

Woodway Carers Limited

Woodway House

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 ●

Summary of findings

Overall summary

We carried out our inspection on 9 January 2018 and this was unannounced. We returned announced on 10 January 2018 to complete the inspection.

Woodway House is a residential home which provides accommodation for up to 32 people. At the time of our inspection there were 28 people using the service. At the last inspection, in February 2016, the service was rated Good. At this inspection the service remained Good.

The service had a 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 2008 and associated Regulations about how the service is run.

People continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risks to people were assessed and monitored regularly. The premises were maintained to support people to stay safe.

Staffing levels ensured that people's care and support needs were met. Safe recruitment processes were in place.

Medicines were ordered, stored, administered safely by staff who were trained to do so. The temperature of the storage rooms needed to be more closely monitored to ensure they remained within safe parameters.

Systems were in place to ensure the premises were kept clean and hygienic so people were protected by the prevention and control of infection. There were arrangements in place to make sure action was taken and lessons learned when things went wrong, to improve safety across the service.

People were supported in line with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Staff and the registered manager had an understanding of the MCA. Staff told us that they sought people's consent before delivering their support.

People's needs and choices were assessed and their care provided in line with up to date guidance and best practice. They received care from staff who had received training and support to carry out their roles.

People were supported to maintain their health and well-being. People were able to see healthcare professionals when they needed. People were supported to eat healthily and staff ensured people had enough to eat and drink.

Staff were caring and compassionate. People were treated with dignity and respect and staff ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided.

Staff had a good understanding of people's needs and preferences.

People using the service and their relatives were involved in making decisions about their care and support. Care plans were focused on the person and their wishes and preferences. People were asked about their wishes at the end of their life.

People were supported to take part in activities that they wanted to do and were encouraged to follow their hobbies and interests. People using the service and their relatives knew how to raise concerns. The provider had a system in place to obtain people's views of the service.

The service had a positive ethos and open culture and people were involved in decisions about changes. People, their relatives and staff felt confident to approach the registered manager and felt they would be listened to.

Quality assurance systems were in place to monitor and review the quality of the service that was provided to drive continuous improvement.

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 remains good.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains well led	Good ●

Woodway House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that was completed by one inspector and an expert by experience on 9 January 2018 and was unannounced, we returned announced on 10 January 2018. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider. We also sought feedback from Healthwatch Leicestershire (the consumer champion for health and social care.)

During our inspection we spoke with five people who used the service and six relatives of people who used the service. We found that some people had limited verbal communication but were able to tell us what they thought. We observed interaction between staff and people who used the service during our visit.

We spoke with seven members of staff including the registered manager, the cook and the activities organiser. We also spoke with three visiting health care professionals.

We looked at records and charts relating to two people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People received safe care from a well-trained and caring team of staff. All people we spoke with agreed that they felt safe while receiving support from staff. One person told us, "I feel perfectly safe living here." Another person commented, "I wouldn't like to be lifted in that thing (hoist) myself, but the girls (staff) are kind and caring when they move others as I watch them." A relative said, "I have peace of mind that when I leave here that [person] good care continues. Another relative commented, "I don't have any worries about leaving [person] here."

People were supported by staff that understood their responsibilities to safeguard people from the risk of harm. Staff demonstrated they knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff told us they would report any concerns to their line manager. One staff member told us, "I would report things to the local authority or CQC if nothing was done but I know [registered manager] would deal with it."

The recruitment process ensured that staff were suitable for their role and staffing levels were responsive to people's needs. We saw that staff were available when people needed them and that they did not have to wait to receive the support they needed. People told us that staff got the work done and people received the support they needed. One person told us, "I wash and dress myself but they (staff) help with my shower and they make me feel comfortable." A relative told us, "There will never be enough staff, but they always get the job done. I have peace of mind."

The registered manager assessed people's dependency levels, they used this information to ensure sufficient staff were deployed to meet people's assessed needs. The rota showed the number of staff on duty and what their role was. Staff were available when people needed them and they did not have to wait long to receive the support they needed. Staff told us they felt there were enough staff available. We were also told the service did not use agency staff if someone phoned in sick as other staff would cover a shift. Staff told us that they worked flexibly to ensure people received consistent care. One staff member told us, "If someone phones in sick someone will stay late until someone can get in to cover the shift. We always manage to get shifts covered."

Risks to people had been identified and assessed. Risk assessments had been reviewed and if someone needs had changed their risk assessments were updated to reflect this. For example a person had developed a skin problem. The risk assessment reflected the person's needs and what action staff needed to take to minimise the risk. The risk assessment included what equipment was needed and how often the person needed to be turned during the day and night whilst they were in bed. In this way people could be assured their risks would be minimised.

There were fire risk assessments and fire safety procedures in place to check that all fire safety equipment was serviced and readily available. We saw that environmental risks were assessed and monitored to make sure people were protected as much as possible from avoidable harm. Checks on the building and equipment in use had been completed.

People received their medicines as prescribed. One person said, "I get my pills like clockwork and they watch me take them." Another person told us, "They give me all my pills and watch me take them." Medicines management systems in place were clear and consistently followed. Staff told us they had received training in this area and been assessed and deemed competent to administer medicines. One staff member said, "We have good access to training, we get refresher training each year." The registered manager carried out competency checks on staff at regular intervals to ensure they remained safe to administer medicines. Medicines were safely and securely stored. However, the recorded temperature in the rooms where medicines were stored was routinely recorded at 24 degrees with some days at 25 degrees. (It is recommended that some medicines are stored at less than 25 degrees). We discussed this with the registered manager who told us they would speak to their pharmacy supplier to discuss ways of improving the storage. Following the inspection the registered manager confirmed they were in contact with their pharmacist to look at improvements.

People were protected from the risks of infection as the provider had infection control procedures that staff followed. There were cleaning schedules in place and the registered manager monitored these to ensure they were effective. One person told us, "My room is ok. They keep it nice and clean". Another person told us, "It's very clean here. I had visitors when they (cleaners) came round today, but they came back later after they had gone." We did note that the carpet in the main lounge was badly stained. The registered manager told us the provider was planning to replace the carpet soon. Following the inspection the registered manager confirmed they had made arrangements to replace the carpet. We also noted that a cloth runner on top of a side board in the dining room was badly stained. We brought this to the registered manager's attention and it was replaced.

The registered manager analysed information they gathered in relation to falls, accidents and incidents to understand how these had occurred. From this information they looked at ways of improving the service. For example, where the registered manager noticed a person was having a lot of falls during the night, they contacted the falls team and arranged for assistive technology (a pressure mat) to be available to alert staff should the person get out of bed during the night. This had reduced the number of falls for that person.

Is the service effective?

Our findings

People's treatment and support were delivered in line with current standards and guidance. The registered manager ensured they remained up to date with changes in adult social care by reading articles on the internet and attending regular training courses.

People received care from staff that were knowledgeable and had received the training and support they needed. One relative told us, "The staff here have a good training programme." All new staff had an induction where they received training in key areas such as health and safety, moving and handling, dementia awareness, understanding the mental capacity act and safeguarding of vulnerable adults. Staff training was relevant to their role and equipped them with the skills they needed. For example all senior staff had completed safe handling of medicines training to ensure they understood how to manage medicines within the service. Staff confirmed they received regular training. One staff member told us, "The training is very useful. I am currently doing my dementia awareness. It explains why people living with dementia behave as they do." Another staff member described what they had learnt when they had done the moving and handling training, "We always check the equipment before we use it to make sure it is safe. Make sure we know the risk assessment for that person. If unsure about anything, speak to a senior." We did note that the activities organiser, though very good, had not received specific training to enhance this role. We discussed this with the registered manager, who said they would investigate what training was available.

Staff had supervision meetings with their line manager. Staff told us they felt supported by their line manager and felt able to speak with someone at any time should they need to.

We saw examples of staff communicating effectively with people. Staff did not rush people, they allowed time for the person to respond and repeated the question if they needed to. We saw staff assisting a person in their wheelchair. They carefully made sure the person had their feet on the foot plates explaining what they were doing. They then ensured the person had their elbows tucked in so they did not catch on the doorframe before moving them to the lounge area.

People were supported by the design and layout of the service and were encouraged to personalise their bedrooms. People had access to a variety of communal spaces as well as their own bedrooms. During the warmer weather people had access to a private enclosed garden.

People were encouraged to make decisions about their care and their day to day routines and preferences. One person told us, "I pretty much do what I want to do. I like to stay in my room to watch TV and I can. They encourage me to go to the dining room for meals but if I want to I can stay in my room." Another person said, "I stay in my room mainly because I don't have anything in common with others, but I can please myself and they encourage me to have a little walk with my walker now and again." We saw people being offered choices about what to eat and drink, and what they wanted to do. A relative told us, "I like that they allow residents to do as much as they can for themselves. They take the time."

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 less restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had a thorough understanding of the MCA. Staff we spoke with had a good understanding of the MCA and its importance. They understood the principles of the MCA. For example, that people had to be presumed to have mental capacity unless there was evidence to the contrary and that where people lacked capacity they were supported in their best interests in the least restrictive way. A staff member explained, "We always presume someone has capacity. We offer choices." Staff had completed training in MCA and DoLS. They understood their responsibilities when supporting people to make decisions. A staff member told us, "It's about the least restrictive way." At the time of the inspection the registered manager had submitted applications for DoLS authorisations. This demonstrated they understood the MCA.

People were supported to maintain a healthy balanced diet. One person said, "The food is pretty good really. I get enough. I haven't ever had to ask for something else if I didn't like it." Another person said, "I don't really have to choose the sandwiches at tea time, they just know what I like. The tea trolley is never far away and they regularly bring in juice for me." A relative told us, "Mum certainly hasn't lost any weight here, so I think they get enough to eat. I am sure they would say if they didn't." Another relative commented, "The food is excellent and they offer me meals every day too."

People received food and drink that met their individual needs. For example where people were assessed as at risk of choking their food was pureed and their drinks were thickened. The cook knew people's individual likes and dislikes and received information about people's changing dietary needs. The cook also understood how to support people to maintain their weight by fortifying their food and drinks.

The registered manager and care staff liaised closely with the district nurses and GP. We spoke with three visiting health care professionals who all spoke positively about the registered manager and the staff. We received comments that included "I have no concerns about this service." and "They are very good at liaising with us and always follow our guidance."

People had regular access to healthcare professionals and staff closely monitored changes in people's health. One person said, "I can see the GP if I need to and it doesn't take long." Another person said, "I haven't seen the GP much since I have been here, but I have seen him. They just call him if I need him and the Chiropodist comes every few weeks." A relative told us, "The GP and District Nurse come regularly." Another relative commented, "My [person] sees a GP if they need to, I am always told if they have needed to see someone. I have every confidence in this place."

Is the service caring?

Our findings

People who lived at Woodway House were able to develop positive relationships with staff who treated them with kindness and compassion. A person told us, "The staff are very kind." Another person told us, "The staff are all really kind, some have been here a long time." However one person did comment, "Occasionally a member of staff can be rather condescending or bossy which I don't like. I'm not a child." We brought this to the registered manager's attention and they said they would investigate this further. A relative told us, "The staff really know [person] and over the years they have been here, they have got to know me well too. [Registered manager] has been particularly nice if I am feeling low about everything and there have been a few times I can tell you. Their door is always open." Another relative commented, "I don't have any worries about leaving [person] here."

Staff were observed speaking with people in a kind manner and offering people choices in their daily lives, for example where they wanted to sit or if they wanted a drink. Staff told us that many of the staff had worked at the service for many years and so knew people who lived at Woodway House very well. One staff member told us, "It is a bit like a family, we know people and their families well, and we also get upset when someone passes away." A relative confirmed that they felt the service was like an extended family. "They know me as well as my [person] and they support me if I am upset. It is really good that the staff stay. I know it's not always like that in other homes."

People were supported, where possible, to express their views and be involved in decision making about their care. One person told us, "[Registered manager] talks to me about my care if anything is going to change." Some people who used the service lived with dementia which meant they did not fully participate in longer term decisions about their care. However, their relatives or representatives had opportunities to be involved in decisions about how their care and support was delivered. Their relatives or representatives contributed to their care plans. One relative told us, "I have been involved in care plans. [Registered manager] has asked me my views. I am happy with that."

People received care from staff that preserved their dignity by ensuring that they were discreet in offering personal care and providing this in the privacy of their rooms or bathrooms. One person told us, "I wash and dress myself, but they do help me when I have a shower and they chatter away to me, so I don't worry (get embarrassed)." Another person said, "I don't mind if the carer is male or female. I couldn't do stuff on my own and it's their job. They do it well." A relative told us, "They (staff) also know I prefer it if the male carer here doesn't do that part (personal tasks)." One staff member told us, "We always close the curtains and shut the door if we are doing personal care. I would ask the person what help they wanted and encourage them to do what they could. I would also cover them up when helping with a full body wash. They don't want to be naked. It wouldn't be right." People could be assured that they would be treated with dignity and respect no matter their age, sex, race, disability or religious belief.

People's visitors were made to feel welcome; they could meet in people's own bedrooms or in communal areas. Relatives told us they were always offered a hot drinks. Some people required help with their meals; where visitors had expressed a wish to assist their relatives, they had been made to feel welcome. One

relative told us, "I am able to visit anytime and I like to help feed [person]."

Is the service responsive?

Our findings

People's needs were assessed before they came to the service to ensure that the service could meet their individual needs. The registered manager told us, "We have to keep the balance right. We can't have too many people with a high level of support as it would not be right for the other people living here." The registered manager created people's initial care plans which were updated as their needs changed. One person told us, "They talk to my daughter about my care plan mostly." Another person said, "They do speak to my family (about my care) sometimes when they come to visit." Relatives told us they had been involved in developing and reviewing their family member's care plans. One relative told us, "When [person] first came in we were asked for information about what support they needed. The staff know [person] really well and we are involved if things change."

People's care plans were centred on their individual needs because they contained information about people's life history and individual preferences. Staff told us this enabled them to provide care that met people's preferences. One staff member said, "We look at the care plans when someone new arrives but also we speak with them. We get to know what they like and how they want to be cared for." Another staff member told us, "We have the care plans but we talk to people, we ask them."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was available to people in larger print if they required it.

People were encouraged to follow their interests and take part in social activities. One person told us, "I do some activities if I feel like it but nobody stops me doing anything I want to do." Another person told us, "I really miss my dogs, so they let my husband bring them in to visit me which I really enjoy." A relative told us, "We have taken [person] out to Church once or twice which they enjoyed." The service employed an activities organiser during the week. Where possible they involved people in activities. For example during the morning people were involved in playing a group game and were encouraged to take part. The activity organiser also told us, "I really do my best to provide relevant activities, but some of my equipment is very old and not always appropriate for current needs." We were told that during the warmer months people are encouraged to go out on trips. One person told us, "I can go out with my family or I can go on trips with everyone else. We don't do anything when it's winter though." The activity organiser told us, "There are not so many relatives involved now, so it gets harder to take people out on trips but one of the carers is really supportive and we have a volunteer driver." They also added, "I feel I could do even more for them (people) if I just had some new equipment." We brought this to the registered manager's attention who told us they would look at ways of supporting the activity's organiser.

People who used the service and their relatives had access to a complaints procedure which was displayed in the entrance hall. People told us they knew how to complain, one person said, "If I was unhappy I would speak up." Another person said, "If I had a complaint I would speak to the manager. She is lovely. Always has

a ready smile for everyone." Relatives also knew who to speak to if they had a complaint. One relative said, "If I am concerned about anything I just go and speak to [registered manager]." Another relative told us, "I feel able to raise a concern. If I have mentioned anything it is dealt with and staff react promptly." The service had not received any formal complaints in the last 12 months. We discussed with the registered manager ways of capturing issues that staff may become aware of but do not progress to the complaints procedure. For example if a person loses an item of laundry. Staff will deal with this but it is not recorded anywhere. The registered manager said they would look at ways of recording this information in the future.

Relatives had opportunities to provide feedback about the service. The provider carried out regular quality assurance surveys. However the provider had not received any response from the last batch of questionnaires they sent out. The registered manager said they would look at ways of trying to encourage relatives to return the questionnaires. Some relatives did tell us they had been asked their opinion about the service in previous years. One relative said, "I have been asked several times by the manager over the years about my thoughts on the service here. She knows I am perfectly happy in what is a difficult situation."

People were supported at their end of life to have a comfortable, dignified and pain free death. People had expressed their own preferences in how they wanted their care to be provided when they were at end of life. This was recorded in their care plans and included if they had a DNAR in place (do not attempt resuscitation) and if they wished to stay at the service until life's end. Where required they involved the GP to obtain appropriate medicines to ensure the person remained pain free. Staff told us they thought they supported people well when people were at their end of life. People were able to listen to music of their choice and a staff member sat with them most of the time. One staff member said. "It makes it easier when someone passes as we know we have done our best."

Is the service well-led?

Our findings

People and their relatives were happy with the service that they received. One person told us, "I think everyone does their job well here. It's a nice place to live, very homely." Another person said, "I think it's a happy home. We do miss [registered manager] at the weekend and it seems strange to see her (office) door closed. It's always open in the week." A relative told us, "They seem well organised here and there are always staff around if you need them. I have never seen anything that has worried me."

The service had a positive ethos and an open culture. The service had a stable senior management team with both the registered manager and deputy manager having worked at the service for 17 years. People and their relatives felt they could approach the registered manager if they had concerns. Relatives felt that staff kept them informed of changes in their family member's wellbeing. One relative told us, "You always see the owner around he's in most days. I think that is really good." A staff member said, "[Registered manager] is good we can put ideas forward and we are listened to." Another staff member said, "We are given opportunities to contribute our ideas, for example a while ago I thought someone ought to have their care reviewed and this was listened to."

The service had a 'Residents Charter' which could be found in the statement of purpose. Staff had a clear vision of what the service should be. One staff member told us, "To provide a home from home." Another staff member said, "We are here to make them feel like they are in their own home."

The registered manager and provider were meeting their conditions of registration with CQC. The last CQC inspection rating was displayed so our most recent judgement of the service was known to people and their relatives.

People told us they could not recall if they had meetings but the registered manager told us that the activities organiser held meetings with people where they were asked about the food and other aspects of the service. The records for these were not dated so it was difficult to say when they had taken place. We brought this to the registered manager's attention who told us that they would ensure they were dated in the future.

Staff meetings were not held regularly. We asked the registered manager how they ensured staff were kept informed of changes within the service. The registered manager told us that they would share information either through supervision or the seniors would pass on information during handover at the start of each shift. The registered manager was also proactive in reminding staff when their training was due through notices. We asked staff if they were aware of significant events that took place in the service. For example, the recent Quality Assessment Framework carried out by the local authority where they received a silver award. Most staff said they had been told about it.

The provider and manager monitored the service regularly for the quality of the care they provided, for example they carried out audits of training, cleanliness, care records and medicines.