clearly told staff what steps they should take to minimise any risk, or in the event of their anxiety escalating what support staff should provide.

The home had a complaints and compliments procedure in place. People told us they knew how to raise concerns. One person told us, "I tell the staff if I have a problem." Details were recorded in people's care plans of how the person would indicate if they were happy or sad which may aid staff in recognising if a person was worried or concerned about something. Relatives that we spoke with felt able to raise any concerns they may have and felt confident that if they had to raise concerns they would be resolved. The manager informed us that they had not received any complaints in the last twelve months.

There were systems in place to ensure important information was shared between staff. The home carried out handovers between staff at key times during the day to assist information sharing which in turn aided continuity of care.

## Is the service well-led?

### Our findings

During the inspection we found that the manager was visible, knew their staff and the people who lived in the home. People and their relatives we spoke with knew who the manager was and knew them by name. A relative told us, "The manager does a really good job, always on hand to help the staff." The manager had a flexible approach to the running of the service and when possible they would alter the staffing arrangements within the current resources in order to be able to meet the demands and activities of the service.

Staff told us that the manager and deputy manager were very approachable and supportive towards all the staff. One staff member told us, "I think the manager is very approachable and really listens to what staff have to say." Another said, "If I had a concern I could bring it up with either the deputy or manager and I know they would sort it out. They are both flexible."

Regular staff meetings were held and staff told us they found these useful. One staff member told us, "The staff decide what will be on the agenda and we are able to address and resolve any concerns or issues that might be affecting people or staff at the home." We saw minutes of staff meetings that supported this.

The service had a whistleblowing policy. Staff told us they were confident about raising concerns about any poor practices witnessed. Information relating to whistleblowing was displayed on the office wall so that staff were able to quickly report an issue if they needed to. The relative we spoke with told us that they would be happy to raise any concerns they had.

There was a system of internal audits and checks completed within the home by the manager. For example, regular checks of accidents/incidents, medicines management, care plans, fire safety and safety checks on equipment took place. These audits were used to help monitor the quality of the service.