

Miss Kitty Hung

Woodside Residential Home

Inspection report

10 Leyland Avenue
St Albans
Hertfordshire
AL1 2BE

Tel: 01727869406

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 2 February 2016 and was unannounced.

Woodside Residential Home provides accommodation and personal care for up to three people with mental health issues or learning difficulties. There were three people living at the service on the day of our inspection.

At their last inspection on 17 January 2014, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet the standards.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. However, in this instance, the registered manager was also the provider.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was working in accordance with MCA and no one living at the home currently required a DoLS application.

People received the care and support they needed to live full and independent lives. Staff respected their ability to make their own decisions and choices and supported people with this. People were involved in planning and reviewing their care and care plans included detailed information to enable staff to support them appropriately.

People felt safe living at the service and staff knew how to help keep people safe. Risk assessments were developed but enabled people to have the freedom and independence they wanted. Medicines were managed safely and people had access to health and social care professionals as they needed it.

People enjoyed a variety of foods and were involved in the preparation and planning of meals. People planned their own activities and decided how they spent their time with support from staff. Their feedback was sought and acted upon as needed.

There was strong leadership in the home and people knew the manager well. There were systems in place to help ensure the smooth and safe running of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe living at the service.

People had their individual risks assessed and were supported to stay safe.

There was sufficient staff to meet people's needs and they had been there a number of years.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received appropriate training and suitability.

People were supported to make their own decisions.

People enjoyed a variety of food which they were involved in preparing.

There was access to health and social care professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were involved in the planning of their care.

People were supported by staff who knew them well.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met their needs.

People participated in a number of hobbies and interests.

People's feedback was sought and responded to.

Is the service well-led?

Good ●

The service was well led.

People knew the manager well and were positive about them.

There were systems in place to identify and address any issues.

There was a people first culture at the home.

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Woodside Residential Home

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

This inspection took place on 2 February 2016 and was carried out by one inspector. The inspection was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the Provider Information return (PIR) which sets out how the service is meeting the standards.

During the inspection we spoke with all three people who lived at the service, one member of staff and the manager. We received feedback from health and social care professionals and viewed three people's support plans. We also reviewed records relating to the quality and monitoring of the service.

Is the service safe?

Our findings

People felt safe living at the service. One person said, "Its lovely here." We noted that staff knew people well and what posed as a potential risk to their safety and welfare. There were robust risk assessments in place that did not restrict people but enabled them to live fulfilled lives while being safe. For example, there was a set of internet safety rules for a person who enjoyed spending time and meeting people online. These included only using their online name, not giving out personal details and ensuring staff knew if they planned on meeting someone they had met online. People were also asked to text the staff when they arrived at their destination when going out and to inform staff if their plans changed. The manager told us that they also arranged for the community police officer to visit and talk to people about how to be safe outside of the home and online to help raise the importance of being safe.

Each person had their own personal safety evacuation plan and this was completed with the person's input so they knew how to be safe. Staff were aware of how to recognise and respond to abuse and there was information displayed to raise awareness of this for people and staff. Safety care plans talked about good and bad touch when in a relationship and discussing concerns with staff. This helped to ensure that people would be able to identify potential abuse when out in the community and in personal relationships.

There were no recent accidents or incidents at the service but the manager ensured they reviewed each week's events to ensure that there were no potential risks and any remedial actions were taken. For example, reminding people and staff about leaving things on the floor that may be a trip hazard.

The home was staffed by staff members who had been at the home several years and the manager, who was also the provider. Between them there was a rota that ensured the home was consistently staffed and people received the support they needed. We saw that although the staff had been there a number of years, recruitment files still contained all relevant pre-employment checks and updates to the criminal records checks.

People's medicines were managed safely. We heard people ask for their medicines when they were ready for them and staff administering them did so using safe working practice. Medicine records were completed consistently and stock quantities were accurate. Medicines prescribed on an as needed basis were recorded appropriately with the reason for them being administered. There were daily checks completed to ensure medicines were recorded appropriately and stock amounts were accurate. A recent pharmacy inspection found there to be no issues.

Is the service effective?

Our findings

People were supported by staff who received the appropriate training and supervision. One staff member told us, "We have to do our training annually." We saw training certificates for the manager and staff that were up to date and covered all key areas. For example, safeguarding people from abuse, medicines management, health and safety, MCA, food hygiene and infection control. The staff member was able to describe what each subject meant and how to put it into practice. We observed them working in accordance with this training. For example, using wet floor signs when mopping the floor and informing people that the floor was wet.

Staff received in-depth supervision every two months. The agenda covered numerous subjects relevant to their role and personal development. One staff member said, "I feel supported." The manager told us that they gave questions on key topics at each supervision. We saw that the most recent was the Mental Capacity Act. The manager told us, "Supervision is both ways, it's an opportunity for staff to have their say too and say what training they want."

People living at the service were all able to make their own decisions and the home was working in accordance with the Mental Capacity Act. One person told us, "When I want money for something they [staff] ask what I want it for but never stop me having it." We noted that staff asked people for consent before intruding on their space, for example, going into the kitchen while they were preparing breakfast, and prior to administering medicines. The manager and staff were very clear that people's choice and consent was a priority and that ultimately these were their choices. One staff member told us, "Everyone is very independent make their own decisions, sometimes we offer support but they know what they want and don't want." The manager said, "All I can do is set an example, at the end of the day they are grown adults and as long as I give them the options, it's their decision." There was a record of various decisions in people's care plans and any support they needed with these. For example, when managing finances, but there were clear instructions in place to ensure the decision was the individuals rather than a staff member or a relative's decision.

People were supported to maintain a healthy and varied diet. People told us that they decided with staff what the main meal would be and they and staff took turns cooking. One person told us, "I'm a good cook." Another person told us, "Sometimes I cook for the other two [people living at the home]." We saw that people prepared their own breakfasts and one person prepared their own lunch to take out with them we heard them discussing this with staff who complimented the person on the healthy choices. We noted this was part of an eating plan they had developed. The staff kept a record of what people had eaten for their meals to help ensure they benefitted from a variety of foods and to monitor any dislikes.

People had access to health and social care professionals as needed. One person told us about attending appointments, "Sometimes staff come with me, sometimes I go on my own." They went on to say this was how they liked it. We saw that people's plans included what professionals they required, for example, Psychiatrists, well woman clinics, Opticians and Dentists. The manager told us if people wanted to speak with their social worker they had the contact details and had previously called them themselves. This

demonstrated that people had the independence to request input when they felt they needed it.

Is the service caring?

Our findings

People were treated with dignity and respect. One person told us, "Staff are all nice, they're kind." Another person said, "I like it here, everyone is nice." We saw that staff spoke with people respectfully and were not patronising. As people woke up in the morning, staff introduced them to us explaining why we were there. We also noted that when the manager arrived, they went and greeted each person to say good morning. The manager and staff had all been at the home for a number of years, as had the people who lived there. As a result, everyone knew each other well and had established effective relationships. One person told us, "I know them [staff] all very well." The manager told us, "It's not a care home, it's a home."

People were encouraged to maintain relationships with family and friends. This was done by facilitating phone calls, ensuring people were safe to travel to their family's homes and supporting them to develop and maintain safe friendships and relationships with partners.

People were very involved in planning and reviewing their care. We saw that people had made entries in their care plans instructing staff what they wanted. For example, in relation to their bedroom and privacy, this listed what access staff could have. The person, along with the staff members had signed this in agreement. We saw that all care plans and risk assessments had been completed with the person and were very person centred. The plans recognised strengths and people as individuals and gave a clear picture of the person and not just what their needs were. People were consulted throughout and each month there was a record of the person being involved with the review.

Records were stored securely to promote confidentiality. We also noted when discussing something with us, the manager asked the person if it was ok that they shared the information. This helped to ensure that sensitive information was only shared with those authorised to have access to it.

Is the service responsive?

Our findings

People told us that their care and support needs were met. One person told us, "It's nice that [manager] looks after me and cares about me." We noted that care was provided in accordance with people's request for support. For example, people wanted to maintain their independence and we saw when a milk bottle was empty, the replacement was a large heavy bottle, but rather than pouring the milk for the person, the staff member transferred it into the smaller bottle so the person could pour it themselves.

People's care plans were written in a way that gave staff clear information on what support people needed. We saw that in some cases the person themselves had made entries in the plan. Each plan had a thorough monthly review where they discussed what worked well and any changes needed. We saw that people recorded their requests for changes and the staff signed this. We also saw that these changes were acknowledged in staff meetings and in the staff communication book and staff were aware of them. For example, one request was for help to organise a person's bedroom and we saw that their room was very tidy and another request was for staff to always ask if the person had a good night. We noted that the staff member asked the person if they had a good night when they got up. Staff were familiar with people's needs and this enabled them to avoid any situations which may cause people to become upset. For example, one person liked to not be disturbed while in the kitchen and staff checked with them prior to entering, explaining that they needed to get something.

People told us they had enough to do and could choose how they spent their day. One person said, "Staff ask me what I want to do, I like to be independent." People went out most days. This included going to work, swimming and meeting a friend for a coffee. They also told us what they do when spending time at home. One person said, "I like to lie in my room, listening to music and colouring, I enjoy my own space." Another person also told us, "Sometimes we all go bowling." The manager told us one person was going to the cinema with a friend and they were supporting this by going to get the tickets in advance. This meant that people provided their own activities and hobbies with only support from staff to help them enjoy them safely.

People were encouraged to give feedback during reviews, meetings and surveys. One person told us, "We have meetings and they ask me what I want and they listen to me." We saw that this information was reviewed by the manager to see if any actions to improve the service were needed. We saw that people were aware of how to make complaints and all issues were recorded and followed up appropriately. For example, where one person had become frustrated and shouted at staff, later that day the manager sat with them to talk through what had upset them and supported them in regards to managing how they expressed their frustration

Is the service well-led?

Our findings

People knew the manager well as they worked at the service as part of the staff team on a regular basis. One person told us, "The manager is nice, [they] work hard, I always tell them that." Another person said, "[The manager] is a jolly good lovely [person]."

The manager was passionate about providing a good service and worked to ensure they kept up with good practice and legislation. They told us they attended a local care provider's association meetings and kept in regular contact with the local authority for advice and training. We reviewed the recent report from the local authority's visit and saw that any required actions were completed. For example, for each person to have their own evacuation plan in case of an emergency.

There were systems in place to monitor the quality of the service. In addition to surveys and meetings for people who lived at the home, staff, neighbours, relatives and professionals were invited to give their feedback. We saw that all responses were very positive about the home and the care people received. The manager also completed their own checks against regulations and standards, to help ensure they were complying with legislation.

Staff were positive about the manager and the leadership in the home. One staff member said, "[The manager] is spot on with everything." They were aware what was expected of them and the manager discussed issues, performance and updates with them each week following their analysis of how things had gone the previous week. Lessons learned from any complaints and inspection visits were shared so that everyone knew how to ensure they maintained and improved standards.

The service was a person first home. The attitude of the manager was shared by staff and this was evident in the freedom and positivity of people we spoke with. People decided what they wanted and how they preferred things to be done. The manager and staff accommodated this to the best of their ability with gentle intervention to ensure everyone living at the home enjoyed the same freedom and comfortable experience.