Lifeways Community Care Limited

Woodbury View

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Woodbury View 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.

Woodbury View accommodates five people in one adapted building. At the time of our inspection three people were living at the home. The home specialises in care for people with complex needs, autism and learning disabilities

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." Registering the Right Support CQC policy.

A registered manager was in post at the time of our inspection. 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.

Although people received their medicines on time, we found areas of improvement were required. Staff medication competencies had not been checked annually to ensure they continued to display safe medicine administration practice. Storage temperatures of medication was not always recorded daily to ensure the medicines stayed effective.

Relatives felt their family members were safe living at the home and risks to their safety had been identified. However, there was a lack of monitoring and recording of incidents to identify patterns and so lessons could be learned. Forms used by staff to record seizures and falls had not always been completed.

People could choose what and when they ate their meals. We found some food in the kitchen that was beyond the use by date. The registered manager addressed this immediately and put in checks to stop this happening again.

On the day of our inspection we heard staff have positive communication with the people they supported. However, staff meeting minutes showed this was not always the case.

People were involved in identifying their needs and preferences which staff respected. We saw staff used communication aids to assist people make choices.

Staff knew how to recognise and report incidents of potential abuse or harm to people. There was a provider's whistleblowing procedure available for staff to raise concerns.

People were supported by staff who were aware of how to support people's rights and seek their consent. The registered manager had fulfilled their responsibilities in making sure where people might have restrictions in place they received care and were safe as these were lawfully applied in people's best interests.

People knew how to make a complaint and were confident these would be listened to and acted upon. People had access to advocacy services if they required.

Relatives and staff were complimentary about the registered manager describing her as very caring and supportive. The registered manager and provider were open and responsive to making further improvements so that people consistently received good standards of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not always safe.
Accidents and incidents were recorded but not analysed for patterns or trends. Medication management processes and protocols were not consistently followed. Recruitment arrangements were robust to prevent the possibility of the employment of unsuitable staff.

Is the service effective?

Requires Improvement

This service was not always effective.
People were not always supported by staff who had received all the training they needed to meet people's needs. Food checks had failed to identify some food stored at the home was out of date. Staff knew how to support people's rights and respected their choices so that people's best interests.

Is the service caring?

Requires Improvement

The service was not consistently caring.
Relatives told us staff were kind and caring and treated their family member respectfully however, records in staff meeting minutes showed this was not always the case. Peoples' right to confidentiality was not always respected, confidential information about one person was displayed on a wall, in the communal area of the home.

Is the service responsive?

Requires Improvement

The service was not always responsive.
Relatives had been involved in the care planning of their family members, except for people's end of life wishes had not been considered. The staff used communication aids to assist people make their choices. People had been supported to follow their interests and take part in social events.
Relatives were confident they could raise any concerns and the management team.

Is the service well-led?

Requires Improvement

The service was not always well-led.
Although quality audits had been conducted they had failed to identify shortfalls in medicines administration and

competencies, patterns and trends in accidents and incidents. The registered manager used inspections as a learning opportunity and acted where staff practices fell short of what was expected of them in their roles. Relatives and staff felt the registered manger was very caring and supportive.

Woodbury View

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 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 was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a safeguarding investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with the Care Quality Commission [CQC] about the incident indicated potential concerns about the examined those risks.

This inspection took place on 26 November 2018 and was unannounced. The inspector and inspection manager announced the second day of the inspection to the provider on the 28 November 2018.

The membership of the inspection team on 26 November 2018 one inspector and one specialist advisor. The specialist advisor had experience of falls management and prevention. On the 28 November 2018 the team consisted of one inspector and an inspection manager.

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and incidents of reported abuse. A notification is information about important events which the provider is required to send us by law. We requested information about the service from the local authority They have responsibility for funding people who used the service and monitoring its quality. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with two relatives. We spent time with people in the communal areas of the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who use the service.

We spoke with the regional director, the covering area manager, the acting regional quality manager,

registered manager, team leader and five staff members.

We looked at the care records for three people and medicine administration records. We also looked at accident records, and staff rotas, complaints, quality monitoring and audit information

Requires Improvement

Is the service safe?

Our findings

At our last inspection in February 2017, the provider was rated 'Good' in the question 'is the service Safe?' At this inspection, we found the provider had not ensured people received safe care and treatment. We have changed the rating to 'Requires Improvement' based on our inspection findings.

We found although incident and accident forms had been reported and actions recorded, there was no monthly analysis to identify any trends undertaken. Therefore, there was a missed opportunity for the provider to see where lessons could be learnt and prevent further occurrences.

We asked the provider for a copy of their 'Falls policy' [guidance for staff to follow in the events of a person falling and what action the staff should take]. The regional director told us, the provider didn't have a specific one in place, but falls came under their accident and incident policy. They told us a new draft falls policy was currently being reviewed. We found although staff had spoken about a person falling when we checked the falls record chart there was no entry, time or date of the event ever happening. There was no management oversight of incidents of people falling to evidence how staff were supported to reduce these from happening.

We observed information held in people's care records provided staff with information regarding the behaviours that may challenge and how to respond to them. Staff we spoke with felt they required further training in managing people's specific behaviours.

When we spoke to the registered manager about this, they told us they felt the training "Positive Behaviour Support", staff had already received, did not meet the needs of the people that lived at the home. They had already requested further training from the provider, but hadn't yet taken place.

We looked at how medicines were managed and we identified some areas of improvement were required. For example, there were gaps in the recording of the storage temperatures for medicines to ensure these were kept within the correct range. We also found when new medicines were opened the date was not always recorded, making it difficult to audit the medicines. We identified in one person's medicines there were more paracetamol tablets in the box than the amount prescribed.

We asked staff and checked how the provider ensured staff were competent to administer medicines to people. However, when we checked the staff's training records, we found not all the staff had their competency checked annually. This contradicted the provider's own medicine policy which stated, "All staff will be required to: - "Be assessed as competent to give the medicines support being asked of them, including assessment through direct observation. Have an annual review of their knowledge, skills and competencies." When we discussed our concerns with the regional manager they assured us this had been identified and further medication training for staff was being organised.

Relative's we spoke with felt their family member was safe living at the home. One relative said "It's a nice little home and I do feel [person's name] is safe living there."

The staff and registered manager continued to protect people from avoidable harm, abuse and discrimination. Staff had received training in, and understood, how to recognise, respond to and report abuse. They told us they would immediately report any abuse concerns to the registered manager or nursing team. Staff were also aware of whistleblowing procedures and felt confident raising any concerns. The registered manager understood their responsibilities in reporting and dealing with concerns to ensure people remained safe.

Staff knew and could describe risks to people's safety. For example, we saw staff had been trained to assist people when using mobility equipment such as hoists and standing frames.

All the staff we spoke with confirmed that the provider's recruitment processes promoted the protection of people who lived in the home. This included a formal interview, two references and a Disclosure and Barring Service check [DBS]. This showed that checks had been completed to make sure staff were suitable to work with people who lived at the home.

Relatives, we spoke with felt there was enough staff employed to meet their needs. The registered manager told us staffing levels were decided on the needs of the people's dependency living at the home. Relatives we spoke with confirmed they thought there was enough staff on duty to care for their family member.

People were protected from infection through staff being knowledgeable about infection control measures. Staff advised us personal protective equipment [PPE] was available for them to use and raised no concerns regarding this. We saw staff wore aprons and gloves when preparing food or supporting people with their personal care. We observed the home environment to be clean and odour free.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in February 2017, the provider was rated 'Good' in the question 'is the service Effective?' Following this inspection, we have changed the rating to 'Requires Improvement' based on our inspection findings.

On the first day of our inspection we found out of date food in the kitchen, for example a loaf of bread was past the best before date by two days. A box of cereal had a used by date of the end of October 2018. Food items in the fridge had no opening date to ensure people were not at risk of eating out of date food. When we asked a staff member who was responsible for checking food in the home was safe for people's consumption they replied, "We [staff] all are." When we discussed this with the registered manager, they told us they would put measures in place to ensure food would be checked more regularly to stop this happening again.

We saw the current kitchen was in a poor state of repair with missing doors and drawer fronts. The registered manager told us the home required a new kitchen and the provider was in the process of getting quotes for the refurbishment.

People were supported to eat and drink a balanced diet. We saw staff recorded what people had eaten and drank during the day, however the amounts had not been tallied to give oversight and ensure enough fluid had been taken to avoid dehydration.

Meals were prepared by staff when people wished to have them. One person had been assessed by the Speech and Language Team (SaLT) as they had difficulty swallowing. The person had been assessed as requiring a softer diet and thickened fluids. Staff could tell us how they prepared this person's meals and drinks to mitigate the risk of choking.

People were supported to access healthcare services to monitor their health. For example, people were supported to attend hospital appointments and health appointments. Although from looking at the timings of when staff sought help for people, there was sometimes an unnecessary delay in staff seeking professional help. For example, when people had a series of falls noted there was a delay in seeking advice from health professionals for further advice to see if they could be prevented. For example, a referral to the wheelchair service for one person.

At this inspection we found the provider had not always supported staff to maintain their knowledge of best practice. For example, people who lived at the home had complex support needs such as autism. Staff told us the only training they had received in this subject, was when they first started work at the home. One staff member said "I had a brief overview at our induction on autism, but no further training. I would love more training on the subject. It would help me understand more about [person's name] behaviour. I have asked for more training but, it hasn't happened." A relative told us "Not all the staff have had the training I feel this is why some staff don't want to be bothered".

We spoke with the newer staff about the training they were received from the provider. New staff completed an induction period linked to the Care Certificate. The Care Certificate is a set of standards that should be covered as part of induction training of new care workers. Staff told us they had training which was either classroom based or in the form of e-learning packages. One staff member told us they felt the induction they received "Had prepared them for their new role."

Staff told us they felt supported in their role by the registered manager and were given the opportunity to reflect on their practice through regular supervision and appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. At the time of our inspection only one person was subject to a DolS restriction.

Requires Improvement

Is the service caring?

Our findings

At our last inspection in February 2017, the provider was rated 'Good' in the question 'is the service Caring?' Following this inspection, we have changed the rating to 'Requires Improvement' based on our inspection findings.

People's privacy and right to confidentiality was not always respected. In the communal dining room area and outside one person's bedroom was a large piece of paper describing how the person had their medication administered. This information was on view to any visitors

Relatives commented on how staff interacted with their family member. A relative told us, "Generally staff are pretty good, they are young so they can relate to [person's name]. They [staff] do care." Staff we spoke with showed warmth and affection for people they supported. There were some positive examples where staff showed they knew people well and considered their needs in a caring. However, we saw comments in the staff meeting minutes in August 2018 which suggested this was not always the case. For example, "Some staff have been observed speaking to service users disrespectfully – please can everyone be mindful of this." The covering area manager told us she was aware some staff did not always write the daily notes in language that respected people living at the home and was addressing this with the staff team.

We saw and heard staff and the registered manager spoke kindly and reassured people who lived at the home when they became anxious during the day of our inspection. For example, one person was anxious and the registered manager showed they cared about what was troubling this person. This person's facial expressions showed they felt better and reassured.

We heard examples of how the staff went the extra mile to support people and their relatives. One example was how staff drove long distances to enable people to visit their family home. Another example was how the registered manager offered find an agency, to assist a relative with some independent financial advice.

Despite people having little verbal communication staff offered people the opportunity to tell them what their views were around their preferred daily routines. This included offering people choices, such as, when they wanted to get up in the mornings and what they would like to wear. One staff member described how they offered a person the choice of two cereal boxes and asked the person to point to what they wanted to eat. They said, "It's important of people to have choices and try to be independent as possible."

Staff respected people's dignity when performing personal care. We saw staff knock on people's bedroom doors before entering. One staff member told how they ensured all the doors and curtains were closed when assisting people with personal care.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in February 2017, the provider was rated 'Good' in the question 'is the service Responsive?' Following this inspection, we have changed the rating to 'Requires Improvement' based on our inspection findings.

Although the provider had detailed care plans in place outlining people's care needs and support we found they didn't have processes in place to identify people's end-of-life care wishes for all the people living at the home. This is good practice and follows the NHS end of life programme which cites several factors which contribute to poor end of life care being delivered in care homes. These include end of life care not being discussed with the person who lives at the home and/or their relatives with a subsequent lack of advanced care planning The registered manager and area manager acknowledged this important shortfall and assured us this would be addressed.

Relatives confirmed they had been involved in their family member's care plans and regular reviews so their needs continued to be met. All the staff we spoke with had a good understanding of people's preferences, routines and care needs. Staff could describe how they supported people and knew changes in behaviours which may indicate that something was wrong. Staff told us people's choices and routines were written down in their care plans together with people's life histories. When new or agency staff started work at the home they were given information called "Me at a glance", so staff could understand how people liked their care and support delivered.

Staff were knowledgeable about people's needs and told us they consulted external professionals so people's needs could be reviewed. People and their relatives confirmed this was the case as one relative told us when their family member's needs changed staff were quick to respond and gain professional advice. We saw this included making sure people with long term health conditions had the right care, such access to an epilepsy nurse specialist.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, providing people with pictures to assist people when making their own choices in different aspects of their daily lives. We saw the provider had arrangements in place so there were pictures available for people to choose what activities they would like to do.

People had their own activities plans. We heard how some people liked to go out for pub lunches, drives in the car and hydrotherapy sessions. Although one of the relatives we spoke with felt the number of community outings could be increased, as they felt their family member would benefit from more physical exercise.

The provider had a complaints procedure which was available to anyone who wished to make a complaint. Relatives told us they knew how to complain and would feel comfortable approaching the registered

manager and/or the staff team if ever they needed to. We saw any complaints received were recorded and responded to, in line with the provider's complaint policy.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in February 2017, the provider was rated 'Good' in the question 'is the service Well-Led?' Following this inspection, we have changed the rating to 'Requires Improvement' based on our inspection findings.

At this inspection there was a registered manager in post. 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.

At this inspection we found the registered manager and provider had conducted audits and checks to ensure the service met people's needs effectively and safely. However, we found these audits and checks had not always identified shortfalls. There was a lack of staff role and accountability as to who was responsible for performing certain tasks. For example, medication audits had failed to identify that staff medication competencies were overdue and staff were not always following best practice regarding medication administration. Kitchen checks regarding food storage had not always been completed, so there was a potential risk of people being offered out of date food.

Relatives we spoke with were very complimentary about the registered manager. One relative said, "She's [registered manager's name] all about the people, she cares so much for them."

Staff had opportunities to contribute to the running of the service through regular staff meetings and supervisions. We saw the registered manager and provider discussed their expectations of staff during meetings and how improvements could be made to the quality of the care people received. Staff spoke positively about the leadership of the home.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating in the entrance hall way