

## Lifeways Community Care Limited

# Woodbury View

### Inspection report

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#### Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

The inspection took place on 22 and 24 July 2015 and was unannounced.

The home provides accommodation for a maximum of five people requiring nursing or personal care. There were three people living at the home when we visited. A manager was in post who had applied to become the 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People responded positively to the care staff looking after them and engaged with them in a friendly and warm manner. Relatives told us their family member was safe, that they had no concerns and that care staff knew what to do to keep them safe.

People received care from staff who understood their individual health needs and how to manage risks when caring for them. People were supported to take their medications when they were required to do so. People received their medicines at the correct time and medications were safely administered and stored. The manager made regular checks to ensure people received their medication correctly.

# Summary of findings

People received care and support from staff who were regularly supervised and who could discuss aspects of people's care they were unsure of. People received care from staff who understood their needs and knew their individual requirements. Staff received regular training and understood well how to care for people.

People's consent was appropriately obtained by staff. People who could not make decisions for themselves were supported by staff within the requirements of the law. The manager understood the requirements of the law and had responded appropriately.

People enjoyed their food and were supported to prepare drinks and meals. People were offered choices at mealtimes and were supported with special dietary requirements. Staff understood people's needs and assisted people with their meals if they required additional help. Staff understood people's like and dislikes and ensured people received the food they liked.

People health needs were assessed regularly and care staff understood how they should care for people. Staff kept families informed about their relative's care. People were referred to other health professionals as appropriate.

People liked the staff that cared for them and responded to them with smiles and tactile affection. People's privacy and dignity were respected and people were supported to make choices.

People were supported to take part in activities they liked or had an interest in. Care staff understood each person's interests and positively encouraged participation. Families were encouraged to contribute to discussions about their family member's care.

People were relaxed around the manager. Staff caring for people were positive about the manager and felt part of a team that understood the people who lived there as well as each person's role within the team.

People's care was regularly checked and reviewed by the manager and operations manager. The quality of care people received was routinely reviewed to ensure it could be monitored and improvements made where required.

# Summary of findings

## 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 safe. People were relaxed around care staff. People were supported by enough staff that knew how to keep them safe. People received their medications when needed.

Good



### Is the service effective?

The service was effective. People were cared for by staff who understood people's health and the risks to their health. People received choice about their care and staff ensured their dietary needs were met. People received additional input from medical professionals when they required it.

Good



### Is the service caring?

The service was caring. People were cared for by staff they liked and staff engaged positively with them. People were treated with kindness, dignity and respect.

Good



### Is the service responsive?

The service was responsive. People's care was updated to reflect any changes in their care needs. People were supported to participate in activities that reflected their interests.

Good



### Is the service well-led?

The service was well led. People's care was regularly reviewed and updated. The quality of care was monitored so that it could be continually improved.

Good



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

The inspection took place on 22 and 24 July 2015 and was unannounced. The inspection team consisted of one inspector. We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also spoke to the Local Authority.

As part of the inspection we spoke to all people living at the service and whilst some were not able to verbally communicate, other methods of communication were used to ascertain their views. During the inspection we observed how staff interacted and communicated with people.

We also spoke with three relatives of people who lived at the home. We also spoke with four care staff, the manager and the operations manager.

We also reviewed three care records, the complaints folder, communication books and audits of the service.

# Is the service safe?

## Our findings

We saw that people were relaxed around care staff and looked to staff for reassurance. Family members we spoke to told us they were happy with the service and that their family member was safe. The people living at the service had been there for a few years and relatives had not had any concerns about their family member living there.

Staff understood what the signs of abuse were and who they could report these to. Staff told us they could raise concerns with their manager should they need to. Staff told us about training they had received in safeguarding and how this had supplemented and refreshed their knowledge. The manager also confirmed all staff, including new staff had been trained to understand how to keep people safe.

People at the service lived with health conditions where staff needed to know how and when to intervene, such as Epilepsy. Staff understood how to care for each person and what health risks that person lived with. For example staff knowledge of each person's symptoms matched what we found in people's care files when we reviewed them. When we spoke to staff, they understood how to care for and move people safely. For example, two people were transferred using additional specialised equipment and staff were clear what needed to be done to move the person. Each person had a staff member who was their key worker and who took the lead in caring for the person, liaising with their family and updating their care records. Staff knew to speak to the key worker or manager if they had any queries, as that key worker had the most detailed knowledge about the person. Relatives told us they thought staff had a good understanding of their family member's health requirements and that staff knew what to be aware of.

We saw people supported by staff who were always available or with them. The manager reviewed people's needs and this affected the number of staff needed. For example, there was always a member of staff available in communal areas. We saw staff members interact with people and engage with them by chatting to them or undertaking an activity. Staff made themselves available to people so that if they saw a person requiring support, they stepped in but also gave the person space to try and maintain their independence. Relatives told us they were happy with the level of staffing and their family member received consistent support. For example, one relative told us their family member required support from two members of staff and they received this

People were supported to take their medication. Staff explained the medication to people before offering it to them and ensured it was taken safely. Staff were also aware of how each person liked to take their medication, for example, whether they preferred water, juice, a beaker or a cup. Staff we spoke to knew how each person displayed signs that may indicate they needed extra pain relief. Staff had a good understanding of people's medications and when they needed to be taken. We saw that where people had been given medications, staff were aware of what medication the person had taken, the effects this had had on the person and when another dose could safely be given. For example, one person was unsteady on their feet as a consequence of medication they had taken and staff were aware of this. People's medication was regularly reviewed by the manager to ensure people received the right medication and at the correct times.

# Is the service effective?

## Our findings

People were supported by staff who understood and received specialised training, for example all staff had been trained to care for someone living with Epilepsy. Staff told us about each person's individual care needs and how they needed to be supported. Staff told us about what they understood and about symptoms that indicated someone was having an epileptic seizure. We saw staff observe and be vigilant to people living at the service, one of whom had experienced a seizure just before the commencement of the inspection.

Staff also understood what was required to care for someone who required additional support to eat and drink. One person required specialised help with their eating and drinking. Staff could describe to us what they needed to do to prepare the person's meal and also to support them. Staff told us they received training and that helped them with their role. They told us they could ask for further training should they ever require it. Each staff member's training was reviewed by the manager. The manager told us about staff training and how it was reviewed regularly to ensure all staff received and understood the training they received. The manager also told us staff practices were observed to ensure care was delivered according to the training they were given.

Staff told us they had regular supervisions and that they felt supported. Staff told us they felt able to raise issues with either the manager or the operations manager. Staff told us because the manager had previously worked within the team they felt at ease to raise issues with her. For example, if they were unsure of something, or they wanted to suggest an improvement. Staff told us about how they had made suggestions for people's holidays and this was followed through. The manager also confirmed that supervisions took place and it allowed her to understand the team as well as any issues that arose. For example, she told us about staff discussions about career progression and this was also confirmed by a staff member.

People were involved in their care and staff explained whatever they were doing to people before they commenced. We saw staff explain what they were doing before transferring people to, wheelchairs and also before moving the wheelchair. Staff we spoke to told us they understood people's behaviour and knew when they were not happy with something. Staff we spoke to understood

the people they cared for and understood what decisions people could make and what decisions were in their best interests. Staff described how they understood what people wanted as some people had limited verbal communication. For example, one person communicated using picture symbols and care staff understood these. For example, staff understood if the person needed the bathroom or wanted to go to sleep as the person used the picture to alert staff.

We saw capacity assessments on file where people had not been able to make a decision on their own and what decisions affecting a person's care these related to. Staff we spoke to understood decisions could be made in people's best interests and that some decisions required an authorisation, called a Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The manager had assessed people at the service and made applications for the decisions that were affected.

Where people required support to make decisions the provider took steps to ensure that their best interests were considered and involved family members to make those decisions.

People enjoyed the food they were offered at meal times. People were also involved in the discussions about food when the menu was planned. One relative told us, "Staff are very aware of what [person's name] likes." We saw that people received drinks and meals throughout the day. Care staff ate their meals with people and chatted with them throughout the meal. People smiled and engaged with care staff, this enhanced people's mealtime experience. Care staff could describe to us people's meal preferences as well as any special dietary requirements or support needs people may have. For example, one person required extra support around meal times and care staff understood what was required for the person. One person's diet was also under review and a relative confirmed that staff were conscience of what the person ate so that the person received a diet in line with what had been advised for them.

Relatives told us care staff supported people to attend hospital, GP and other appointments. We reviewed people's care plans and staff communication books which confirmed people accessed these appointments. Relatives told us they were advised of the outcome of appointments

## Is the service effective?

and that they had no concerns about health issues as these were raised with health professionals when it was necessary. People routinely accessed the dentist, optician and well as other specialist physical therapy sessions, and relatives told us people benefitted from these. We also observed a staff handover during our inspection which confirmed staff understood people's health and care. For

example, one person was receiving short term treatment for an infection, and staff confirmed to one another what needed to be done for the person. The person's family member was also kept informed and told about the same infection and that help and advice had been sought appropriately.

# Is the service caring?

## Our findings

People were at ease with care staff supporting them. People responded to care staff positively by smiling at them and reaching for their hand for reassurance. One relative told us they were “Very happy” with the staff who they felt were “Very careful” around their family member and knew how to care for them. We observed the way staff spoke to each other about people and saw this demonstrated they understood each person and their care needs. For example, one person became sleepy in the lounge following a walk and staff were seen making the person comfortable and asking the other staff to be mindful that the person needed a nap.

People were supported where possible to develop skills to promote their independence. We saw staff supported people to prepare meals and drinks. Staff recognised differing levels of mobility and worked with people to ensure all people were able to participate based on their ability to engage. For example, one person with limited mobility was engaged by joining staff in the kitchen to prepare meals and by staff chatting to the person, providing them with a narrative of what was happening and involving them as much as possible.

Family members were actively involved in people’s care and kept updated of any changes in their care so the person was supported consistently at the home or when out with relatives. Families were given a communication

book in which they completed any concerns and any communication required between the service and family. Relatives told us about occasions when they had suggested changes to their family member’s care and this had been responded to. For example, one relative asked for a piece of equipment to be repaired.

One relative told us they were “Very involved” in their family member’s care. Relatives described how they were given opportunities to attend and contribute to care planning review meetings. Another relative told us they were kept “Fully informed” so that they could also attend any other appointments the person had such as hospital or physical therapy appointments and that this helped them understand how the person was cared for. Relatives told us they were aware of what was in the care plan and that they routinely talked to staff about things they were either unsure of or wanted staff to be aware of.

People were supported to maintain dignity and independence in a wide variety of ways. We saw that care staff were very clear with each other about when personal care was taking place, so that the person was not disturbed. We saw staff knock on doors before entering. Relatives told us that they thought care staff were very thoughtful when supporting people. For example, one person required additional support when attending specialised exercise sessions. Relatives told us this was always provided and that staff were very mindful and cautious of maintaining the person’s dignity.



# Is the service responsive?

## Our findings

People were cared for by staff that understood their individual care needs and responded to them. During our observations we saw examples where if there was a need to alter a person's care needs, staff and the manager responded. One person had a recent illness and all care staff were aware of the potential impact on the person's health and what they needed to be aware of. We reviewed three care plans and saw that people's care was regularly reviewed and updated and changes in their care needs recorded. People's risk of falling was also regularly updated to ensure that if people's care needs increased, this was provided. Another person's care needs had changed in response to professional advice and care staff were seen supporting the person based on those recommendations.

People's care was delivered by staff who were understood how to support people. We saw that when there were changes in staff shift patterns, the outgoing staff advised the incoming staff of a wide variety of factors affecting people's care that ranged from medications, outings and activities as well as any communication they had had with family members. During the staff handover, care staff demonstrated a thorough understanding of individual people and their individualised care requirements by clarifying what needed to be done but also reinforcing that they were aware of the person's care requirements.

Relatives described how care staff had a good understanding of their relative and that activities provided were in response to what their family member liked. For example, one relative told us their family member liked to go for walks and staff were seen offering to take the person for a walk. When we spoke to care staff, they told us about people's individual interests and how they were keen to involve people in activities that interested them. Staff knew what each person preferred, and were able to respond accordingly. For example, one person liked to play with a ball and staff knew the exact type of ball and what games. Care plans for people detailed their likes and dislikes and what sort of activities people chose to participate in.

Relatives we spoke to told us that they knew how to raise concerns or complaints. They told us they would speak to the key worker or raise an issue with the manager. One relative told us they had complained about an issue and it had been resolved and that staff "Do listen to me." Family members told us because the service was small and they had regular contact with staff, they preferred not to complain and instead speak to the key worker to resolve it. A communication book was used when people spent time with their family. The communication book listed all the necessary information between families and staff. We saw issues written into the communication book for care staff to address. We saw that care staff responded to queries in the communication book and detail what action was taken.

# Is the service well-led?

## Our findings

People had lived at the home for some time and care staff had a good understanding of the people and their families. The provider had developed their service and around the people they cared for. For example, methods of communication, family visits, family telephone calls, mealtimes and activities were all based on what worked for people and their families. Relatives told us they and their family members were happy with the service and care delivered and that all of these aspects helped reassure them.

People's interaction with the manager was positive. We saw positive examples throughout the day between people and the manager. We saw people smiling when they spoke with her as well as use tactile affection. Relatives were also positive about the manager and were aware who the manager was. They told us they could approach her should they have any reason to discuss their family member's care.

The current manager at the service had only just been appointed following a period of working at the service as a member of the care staff. The manager therefore knew the people living there well. Staff talked positively about the manager and emphasised that they felt part of a small team that understood the people living there. Staff told us they enjoyed working at the service. Staff told us they understood the manager's role in 'Whistleblowing' and felt they could approach the manager. For example, one staff member told us about the manager had been very willing to discuss available options when a change in working pattern was requested.

Staff told us they worked with families to develop the care for people. Care staff were encouraged and supported by the management of the staff to improve the service for people living there. For example, one care staff member had developed a quick- easy access folder. This detailed exactly how staff members needed to transfer the person in their specialised hoist.

The operations manager regularly undertook checks of the service in order to measure the quality of care delivered. Some of these checks involved unannounced checks which included managers from the providers other services. This helped each manager to understand the quality of care the provider expected. Feedback was given following each check so that the manager understood the service's performance. For example, care plans were reviewed to evaluate whether they were individualised to meet people's care needs. After each service review an action plan was produced so that it was clear what tasks needed to be achieved and by when. These tasks were then monitored by the operations manager to ensure they were completed.

We reviewed communication sent to families and satisfaction surveys which indicated relatives were happy with the service. Two relatives told us they were very involved in their family member's care. For example, family members were asked for ideas of where to take people on holiday. Relatives told us their family member had enjoyed their holiday and received regular updates about their family member's care.