

# Lifeways Community Care Limited

# Woodland View Short Breaks

## Inspection report

Woodland View  
Longford Road  
Cannock  
West Midlands  
WS11 1QN

Tel: 01543502912  
Website: [www.lifeways.co.uk](http://www.lifeways.co.uk)

Date of inspection visit:  
15 December 2017

Date of publication:  
19 January 2018

## 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

This was an unannounced inspection on 14 December 2017 carried out by one inspector. Woodland view short breaks provide respite care and emergency care whilst people are looking for their new home. The service has accommodation for up to ten people which includes nine ensuite bedrooms and one self-contained apartment; sixty eight people currently use the service throughout the year.

There was a manager for the service who was completing the process to become a registered manager in the service. 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 our last inspection in November 2015 we rated this service as Good and on this inspection we found the service remained Good.

People continued to receive safe care. Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner. The staff understood how to protect people from harm and were confident that any concerns would be reported and investigated by the manager. People were helped to receive their medicines as prescribed and there were safe recruitment procedures in place to ensure new staff were suitable to work with people.

People continued to receive effective care. Staff were supported and trained to ensure that they had the skills to support people effectively. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. People were able to make decisions about how they wanted to receive support to ensure their health needs were met. When people required assistance to eat and drink, the provider ensured that this was planned to meet their preferences and assessed need.

The care people received remained good. People knew staff well and their privacy and dignity were respected and upheld by the staff who supported them. Staff understood how people communicated and they supported them to make choices about their care. People continued to have relationships with people who were important to them.

The service remained responsive. People had care records that included information about how they wanted to be supported and this was reviewed to reflect any changing needs. There were enough staff to meet people's needs and to ensure that they could go out and continue with their hobbies and interests. People knew how to raise any concern and staff were interested in resolving these.

The service remained well led. People were asked for their feedback on the quality of the service and their contribution supported the development of the service. Quality assurance systems were in place to identify

where improvements could be made and staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains good.

# Woodland View Short Breaks

## **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. At our last inspection in November 2015 we rated this service as Good and on this inspection we found the service remained Good.

Woodland View Short breaks is a care home. People in homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home provides respite and emergency care whilst people are looking for their new home. The service has accommodation for up to ten people; sixty eight people currently use the service throughout the year. There are nine ensuite bedrooms and one self-contained flat. There are large communal areas and bathing facilities designed to meet the need of people with a physical disability. The service is in the grounds of a complex of apartments and has a private garden and parking area.

The people who use the service have learning disabilities and 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.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We produced an inspection plan to assist us to conduct the

inspection visit. The inspection was unannounced and completed by one inspector completed on 15 December 2017.

People who lived at the home had limited levels of verbal communication to be able to give us their feedback of the care they received. Therefore, we observed the interaction between people and the staff who supported them throughout the inspection visit. We also spoke with three relatives about their experience of the care that the people who used the service.

We spoke with the administrator, and four members of care staff; we spoke with the manager following our inspection to give feedback about our visit. We reviewed care plans for three people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

The staffing was arranged flexibly to meet the different needs of people who were using respite care. People were supported by staff who knew them well and any additional support hours were covered from within the existing team. One relative told us, "I don't have any worries about the staff here. They all know [Person who used the service] really well. When anything changes or we have any new equipment, we just come and show them so they know what they are doing and how to use it." One member of staff told us, "It's so much better that we do the care, as there's only so much a care plan can tell you. We know people's facial expressions and how they communicate."

The home was purpose built and included fixed ceiling tracks for people to move around the home. The care records included information about how to reduce any risks associated with using this equipment. One relative told us, "We bring in their own slings and equipment so it's the right for them to use. They have everything written down so know what coloured tags to use and how to make sure they are safe."

Staff had a good understanding of how to protect people from harm and had undertaken training in safeguarding adults. They could describe different forms of abuse and what they would look for and one member of staff told us, "If we are worried about anything then we inform the shift leader or the manager and we raise this as a safeguarding so people get the protection they need."

People were supported to take their medicines at the right time. Before people started their respite stay, staff carried out checks to ensure that they had a record of the right medicines. One member of staff told us, "We always call family members or the doctor to make sure we have the correct list of all the medicines they need. When they come in, we check them and count all the tablets so we have a record of what has been received."

The provider had reflected on how medicines were administered to reduce the risk of errors. Two staff now administered medicines and further checks were carried out during each shift to ensure they had been taken as prescribed. One member of staff told us, "Since we have introduced this system, we haven't had any errors. The medicines and records can be checked up to three times during each shift. If anything wasn't right then we would be able to take action straight away."

Care staff and domestic staff were responsible for ensuring that all areas of the home were kept clean. We saw that staff had access to personal protective equipment when delivering personal care or preparing food. Infection control standards were reviewed as part of the quality assurance systems including checking the mattresses each month. One member of staff told us, "This means checking all of the mattress area and we do this when people leave too when we clean it; we need to know it's okay to use when the next person moves into the room."

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service (DBS) as part of the

recruitment process. These checks are to assist employers in making safer recruitment decisions.



## Is the service effective?

### Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw staff sought people's consent before they provided support and they were able to make everyday decisions about their care. Where concerns had been identified that people may lack capacity to make an important decision, a capacity assessment had been completed; a best interest decision had only been made where there was evidence that people may lack capacity. Where people had restrictions placed upon them and could not leave the home without support, we saw applications to lawfully restrict their movements had been applied for. One member of staff told us, "If we have someone staying here that has a DoLS in place, we explain to other people that we have the door locked but that's not for stopping them from going out."

There was a flexible and relaxed approach to meal times and people chose what they wanted to eat. There was a range of food available and where people who received respite were from a different cultural background, their food preferences were recorded and foods were prepared which they enjoyed. One member of staff told us, "We always ask people what they want and plan different meals depending on what they want to eat." Records identified whether people were at nutritional risk and detailed action staff should take to mitigate these. The advice from health professionals in relation to people's eating and drinking had been acted on by staff, for example where people needed a softened diet. One member of staff told us, "It pays to develop good relationships with other professionals. People use a lot of services and we have to speak with a lot of different people to make sure we have the most up to date information about what they need. We make it our priority to work closely together so people can have a safe stay here."

People retained responsibility for organising their health care where they received short term respite care. For people who were staying for longer periods of time, they were able to register with the doctor within the site complex. One relative told us, "The staff notice if anything is wrong and will let us know. They notice everything, and if they think anything is wrong they will always call us and ask for our advice. There's really good communication between us. If there are any planned appointments we will usually come and take them. If we are not here, I trust the staff to go as they know them so well." People's support plans contained information about how to support them with their health needs and where professional advice had been provided, this had been incorporated into the care records.

When new staff started working in the service, they completed an induction into the service and worked towards the completion of the care certificate. The care certificate sets out common induction standards for

social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Where people had complex needs, training was arranged to enable staff to understand how to provide this specific support. For example, staff explained that they had received training for positive behaviour. One member of staff told us, "We have learnt about how to use diversion or distraction techniques so we can support people with any complex behaviour. We are lucky here as the rooms are large and this allows people to express themselves without harming themselves or others. If we are worried we work together to put measures in place that we all work with, to keep people safe."

## Is the service caring?

### Our findings

People were encouraged to express their views and staff listened to their responses. The staff were patient with people when they provided support and we saw them speaking and engaging with people in a positive way. For example, we heard people choosing what they wanted to eat and choosing where to go over the weekend. Some people used their own form of non-verbal communication and one member of staff told us, "Some people use sign language but it's almost like a slang version of it. They've adapted it themselves but the important thing is that we know what it means and it helps them to tell us what they want or are feeling."

The staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality. People were able to choose how to dress to express themselves. One member of staff told us, "People bring in their own clothes with them whilst on respite. We respect people's choices about how they want to express themselves and respect each person's decision." One relative told us, "People can just be themselves here. There's a lovely atmosphere and it's a home away from home."

People were happy and liked receiving respite care. They were recognised and valued as adults and their privacy was respected. One person told us, "I like having a Jacuzzi bath at night time. I stay in there for about half an hour. I stay on my own and have the call bell if I need anything." Staff explained that where there was no risk, they recognised people's right to enjoy their privacy when having a bath. One member of staff told us, "We keep checking they are okay and they shout and let us know how they are." Whilst receiving respite care, people were supported to maintain relationships with family and friends. One member of staff told us, "Some people like to keep in touch by phone or where their stay is longer; we can support them to visit people who are important to them. If people have any special friendships it's lovely when they have respite together so they can do the things they enjoy and spend time together."

People were supported to remain independent and helped to make their own drinks and meals. One person told us, "I make my drinks myself and help the staff with the cooking. I like doing this." One member of staff told us, "We risk assess activities but this doesn't mean we stop people doing things. When people have respite, it is also a chance to try out different things, so we like to include people in everything that happens here, and that includes cooking and baking. Some people really enjoy this and it's good they have the chance to join in."

## Is the service responsive?

### Our findings

People chose where to go and how to spend their time and we saw people were asked what they wanted to do. Whilst receiving respite care, people continued to be supported to follow their interests and take part in social activities. People spoke enthusiastically about how they spent their time. We heard people discuss what they would like to do over the weekend. One person told us, "I like going to the cinema and out shopping. I go out with staff and I choose where to go." People could choose to go out alone or with friends and one member of staff told us, "We talk with people about what they want to do and we have enough staff so everyone can go out if they want." We saw people had opportunities to be involved in activities in the home; one person was completing a jigsaw and talking with friends and other people were listening to Christmas music. They told us they were looking forward to celebrating Christmas and had been involved with decorating the home.

Information was available in different formats and some people had pictorial communication boards to help them to understand the events of each day. One member of staff told us, "This helps [Person who used the service] to plan their days. They like to plan their day and to know what staff are on duty. We can record all this for them and it helps them to become less anxious and works really well." We saw staff refer to this board to explain events. The staff were available to provide support throughout the day and spent time with people to meet all their support needs, and keep them safe. We saw staff were not rushed and where people wanted their attention this was given and staff took their time when engaging with all activities.

People had a support plan which included information about their personal histories, individual preferences, interests and significant relationships. These were reviewed when each person received a new period of respite care. One relative told us, "The staff call us the day before they come here to check on the medicines and just check whether everything is alright. I always feel I have time to tell them what they need to know. Often nothing changes but if there is, we go through this." Another relative told us, "It's important that the care plan is right. [Person who used the service] isn't able to let them know, so we need to make sure everything is written down so it's all done right."

People knew how to complain if they needed to and each person had an easy read guide informing them of how to make a complaint. We saw people were asked whether they were happy and one relative told us, "The staff are excellent at understanding whether they are happy. They know what the sounds they use mean and how they show whether they are happy or sad. I know they like coming here because when we arrive, a big smile comes across their face." They also told us, "At the end of each stay we are asked whether there were any compliments or complaints. We'd certainly tell them if we had any problems but we've never had anything but positive things to say."

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

## Is the service well-led?

### Our findings

The service had a manager and their registration application was being considered by us. The staff told us that they provided leadership, guidance and the support they needed to provide good care to people who used the service. One member of staff told us, "The new manager has been very supportive. There have been quite a few changes but for the better. It's good because they listen to what we say." The care staff now had opportunities to lead each shift and develop their skills. One member of staff told us, "It's a bit daunting at first but it's a good thing we get to lead. It makes us realise how important everything we do is and we've been supported to learn about all the checks we have to make, so everything is safe." Staff were also being supported to become champions in specific areas. For example there was a menu and an activity champion. One member of staff told us, "This is a new thing that's been introduced. It means we each take responsibility for developing a different topic. It's nice that things are changing and we get to do something different."

People gave their feedback about the quality of care following each period of respite care. The satisfaction survey was completed with staff and was designed in an easy read format. One member of staff told us, "We ask people what was good and what we could do better so we can make improvements and make each stay with us better. Family can comment too so we get an all-round view." An annual quality review was also carried out and as a result of comments made, a notice board was being created. This was titled, 'You said; We did' and was an opportunity to highlight the developments in the home.

The manager carried out checks to monitor the quality and safety of the service, which included checks on personal support plans and how the service was managed. The results of these checks were discussed in meetings and any shortfalls were addressed to improve the overall quality of the service. The staff told us they felt their views were listened to and one member of staff told us, "The meetings are useful. The last one we talked about the new paper work and how we were looking at improving our records. We talked about making sure people come in with their medicines in their original packaging and how we need to check them in so we don't make mistakes."

The staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. One member of staff told us, "We have a competency assessment for administering medicines so they can check we are still safe and know what we are doing. It's a good thing they make these checks and they are interested to know we are doing our job properly."

It is a legal requirement that a provider's latest CQC inspection report 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 judgments. We found the provider had conspicuously displayed their rating in the home.