Active Prospects

Woodview

Inspection report

Prospect Housing and Support Services
Woodview, Coulsdon Road
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Tel: 01883331309

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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

Woodview provides accommodation and support for up to nine adults with learning disabilities, physical disabilities and other health needs.

The home had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out a previous inspection of this service on 1 October 2014 where we found the service was meeting the requirements in the areas we looked at.

This inspection took place on 22 November 2016 and was unannounced. At the time of our inspection there were eight people living in Woodview. People had a range of needs, with some people living with complex epilepsy, autism, physical and learning disabilities. Seven people in the home required the use of a wheelchair.

In the months prior to our inspection a new manager had started at the home and had registered with the CQC. Since the registered manager had started they had made a number of improvements relating to increasing people's involvement in their care.

Staff treated people with kindness and respect. During our inspection we saw positive and caring interactions between people and staff. We found staff had caring attitudes towards people and spoke highly of them, their personalities and qualities within their care plans. Staff spent time with people individually and knew people's needs, preferences, likes and dislikes. Staff understood people's preferred communication methods and used these to involve people in their care and support them to make choices.

People were protected from risks relating to their health, mobility, medicines, nutrition and behaviours. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staff competencies relating to the administration of medicines were regularly checked.

Staff knew how to recognise possible signs of abuse which also helped protect people. Staff knew what signs to look out for and the procedures to follow should they need to report concerns. Safeguarding information and contact numbers for the relevant bodies were accessible. Staff told us they felt comfortable raising concerns. Recruitment procedures were in place to ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work in order to ensure they were suitable to work with people who were vulnerable. Staffing numbers at Woodview were sufficient to meet people's needs and provide them with individual support and

time to take part in their chosen activities.

Staff had the competencies and information they required in order to meet people's needs. There was a new schedule in place to ensure staff had supervision and appraisal regularly. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and had been recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

People were supported to have enough to eat and drink in ways that met their needs and preferences. People were supported to make choices about what they wanted to eat and encouraged to help prepare meals where they were able. Where people required specific foods or food textures, these were provided by staff who understood people's needs.

There was open and effective management at Woodview. The registered manager led by example to ensure best practice was followed. People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

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.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived in the home.

Risks to people had been identified and action had been taken to minimise these risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good

The service was effective.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their needs and preferences.

Is the service caring?

Good

The service was caring.

Staff displayed caring attitudes towards people.

Staff supported people in an individualised way.

Staff knew people's histories, their preferences, likes and dislikes.

People were treated with dignity.

People were encouraged to be independent and have a say in the way their care was delivered.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's individual needs and these needs were regularly reviewed.

People benefited from meaningful activities which reflected their interests.

People were encouraged to make complaints where appropriate.

Is the service well-led?

Good

The service was well led.

The newly registered manager had made improvements. Staff spoke highly of the registered manager.

There was an open culture where people and staff were encouraged to provide feedback. This was used to improve the service.

There were effective systems in place to assess and monitor the quality and safety of the care provided to people.

People and their relatives were asked for their feedback.

Woodview

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 22 November 2016 and was unannounced. The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

People who lived in Woodview were unable to talk to us about their experience of the home because they had communication difficulties. During our inspection it was not appropriate to conduct a short observational framework for inspection (SOFI) because people spent most of the time in different rooms and being supported by staff to go about their day. SOFI is a specific way of observing care to help us understand the experience of people who are unable to talk to us. Although we did not conduct a SOFI during this inspection, we used the principles of SOFI when conducting our observations around the home.

We looked around the home, spent time with people in the lounge, the kitchen, the dining room and in their bedrooms. We observed how staff interacted with people throughout the inspection. We spent time with people over the lunchtime meal period. We spent time with all the people who lived in Woodview, four members of staff, the registered manager and the Head of Care (a senior manager).

We looked at the way in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We also spoke with two healthcare professionals who visited the home on the day of our inspection.

We looked in detail at the care provided to four people, including looking at their care files and other records. We looked at the recruitment and training files for three staff members and other records relating to the operation of the home such as risk assessments, policies and procedures.

Good

Is the service safe?

Our findings

The people who lived in Woodview were unable to tell us whether they felt safe at the home. We spent time with people observing their interactions with staff. We saw people reach out to staff as they were passing and spending time with them. We saw people smiling, accepting physical contact from staff and interacting with staff in different ways. This indicated people felt safe in staff's company.

People had a variety of needs relating to their learning disability, autism and physical health. These included needs relating to people's mobility, behaviours, epilepsy, nutrition and hydration. Staff recognised the need for people to receive structured support. Risks to people were being well managed. The potential risks to each person's health, safety and welfare had been identified and staff had put plans in place to ensure risks were minimised. For example, one person's skin was at risk of pressure damage. Staff had identified this risk and had sought guidance on best practice from a pressure care specialist nurse. Staff had used this guidance to put in place a risk management plan which included repositioning this person every two hours, using pressure relieving equipment and prescribed creams. Staff were provided with guidance to follow in relation to each aspect, including where the creams should be added, when, how and what potential signs of skin breakdown they should look out for.

Where people had specific healthcare needs, such as epilepsy, there were detailed assessments and plans in place for staff to follow. Staff had received training in this area from the Epilepsy Society in order to be able to safely meet each person's healthcare needs. Staff described to us how people exhibited their seizures, what signs they looked out for and what actions they should take.

Some people had needs relating to their eating and drinking. Some people were at risk of choking. Staff had sought advice and guidance from outside healthcare professionals on how best to support people in these areas and protect them from risks. Staff understood people's needs and we observed people being supported to eat their meals in the way advised by professionals.

The premises and the equipment were well maintained to ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. Good infection control practices were in use and there were specific infection control measures used in the kitchen and in the delivery of people's personal care. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. Each person had a completed personal emergency evacuation plan which detailed how people needed to be supported in the event of an emergency evacuation from the building.

People who lived in Woodview were protected by staff who knew how to recognise signs of potential abuse. Staff had received training in how to recognise harm of abuse and knew where to access the information if they needed it. Safeguarding information and relevant contact numbers were displayed within the staff office for them to use. Staff were encouraged to speak about safeguarding and this was a standard topic of discussion at staff meetings. The registered manager was also the provider's safeguarding trainer and ensured staff at the home had received thorough training. They told us they looked at different types of

abuse and each staff member had to complete a knowledge test following their training to ensure they had a complete understanding. The provider, Active Prospects, also had a safeguarding committee which the registered manager attended every month. Trends, patterns and important learning were discussed during these meetings.

All the people living in the home required support from staff to take their medicines. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor. Staff and the registered manager carried out medicine audits weekly and checked the recordings daily. This was to ensure people had received their medicines and any potential errors were picked up without delay. Records showed, and staff told us they had been trained to administer medicines safely and had their competencies checked.

There were sufficient staff available to meet people's needs. There were eight people living in Woodview and during the day there were four members of support staff on shift. These numbers included the deputy manager and senior support workers. The registered manager was in addition to these numbers as was a maintenance worker and a cleaner. During the night shift there was one member of waking and one member of sleeping support staff. During our inspection we found staff meeting people's needs in an unhurried manner. Where people required assistance we saw this was provided quickly and staff spent time taking part in activities with people and spending time with them individually.

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the home. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with people who are vulnerable. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories, this protected people from the risks associated with employing unsuitable staff.

Where accidents and incidents had taken place, the registered manager had reviewed these to ensure the risks to people were minimised. Details of the incident as well as actions taken following the incident were recorded. The registered manager reviewed incident records regularly in order to look for patterns and take action where needed without delay.

People's money was managed safely. The home held some money for people's day to day spending. Receipts were obtained for all money spent and these were signed by two staff. The registered manger confirmed either families or the Court of Protection were involved in approving expenditure.

Good

Is the service effective?

Our findings

Staff knew people's needs and how best to meet them.

Staff had undertaken training in areas which included diet and nutrition, communication, disability awareness, fire awareness, first aid, health and safety, infection control, mental health awareness, moving and handling and safeguarding. Staff told us they had received sufficient training to carry out their role and meet the needs of the people at the home. Staff training needs were regularly reviewed and discussed with them during supervisions and appraisals. Staff told us they could ask for more training if they wanted it and told us how they valued the training they received and put it into practice. One member of staff told us about having recently attended a training course on active support and how inspiring this had been. They gave us examples of how they had implemented this training to improve people's experiences. For example, how they had started involving one person more in cooking with the 'hand over hand' method. This method involved staff placing their hands gently over people's hands in order to guide them in completing tasks.

Staff were encouraged to work towards further qualifications and new staff were going to be undertaking the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff told us they felt supported by the registered manager. The registered manager had recently implemented a new supervision format for staff which included observations and looked at the provider's core values and how they supported people to reflect key areas. Each member of staff had received their first appraisal in this process and staff told us they found this useful. During supervision and appraisal staff had the opportunity to sit down in a one to one session with the registered manager to talk about their job role and discuss any issues they may have.

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. We checked whether the service was working within the principles of the MCA.

The registered manager and staff had received training in the MCA and displayed an understanding of its principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA, had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. For example, one person had been assessed by speech and language therapists as needing their fluids thickened to minimise the risk of them choking. A best interests discussion and decision took place in which staff, the person's GP, the registered manager and the person's relatives were involved. This ensured this person's rights were respected where they were unable to make decisions for themselves.

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 had made the appropriate DoLS applications to the local authority. Most people at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe. DoLS applications had been made for the people who lacked mental capacity to make the decision to stay at the home and receive care. All of these applications were awaiting approval.

People were supported to have enough to eat and drink. Mealtimes were sociable and people were involved in the planning and preparation of the meals. Many of the people living at the home were unable to express their meal choices verbally. Staff provided them with meal choices in the form of pictures to assist them to make their choices of what they would like to eat. When we arrived at the home some people were having breakfast. We saw people helping to prepare their own breakfast at a lowered work surface in the kitchen which encouraged and enabled independence. We saw a variety of breakfast cereals and toast with toppings for people to choose from. During our inspection we observed people helping staff to prepare the lunchtime meal. People ate different meals that reflected their preferences and their choices. Throughout the day people were provided with a selection of drinks and snacks.

Where people had specific needs relating to their nutrition or hydration, these were responded to. For example, one person needed their food to be presented in a mashed consistency and their fluids to be thickened to minimise the risk of them choking. They also needed support from staff to eat. During our inspection we observed staff supporting this person in a kind and considerate manner that was not rushed. Their food and drink were presented in the way healthcare professionals had advised.

People were supported by staff to see healthcare professionals such as GPs, specialist nurses, speech and language therapists, district nurses, occupational health practitioners, opticians and dentists. People were referred to outside professionals without delay and the advice provided by these professionals was listened to and used to plan people's care.

Good

Is the service caring?

Our findings

The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff, sharing jokes with them and showing physical affection. Staff knew people well and engaged people in conversations about their interests and preferences.

People were comfortable in staff presence and those who could talk with us were positive about the staff. Healthcare professionals we spoke with were positive about the staff and their caring attitudes. Comments included: "The staff are very friendly", "They know people very well and people are always spoken to with respect and dignity" and "The staff are lovely. They are very hands on and want the best for their clients".

Each person had a key worker who supported them to develop their everyday living skills as well as develop new interests. They developed profiles for each person which included their likes, dislikes, preferences, interests and personalities. Key workers worked with people to ensure their bedrooms were personalised to meet their personal tastes and reviewed people's care each month to ensure their needs were being met. One member of staff said "As key workers we spend time talking with people, taking them out, doing activities and getting to know the person better".

People's dignity and privacy were respected. For example, staff did not enter people's rooms without first knocking and waiting for a reply. People received personal care in private and staff did not discuss people in front of others.

People were involved in all aspects of their care and were asked for their opinions in ways they could understand. People had been involved in the planning of their care and each person's care plan contained information about their history and their personality. People's likes, dislikes, preferences and routines were included in their care plans. People were referred to respectfully within their records and when staff spoke about them.

People's bedrooms were decorated in ways which reflected their personal tastes. The registered manager told us they had worked hard to ensure people's personalities were reflected in their bedrooms and that these environments met people's needs. For example, the registered manager had identified that some people who spent extended periods of time in bed could benefit from having photographs and pictures on their ceilings to look at. These had been installed and the registered manager told us people had benefitted from these.

Some people who lived in the home followed different religions and were supported by staff to attend regular churches and ceremonies. Staff worked hard to ensure people's spiritual and religious needs were being met. Recently, when one person had been feeling unwell and unable to go to church, staff had organised for the service to be streamed on an electronic tablet so they wouldn't miss it.

One person had specific needs relating to their ethnic and cultural background. Staff had identified these and had worked towards ensuring this person's cultural needs were being met. Staff had purchased a

special fruit which originated from this person's country and had helped this person to cook these. One staff member told us this person had enjoyed this experience and was looking forward to being supported to go to a restaurant which served food from their culture in the next few weeks.

The registered manager and the staff spoke highly of the people who lived in Woodview. They told us about people's personalities and their histories in a way which demonstrated they cared for them. Staff had highlighted people's best features and personality traits within their care plans which demonstrated they valued people's individualities and saw them in a positive and caring light. For example, one person's care plan made a note of how beautiful their smile was and how staff should go about making them smile more so they could benefit from seeing it.

People were encouraged and supported to make choices and retain their independence through staff working alongside them. Where people had accomplished tasks on their own or had skills in certain areas, staff provided them with praise and encouragement. For example, when we first arrived at the home, the front door was opened by a person who lived in Woodview and was being supported by a member of staff. During the day, each time the doorbell rang, people were asked if they wanted to be supported to open the door to people. There was a notice on the front door which asked visitors to be patient and give people enough time to answer the door. Each time a person answered the door staff provided them with praise and encouragement. This helped to build on people's skills whilst also encouraging them to see Woodview as their own home.

The registered manager told us Woodview was a home for life for people and they endeavoured to support people through illness and at the end of their life. In the months prior to our inspection one person was admitted to hospital. During this time staff from the home attended the hospital each day in order to provide this person with comfort and support. This person's health sadly worsened and at the end of their life staff arranged for a priest to attend and for this person to be read poems and verses from their favourite religious texts. Staff at the home organised for a celebration of life for this person to be held at Woodview and also arranged for a personal floral tribute to be created which represented this person's personality. This person's family provided the home with positive feedback and sent them a card following this which stated "Your dedication and care will always be remembered".

Good

Is the service responsive?

Our findings

Staff told us they were confident people at Woodview were receiving the best care possible. The external healthcare professionals we spoke with told us people's needs were well known and understood by staff. One said "Staff know people's needs very well and are always kind".

People who lived in the home had a variety of needs and required varying levels of care and support. People had complex care needs, not only in relation to their learning disabilities, but to physical and mental health conditions that required careful monitoring and support. People's needs had been assessed and from these, with the input from people and their relatives, care plans had been created for each person. Each person's care plan was regularly reviewed and updated to reflect their changing needs. For example, one person's behaviours had recently become out of character. Staff had identified this, recorded it and responded to it by seeking external professional guidance. This person was in the process of being tested by doctors for dementia. The registered manager had ensured each member of staff had completed training in mental health and dementia in order to make sure they could meet this person's needs.

Staff told us that since the registered manager had started there had been some changes and improvements. They said these improvements meant people received care and support which was more person centred. For example, they told us the environment had been improved for people, with their rooms being made more personalised.

We looked at the care and support plans for four people receiving care and support. Each support plan gave staff important information about each person's individual needs, including people's physical health needs, mental health needs, cultural needs, social needs and needs relating to their well-being. Step by step guidance was provided for staff which ensured staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for people who had communication difficulties. These records were personalised and identified people's abilities, preferences, what was important to them, and how best to communicate with and understand people. For example, one person had a tendency to become withdrawn. Their care plan detailed the triggers for this, how staff should recognise the signs of this happening and what actions they should take to avoid this person becoming withdrawn and maintaining their well-being.

People's care plans contained details about how best to communicate with people and the ways in which people could communicate their feelings, desires and opinions. Some people communicate using words and signs and others preferred to use pictures and electronic tablets. Staff told us they knew how best to communicate with people in their chosen form and we saw staff using signs and showing people objects when talking to them to support what they were saying. One healthcare professional said "Different residents are spoken to in different ways depending on their abilities and personalities".

People's care was responsive to their needs. People's care plans stressed what they were able to do for themselves and how staff were to maintain and promote their independence. For example, one person's care plan detailed how they were able to participate in their personal care. It detailed what actions staff

should take to ensure this person continued to take part, develop and maintain these skills. During our inspection one person was asked to help put some fresh flowers in vases. This person actively participated, enjoyed taking part and expressed pride in their work, showing us the vase of flowers and saying "I did that".

Where people had specific needs relating to their health, mobility, wellbeing, nutrition or behaviours, these were planned for and responded to by staff. For example, where one person had specific needs relating to their behaviours, specialist healthcare professionals had been consulted and action had been taken to minimise risks and meet the person's needs. The person's care plan contained detailed information about what signs staff should look out for relating to the person's behaviours and what steps they should take. Staff spoke confidently about this person's needs and how they met them.

People had access to activities which met their social care needs. Each person's care plan contained details about their interests and the activities they enjoyed. There were regular forms of organised activities available in the home in line with people's preferences and feedback. People were also provided with individual activities with staff. The lounge contained a number of games and activities people enjoyed. During our inspection people were supported with playing dominos, cooking, organising flowers, going out shopping and having aromatherapy. People attended organised activities outside the home, such as day centres, swimming lessons, coffee mornings, pub meals and shopping trips. On the day of our inspection one person was supported to go out to the pub for a drink in the evening. We asked one person about activities and they told us with excitement "I went on the minibus yesterday".

A complaints policy was in place at the home. People were supported by staff to raise complaints should they want to. One person did not have a coat suitable for the winter and staff raised a complaint about this in order to ensure a warm coat was purchased for them so they could go out of the house in more comfort.

Good

Is the service well-led?

Our findings

A new manager had registered with the CQC in August 2016. They had worked hard to improve care for the people living in Woodview, improve the environment at the home and provide staff with strong and approachable leadership. The registered manager told us their objective, when joining the home, had been to make it more 'person centred' and ensure people were supported to complete tasks rather than having tasks completed for them. This had improved people's freedom, control and involvement in their own care and support. Staff and healthcare professionals confirmed this work had been taking place and improvements could be seen. The registered manager had received comments from one healthcare professional which read "I see positive changes every time I visit Woodview. It has moved on a lot since you have taken on the manager's post and you and the team have worked hard to achieve the changes".

Staff told us the registered manager led by example to ensure staff provided people with a high standard of care. Senior staff told us they mirrored the registered manager's high standards and ensured they conducted regular staff observations and picked them up, where needed, on poor performance. This ensured staff worked to deliver the best possible standard of care and support.

Staff told us the registered manager was approachable, supportive and would listen to their concerns and take action where needed. Staff comments included: "[Name of registered manager] is a very good manager" and "The manager supports us on every level and is very encouraging".

During our inspection we spoke with a senior manager who was heavily involved in the running and quality assurance of Woodview. They and the registered manager told us they encouraged people, staff, relatives and healthcare professionals to share their views and ideas with them about every aspect of the service. For example, staff were asked for their views about potential activities people may wish to take part in and where possible and appropriate these had been arranged.

People and their relatives were encouraged to give feedback. Yearly surveys were sent out to people and their relatives by an external company. People were provided with support to complete the surveys. Once these surveys had been completed and returned, they were analysed and action plans were created to respond to any issues raised. People were also asked for their views in the form of weekly 'resident meetings'. During these people were asked for their opinions. For example, people were asked for their contributions towards the weekly food menu. This was done using electronic tablets containing photographs of meals people could pick.

People benefited from a good standard of care because Woodview had systems in place to assess, monitor and improve the quality and safety of care at the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding, staffing and quality of care. From these audits action plans were created and the registered manager took action when areas requiring improvement were highlighted. For example, an external health and safety audit recently completed had identified that fire strips on some doors were a little worn down and needed replacing. The registered manager told us they had ensured these were replaced without delay.

The senior manager also conducted unannounced first impression audits regularly where they looked at people's bedrooms, cleanliness and other aspects of how the home was run. Following these audits they created action plans for the registered manager to complete. For example, the senior manager had identified one person enjoyed sitting in the dining room and watching television, always sitting on the same chair. They observed this chair was not very comfortable and therefore made it an action for the registered manager to purchase a comfortable chair for this person. The registered manager took this action on board and created a small living room space in the dining room where this person liked to sit. They purchased comfortable chairs and decorated the corner to look more inviting, warm and homely. This person enjoyed using this new area which had been created specifically for them.

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents.