Lifeways Community Care Limited

Woodland View Short Breaks

Inspection report

Woodland View
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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

The inspection took place on the 13 November 2015 and was announced 24 hours before the visit. This was the services first inspection since it had reregistered within a new building. This service was previously known as White Lodge.

The service provided short breaks and personal care to up to 10 people who have learning disabilities and associated complex needs.

There was a registered manager in post. 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 were safeguarded from abuse and the risk of abuse as staff knew what constituted abuse and who to report it to. The manager had previously made referrals for further investigation when they had suspected abuse had taken place.

People were supported to be as independent as they were able to be through the effective use of risk assessments and the staff knowledge of them.

There were enough suitably qualified staff who had been recruited using safe recruitment procedures to maintain people's safety and to support people in hobbies and activities of their choice.

People medicines were stored and administered safely by medicines trained staff.

People were supported to consent to their care through the effective use of The Mental Capacity Act 2005 (MCA). The MCA and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate decisions are made in people's best interests where they are unable to do this for themselves. People's capacity had been assessed and staff knew how to support people in a way that was in their best interest and was the least restrictive.

People and their representatives were involved in decisions relating to their care, treatment and support. Care was planned and delivered based on people's preferences and regularly reviewed with people.

People were supported to have a healthy diet dependent on their assessed individual needs. People were given choices and asked what they would like to eat and drink.

People had access to a range of health professionals and staff supported people when they became unwell to seek medical assistance.

People were treated with kindness and compassion and their privacy was respected. Staff supported people to be independent and have a say in how the service was run.

People had opportunities to be involved in the community and to participate in hobbies and interests of their choice.

Staff felt supported to fulfil their role effectively through regular support and supervision and training applicable to their role.

The registered manager was passionate about improving the service. The provider had systems in place to monitor the quality of the service and an on-going improvement plan.

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 were protected from the risk of abuse. There were sufficient suitable staff available to meet people needs. Identified risks to people were minimised through the effective use of risk assessments. People's medicines were stored and administered safely.

Is the service effective?

Good

The service was effective. Staff received regular support and training to fulfil their role effectively. The provider worked within the guidelines of the MCA to ensure that people were involved and consented to their care and support. People were supported to have a healthy diet dependent on their assessed individual needs and when necessary had access to a range of health professionals.

Is the service caring?

Good

The service was caring. People were treated with kindness and compassion. People's dignity and privacy was respected and their independence promoted.

Is the service responsive?

Good

The service was responsive. People received care that reflected their individual needs and preferences. People had the opportunity to be involved in hobbies and interests of their choice. There was a complaints procedure and people's representatives knew how to use it.

Is the service well-led?

Good

The service was well led. There was a registered manager. Staff told us they felt supported to fulfil their role and the manager was approachable. Systems were in place to continually monitor and improve the quality of the service.

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.

This inspection took place on 13 November 2015 and was announced. We gave the manager 24 hours' notice as this is a service that offers short stay breaks and we wanted to be sure that someone would be in. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service. This included notifications that we had received from the provider about events that had happened at the service that the provider is required to send to us by law. For example, this includes notifications of serious injuries and safeguarding concerns. We also considered information we had received from other professionals involved with the service.

We spoke with one person who used the service, two relatives and three care staff, the deputy manager and the registered manager. We observed care and support in communal areas and also looked around the service.

We viewed two records about people's care and records that showed how the home was managed. This included records of audits of the quality of the service provided.

Good

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse. One person who used the service told us: "I'm safe". Staff we spoke with knew what constituted abuse and what to do if they suspected a person had been abused. One member of staff told us: "If I saw bruising or someone looked neglected I would report it". There was a local authority safeguarding flow chart and contact number available in the office for staff to use if they suspected abuse. We had been made aware of safeguarding issues which had been managed by the provider according to the agreed procedures in the past.

Prior to admission people's needs were assessed and any risks identified. Risk assessments were put in place to support people to maintain their safety. For example if people required specialist equipment such as slings or hoists to mobilise there were risk assessments informing staff how to use them with the person. If people became anxious and put themselves or others at risk, clear and comprehensive information was available to support staff to care for people at these times. Risks were reviewed at people's admission and discharge from the service. Staff we spoke with knew the individual risks associated with each person and what they needed to do to keep people safe.

Visual safety checks of any equipment brought into the service for people's use were undertaken and recorded at every visit. The manager told us how they needed to be sure that equipment was safe for use. They said:" Once someone brought a sling in that was frayed and we had to ask for the relatives to get a new one before we could admit the person in for their stay". This meant people's safety was being considered.

There were sufficient staff to keep people safe. Staffing levels were assessed on the needs of the people using the service at any one time. Some people required one to one support and this was always available to them when they stayed. There were a bank of staff available to the manager to use to increase the staffing levels and they informed us that the provider had agreed to recruit to 10 per cent over the allocated hours to ensure there was always enough staff.

We spoke with staff and looked at the way in which they had been recruited to check that robust systems were in place for the recruitment, induction and training of staff. Staff confirmed that checks had taken place and they had received a meaningful induction prior to starting work at the service. The staff files provided evidence that pre-employment checks had been made. These checks included application forms detailing previous employment, identification and health declarations, references and satisfactory disclosure and barring checks (DBS). The Disclosure and Barring Service is a national agency that keeps records of criminal convictions. This meant that an effective recruitment process was in place to help keep people safe.

People were supported to take their medicines by suitably trained staff. Staff told us and we saw that they had received training in how to administer medication and they were annually assessed as competent. Medication was checked and counted in and out at every stay. We saw that where possible people had agreed to bring their medication in blister packs to make the process safer. Each room had a locked cabinet which their medication was stored in. There was also a central clinical room with a medicine fridge and

storage for controlled drugs if anyone required them. People had clear and comprehensive medication care plans which informed staff how people liked to have their medication. When people were prescribed as required medication (PRN) there were clear guidance which detailed the signs and symptoms people may exhibit at the times they may require it. This supported the staff to recognise people's needs for their medication when they were unable to verbally communicate.

Good

Is the service effective?

Our findings

People were supported by staff that were trained and supported to fulfil their role. A relative told us: "So far staff have worked well to meet my relative's needs". Staff told us that they had regular supervisions and training, specific to the needs of people who used the service. New staff had a period of induction and a probation period. One member of staff told us: "The induction was very thorough". We saw there was an on-going programme of training applicable to the needs of people who used the service.

People who used the service all required some level of support to make decisions. When a decision had to be made and there was any doubt in the person's capacity to consent, then a mental capacity assessment was completed by the manager with the person or their representative. When people needed support to make specific decisions, we saw that 'best interest' meetings were held which involved all the relevant people and representatives in the person's life. Where able to people had signed and agreed their own care plans. We saw that one person had an agreed plan for when they became anxious and this was in pictorial form. The manager told us: "[Person's name] has agreed with this plan and we will use the pictures to remind them at the times when they feel anxious". Some people had been assessed as requiring certain restrictions in place during their stay such as not being able to leave the service without supervision. The manager had previously discussed the restrictions with the local authority and was in the process of making referrals for a Deprivation of Liberty Safeguards (DoLS) Assessment to ensure that people were being lawfully restricted. The DoLS is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

People's nutritional needs were met based on their individual assessed needs. Some people required support to eat and drink through the use of a 'PEG' which is a tube that takes nutrition straight into the stomach, others required soft diets to prevent choking and some people required supplements to maintain a healthy weight. The manager told us that they had recently had to ask the Speech and Language therapist to visit a person during their stay as they were concerned that they appeared to be coughing whilst eating. An assessment had taken place and a plan of care had been agreed. People were offered choices and their preferences were respected. One person who was due into the service was a vegetarian and staff had brought several vegetarian options for them to choose from.

When people required health care support this was gained in a timely manner. If people became unwell during their stay we saw that the staff requested a visit from a GP or attended the hospital with them if necessary. A relative told us: "My relative became unwell while we were away and the staff were wonderful and really looked after them, they called the paramedics and made sure they stayed with them". The manager and staff worked closely with other health care agencies such as people's community nurses, district nurses and consultants. One person required support from staff to have their feet attended to by a chiropodist and this was facilitated for them during their stay at the service. We saw that this had been discussed and agreed as a best interest decision with the person, their representatives and a number of health care professionals. A clear and comprehensive plan had been drawn up informing staff how to support the person through the procedure. This meant that the provider was supporting people to have their health care needs met.

Good

Is the service caring?

Our findings

One person told us that the staff were kind and: "It is like a hotel". A relative told us: "From the response I am getting when I drop my relative off they seem very happy". We saw that staff interacted with people in a kind and caring manner. Staff demonstrated a positive value base when talking about the people they cared for. One staff member told us: "The manager wants people to see it as coming on holiday when they come here, so we try and make it nice for them", another staff member told us: "I look after people how I would want my relatives looking after".

The manager and staff also supported people's extended family if they required support. We saw that one relative was talking about the difficulty they were having in gaining transport for their relative. The manager offered to ring the person's social worker to help explain the situation and support them through the process. We were told about another person who had been admitted into hospital and the manager told us that they had gone to the hospital to help show the nurses how to best support the person whilst eating. This showed that the manager and staff cared for the people they were supporting.

People were encouraged to be as independent as they were able to be. People were free to come and go within the service. We saw one person had chosen to stay in the quiet room as they preferred their own company, another liked to spend time with the staff and someone else sat watching the TV. Staff told us: "People can get up and go to bed when they like, they can choose to stop in their room or join in, we have plenty of areas people can go".

People's views on the service were sought following every stay at the point of discharge through a review of the stay. Periodic meetings took place for people who used the service and who attended depended on who was staying at the time, we saw that discussions about food and planned activities took place.

People were allocated their own room on arrival. If people were able to they had a wristband which acted as a key to their own room, so they were able to lock their door and still have access. One person showed us how to use the wrist band to get into their room. Everyone had a plan of care which was kept securely. People's confidential information was respected and only available to people who were required to see it. Where able to people had signed their own care plans as they had been involved in their own planning meetings.

Good

Is the service responsive?

Our findings

Prior to any admission into the service an assessment was completed to ensure that people's needs could be met. A relative told us: "The staff ring the day before every stay and ask if my relative is ok, has anything changed? What medication they are on? and what they would like to do during the stay?" Care plans we saw were detailed and personalised and reflected people's individual preferences. People were asked if they had a preference of who cared for them. We saw one person had ticked the boxes for female staff that were patient and kind. We saw that they were being supported by a female member of staff who demonstrated these qualities.

Staff knew most people well and they told us there was a handover of information before the beginning of every shift to update them on who was coming in and their current care needs. People's care plans were reviewed the day before the end of every stay to ensure that they were still relevant and meeting people's needs. If new people were due to visit or stay at the service a member of staff told us that they sometimes held meetings to discuss the prospective new person and that they always had time to read people's care plans before caring for them.

When new people were referred to the service for a stay, they were able to have a period of transition to ensure they liked it and that the service could meet their needs. One person had visited on several occasions prior to staying overnight. Staff from the service had also gone and spent time with them at their day care service so they could get to know each other. On the person's first visit to the service, their staff from their previous provision came with them to ensure familiarity for the person. The manager had liaised with other health professionals prior to the first stay and clear, comprehensive plans had been put in place to ensure that care would be provided in a safe and responsive way.

People had the opportunity to be involved in hobbies and activities of their choice. People's preferences for activities were discussed prior to each admission and the staffing levels were dictated by which people were going to be in the service and their chosen activities. Some people liked to attend regular functions. One person told us: "I went to the disco and sang on the karaoke". We saw one person liked to spend time in the quiet room listening to their music and there was a sensory room available for use.

A person who used the service told us: "I would tell the staff if I wasn't happy". People and their relatives were given a copy of the complaints and compliments procedure every time they were discharged from the service. A relative told us:" If there was a problem I would speak to the manager and they would sort it out". The complaints procedure was visible within the service and was available in a pictorial form for people with communication difficulties. The manager told us there had been no complaints.

Good

Is the service well-led?

Our findings

There was a registered manager in post. Staff we spoke with told us that the registered manager was supportive and approachable. One staff member said: "The manager has very high standards and likes things right". Another member of staff told us: "The manager treats us all the same, they are very fair". A relative told us: "The manager knows my relative really well and the care they receive is just brilliant".

Staff we spoke with told us that they knew the providers whistleblowing policy and that they were aware of a dedicated whistleblowing phone number they could ring. We also saw contact numbers for the local authority and CQC were also available. Staff told us that they were sure that if they had to use the policy that they would be supported and the appropriate action would be taken. There was an on call system which was clearly visible in the office. Staff told us that they always had someone to contact for advice if they needed it.

Regular team meetings took place and staff had individual support and supervision with the manager or deputy. Staff told us that they felt supported by the manager. A yearly appraisal also took place where staff could discuss their personal development and career aspirations. Training was available, regularly refreshed and staff competence was assessed to ensure that quality care was being delivered.

People were encouraged to have a say in how the service was run. The manager told us that some people who used the service were involved in the interviewing of new prospective staff, so they could have a say in who they might like to look after them during their stay.

People's care records were clear, comprehensive and regularly reviewed at every stay. Assessments were in place for people with specific health care needs. If people required their health monitoring for example; with their food and fluid intake we saw that this took place and that checks were undertaken to ensure that the appropriate action took place if someone's needs changed.

The provider had systems in place to monitor the quality of the service. A regular inspection by a quality manager took place and recommendations to improve were left with the manager if necessary. The manager showed us how they were working through the latest recommendations. Accidents and incidents were inputted onto an electronic system which was analysed from a central location. The manager told us that following a recent incident the providers' health and safety team had been in to investigate to minimise the risk of it occurring again. Satisfaction surveys were in the process of being sent out for the first time since the opening of the new building to gain the view of people who used the service, relatives and social care and health professionals.