

Community Care Solutions Limited

Woodlands

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Woodlands is a residential care home, registered to support six people in an adapted building over two floors. It provides personal care and accommodation for people with learning difficulties. On the day of our visit five people were using 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 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

The providers quality monitoring systems were not fully effective to drive improvement. The provider lacked oversight in reporting all incidents and ensuring staff were up to date with training. Some areas of the environment were in a state of disrepair. For example, windows in communal areas had mould round them

Risk guidance to keep people safe was not consistently followed by all staff to minimise identified risks. Hazards to people were not managed safely, putting people at risk of scalding. Access to and from the building did not ensure people would be safe if left unsupervised. Some staff and relatives felt their were not enough staff to support people.

We have made a recommendation about staffing levels.

Medicine systems and processes were in place to ensure people received their medicines as prescribed. However, there was no clear audit trail where medicines had been soiled. The registered manager addressed this by starting to record on the reserve of the medication records when medicines had been soiled during administration.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values consistently of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them

having as many opportunities as possible for them to gain new skills and become more independent.

Staff understood their responsibility to safeguard people from harm and knew how to report concerns.

People were supported to maintain relationships with people important to them. Staff were caring in their approach and had good relationships with people. Staff treated people with respect and their dignity and privacy was respected.

Promoting independence was a part of the ethos of the service and people were supported by staff to maintain their independence.

People were supported to maintain their health and well-being and had access to healthcare professionals such as GP's when required. People were supported to eat and drink enough to maintain a balanced diet. Refreshments were available to people throughout the day

People and their representatives were involved in their care to enable them to receive support in their preferred way. People were supported to access local community facilities to enhance their well-being.

The provider's complaints policy and procedure was accessible to people who used the service and their representatives. Peoples representatives knew how to make a complaint.

Lessons were learnt when things went wrong. Relatives and staff felt they could approach the registered manager if they had any concerns.

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

Rating at last inspection

The last rating for this service was good (published 27 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the Safe and Effective sections of this full report.

Enforcement

At this inspection we found a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service remained caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector, a specialist nurse advisor and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service

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 that 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

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spent time observing care and support in the communal areas, as people had limited verbal communication. We observed how staff interacted with people who used the service. We spoke with four relatives via telephone. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time with the registered manager during the inspection site visit and spoke with three support workers. We looked at the care records for two people. We checked that the care they received matched the information in their records. We looked at two staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found including the training data.

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 Requires Improvement. At this inspection this key question has remained the same as Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection people had risk assessments in place which were not consistently followed ensuring a person's safety who was at risk of choking.

At this inspection we found not enough improvement had been made.

- Staff did not always follow a person's risk assessment consistently to reduce the risk of them choking. We saw a staff member gave a person a biscuit to eat, which was not in accordance with their specialist diet advice. The staff member was aware the person was at risk of choking but continued to support the person to eat the biscuit, they felt breaking the biscuit up into pieces would prevent them choking. We discussed this with the registered manager who confirmed the person was to follow a soft diet. The registered manager confirmed they would discuss this with the staff member and remind all staff of the importance of following all risk assessments keeping people safe.
- Access to the building did not always ensure the safety of people and staff, as people were at risk if they left without supervision. The main door into the home was kept unlocked, on the first day of the inspection we walked in without staff knowledge.
- One relative felt their family members was not safe. They said, "I called round recently, I entered the building and no staff came to the entrance. I walked all through the home. I went upstairs two staff were in the office with a service user, whilst other service users were on their own downstairs."
- Hazards to people were not always managed safely. We saw a person walked into the kitchen, whilst there was pan of boiling water left unattended on the cooker. This meant this person was at potential risk of scalding as there were no staff present in the kitchen.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people were not effectively managed to ensure their safety.

- A person required specialist equipment when drinking, at this inspection we saw this was now being used to control the flow of drinks. They were also supervised during lunch time to ensure they were not eating quickly and were given small amounts of food.
- Potential risks to people had been assessed and kept under review. Where people presented with behaviour that challenged staff and other people, there was guidance for staff in care plans, on how to help reduce the risk of this behaviour. For example, using re-direction techniques when a person became

anxious.

- Individual emergency evacuation plans were in place, to ensure staff were aware of the level of support people required in the event they needed to leave the premises safely in an emergency.
- Most relatives felt their family members were safe at Woodlands. A relative said, "Oh yes, my relative is safe. Staff have always taken them to hospital immediately when there have been issues with their health condition."

Staffing and recruitment

- People's safety was not always protected by the provider's recruitment practices. We looked at the recruitment checks in place for two staff members. We saw they had Disclosure and Barring Service (DBS) checks in place. However, neither of the staff files contained full employment histories. This was discussed with the registered manager who agreed to take action and follow up the gaps in employment with the staff members. Following the inspection visit evidence was submitted by the registered manager confirming full employment history for one staff member had been obtained and a meeting was being arranged with a second staff member.
- Staff and two relatives felt there were not always sufficient staff available to support people. Comments from staff included, "Two staff members on shift is not enough as one person requires 1:1 support" and "If there are only two support workers on shift and someone wanted to go out that would not happen. You could not leave one staff member on their own in the home."
- Our observations showed current staffing levels were not always sufficient to support people. There were occasions when there were no staff on the ground floor in communal areas. For example, one staff member was carrying out domestic chores upstairs, whilst another staff member was also upstairs supporting a person in their bedroom.
- Following the inspection site visit, the provider stated they were providing the required commissioned hours.

We recommend the provider uses nationally recognised guidance to determine staffing levels.

Using medicines safely

- People were supported to take their medicines in a safe way. Two staff were involved in the administration of medication to ensure people received their medicines as prescribed. Staff stayed with people to ensure they had taken their medicines and then signed the medication records. Staff received medicines training, their competency was assessed. Staff we spoke with confirmed they had received medicine training and knew what to do in an event of a medication error.
- Medicine administration records were completed correctly. There was a discrepancy in the stock balance of one person's medicine. The registered manager advised us this was because one had accidentally been dropped and this was replaced from another day's supply. However, this had not been recorded. The registered manager explained going forward this information would be recorded on the reverse of the medication administration record.

Systems and processes to safeguard people from the risk of abuse

- Records showed staff had received training in safeguarding. Staff understood their responsibilities to report concerns.
- The registered manager understood their responsibilities to protect people from the risk of abuse and reporting concerns of abuse to the local authority safeguarding team and CQC

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.

- Staff confirmed they had undertaken infection control training, to ensure they kept people safe from the risk of infection. Staff wore disposable gloves and aprons when they supported people with their personal care needs to prevent the spread of infection.
- Staff were responsible for housekeeping duties, however no cleaning schedule was in place to ensure all areas of the home were cleaned. Following the inspection visit the registered manager submitted a copy of the cleaning schedule which had been implemented.

Learning lessons when things go wrong

- The provider analysed accidents and incidents. This was to enable them to look for any patterns or trends and ensure action was taken as needed to minimise risks to people.
- Where improvements were required the registered manager identified this and took appropriate action. For example, a crash mat was put into place to minimise the risk of a person being hurt if they should fall from the bed.

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 deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The signage, decoration and other adaptations to the premises did not always meet people's needs or promote a homely environment. We saw some areas of the home looked tired and the paintwork required attention throughout the home. The lounge had stained carpet and furniture. The windows in the lounge and dining room had mould round them. There was mould round the shower in the shower room on the ground floor. The net curtains in the lounge were blackened with mould at the bottom. Ivy was coming through the wall underneath the window in the dining room. The garden had an uneven pathway and an overgrown bush with large thorns, which could present as a hazard to people when accessing the garden.
- Relatives told us they felt the home was clean but needed maintenance. A relative said, "To a degree the place is clean and tidy, but it does need maintenance. For example, new windows, carpets and toilets."
- We raised these issues with the registered manager who told us the provider had sent in their maintenance team to identify what works were required at Woodlands. The registered manager explained the provider's plan for the service was to undergo a program of refurbishment, however the plans had not been finalised at the time of the inspection. Following the inspection visit the manager confirmed they had contacted the maintenance team about the uneven pathway in the garden.
- People's bedrooms were personalised and decorated to their own taste.

Staff support: induction, training, skills and experience

- Systems in place did not ensure staff were up to date with their training. The provider was not following their own policy with regards to the frequency staff received refresher training. For example, Life support training was updated annually. However, the training matrix showed most staff had not had updated training in this area between for two to four years. Following the inspection visit the registered manager submitted information confirming staff had been booked onto life support training and other outstanding refresher training would be completed shortly. We will follow this up at the next inspection site visit.
- Staff told us the training and support they received was relevant to their role. A staff member told us, "The training is good and has covered different areas. It's moved to online training but I prefer face to face training."
- Relatives felt staff were competent. A relative said, "They (staff) seem to be well trained and on the ball."
- Staff felt supported by the registered manager and told us they worked well with their colleagues.

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

- People's needs were assessed prior to moving in to the service. This helped ensure the service could meet their needs and they would be suited with the people already at the service.

- Assessments included information such as individual's healthcare and social support needs. They were reflective of characteristics protected under the Equalities Act 2010, such as disability and sexuality.
- Relatives told us they felt their family members were well looked after. Comments included. "[Person] is well looked after here" and "The staff are marvellous."

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

- People were supported by staff to maintain good nutrition and hydration and encouraging people to eat a well-balanced diet. We observed the support people received during the lunch time meal, and saw people were supported to eat when needed. This was done at the person's own pace and staff supported people to do as much for themselves as they could.
- Where a person was at risk of choking they had been referred to the speech and language therapist, who provide support and treatment for people with eating, drinking and swallowing difficulties.
- Staff were aware of specialist guidance to assist people to eat appropriate food. However as mentioned under 'safe' a staff member did not follow specialist advice ensuring a person was given suitable foods.

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

- People were supported with their healthcare needs. They had access to a range of health care professionals which included the GP, district nurses, dentist and opticians. A relative said, "Staff support [person] with their health and care needs and [person] has seen the dentist."
- Staff told us they supported people to attend health care appointments.
- People's support plans included detailed information about their health needs.
- Staff confirmed if they had any concerns around people's health they were referred to the appropriate health professional as required.

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).

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.

- Staff understood how to support people with decisions and the principles of least restrictive practice.
- The service continued to work within the principles of the MCA and conditions on such authorisations were met.
- Renewal applications had been made to the local authority for DoLS authorisations, for people who had been under the local authority's restrictions of a DoLS.
- Staff sought people's consent before supporting them. For example, a person was asked if they were ready to take their medication, the person said, 'No,' staff agreed to come back to the person.

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. This meant 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

- Relatives told us, staff were caring respectful. One relative said, "I think they [staff] are kind. It's a very hard job." Another relative stated, "My word [staff member] treats you with respect." Staff were caring, polite and respectful when speaking with people. They had built good relationships with people and offered reassurance when required.
- We saw interactions between staff and people were warm and compassionate. Staff communicated with people effectively and used different ways of enhancing communication to help them understand people's needs. For example, by touch, faced people whilst talking to them and altering the tone of their voice appropriately.
- Staff treated people equally and recognised people's individual needs. Staff supported people to attend a local church.

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

- We saw staff explained things as much as possible and offered people choices about their daily routines. Where people were less able to make choices independently staff supported them.
- We observed staff giving people choice throughout the day. For example, people chose what time they got up.
- People had access advocacy services if required. This is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives. One person had been receiving support from an advocate

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of ensuring people's personal dignity and independence. They were able to give examples of how they did this. For example, approaching people quietly, giving clear explanations and covering people when they received personal care.
- People's independence was promoted, for example staff supported people to clean their rooms and carry out laundry tasks.
- Staff and people in the house called each other by their first or preferred names, this provided a relaxed and informal atmosphere.
- Records were stored securely in the office and were only accessible to authorised staff. Staff were aware of the importance of maintaining confidentiality.

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. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had detailed personalised support plans which included their health and support needs, such as their personal histories, preferences and interests. They provided information for staff on how care should be provided to meet people's individual needs.
- People's support plans were regularly reviewed and updated as people's needs changed. A relative told us they had been involved in reviewing the support plan for their family member.
- We saw staff responded to people's individual needs and requests. Staff we spoke with had a good understanding of people's individual likes, dislikes and preferences.

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.

- People's individual communication needs were identified. Support plans included a section, 'How to communicate with me' which guided staff on how to communicate with individuals. For example, one person's support plan stated their communication method included pointing at things and for staff to use short sentences.
- Information was provided to people in accessible formats, this included easy read and pictorial format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships. Relatives told us they could visit at any time and were made to feel welcome at Woodlands. Staff also supported people to visit relatives. A relative said, "I can visit when I want to." Another relative said, "[Person] came over to visit me, we had a lovely time."
- During the inspection visit we saw one person went out for a walk, staff baked with a person. One person's relative came to Woodlands and took their family member out for lunch. However we saw there were no planned activities for people, to ensure their personal preferences were consistently met.
- Staff supported people going out into the community, such as shopping, having meals and going to the hairdressers.
- Some staff felt there were not always enough staff on shift to support people with activities outside off the home.

Improving care quality in response to complaints or concerns

- The complaints leaflet was available in an easy read format, which was included in the information pack given to people. Since the last inspection a copy of the complaint's information had been sent to relatives.
- Relatives knew how to raise complaints or concerns. A relative said, "I can ring the registered manager if I have any concerns."
- Staff we spoke with knew how to respond to complaints if they arose. They told us if anyone raised a concern with them, they would share this with the management at the service
- The provider had not received any complaints in the previous 12 months. There were systems in place to record, investigate and respond to complaints.

End of life care and support

- People who were receiving a service were young adults and were not receiving end of life care at the time of our inspection
- The registered manager told us that if a person's situation changed, they would assess to see they were able to continue supporting the person and would seek support from other professionals such as specialist nurses. As well as having discussions with people's next of kin to understand their wishes for end of life care.

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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person centred care.

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

- The provider lacked oversight in reporting all incidents and keeping staff training up to date.
- Though the provider ensured they notified the CQC of incidents they were required by law to tell us about. This is so we can check appropriate action has been taken. During the inspection visit we found, on one occasion an incident had not been referred to the local authority safeguarding team and no notification submitted to CQC. We discussed this with the registered manager who made a safeguarding referral to local authority immediately. Following the inspection visit the provider submitted the relevant notification.
- Risks to people were not always managed effectively. It is the providers responsibility to ensure staff know how to support people safely and minimise hazards.

This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Governance systems were not effective to monitor and drive improvement.

- The registered manager and provider were clear about their responsibility to be open and transparent in line with their duty or candour responsibility
- It is a legal requirement a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the home and their website.

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

- The ethos of the service was to provide quality support and care to individuals and encouraging people to be as independent as possible.
- Relatives and staff were confident in the management of Woodlands and told us the home was well run.
- Relatives were complimentary about the registered manager. Comments included, "[Name] is a fantastic manager, they are available and approachable and listen" and "The manager is a good manager, very efficient and rings me with information."
- Staff were kept up to date with any changes for example through meetings and supervisions.

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

characteristics; Working in partnership with others

- People and their relatives had been given the opportunity to comment of the service provided at Woodlands. Regular 'resident meetings' took place where people were given updates in staffing and they had the opportunity to make suggestions on the menu and activities they wished to do. Pictorial cards had been used in meetings to support people understand discussions.
- The registered manager had developed links with local health and social care professionals and the local community to ensure people had the support they needed.
- People were provided with opportunities to develop links with the local community. For example, they attended a school's summer fair and the local church. This ensured people were part of the local community
- Staff felt able to raise concerns with the registered manager and were positive they would be listened to and were supported.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Staff were not always following risk assessments to ensure the safety of a person who was at risk of choking. Reasonable actions were not always in place to mitigate potential hazards. Regulation 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to monitor and improve the service. Regulation 17(1)(2)