

Prikal Care Ltd

Wood Way Lodge

Inspection report

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Tel: 02476613540

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Wood Way Lodge provides accommodation and personal care for up to four people with learning disabilities or autistic spectrum disorder. At the time of our visit four people lived at the home. Accommodation is provided in a single storey converted house.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

The provider's quality monitoring systems were not effective to ensure people received individualised care and areas requiring improvement were identified. Low staffing levels had significant potential to affect people's safety. Individual and environmental risks and people's medicines were not always well-managed. People felt safe and were protected from avoidable harm.

People's nutritional needs were met. Staff were recruited safely and received the training and support needed to fulfil their roles. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible; the policies and systems in the home did not always support least restrictive practice.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support because people's choice and control over when they could engage in social activities outside of the home was limited.

People's privacy and dignity was not always upheld. People's independence was promoted. Staff were caring in nature but did not always have enough time to consistently provide person centred care. People had developed meaningful relationships with staff and staff recognised the importance of supporting people to maintain relationships with their families and the local community.

People's needs were assessed prior to moving into the home. Care plans were personalised and detailed. The provider's complaints procedure was available in the home. Complaints had been managed in line with the procedure.

The provider had not maintained a good level of organisational oversight of the service. This meant some previously demonstrated standards had not been sustained. The provider and staff worked in partnership with other professionals to improve outcomes for people. Staff felt supported. The provider was committed

to addressing areas where improvement was needed to benefit people.

The registered provider was in breach of Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (report published May 2017).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Wood Way Lodge

Detailed findings

Background to this inspection

The Inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Wood Way Lodge is a care home. People in care 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 service had a manager registered with the Care Quality Commission. They were also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided. We refer to them as the provider in this report.

Notice of inspection: This inspection was unannounced and took place on 3 September 2019.

What we did before inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as alleged abuse. We assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who lived at the home and observed how staff supported people during the inspection. This was to help us understand people's experiences of living at the home. We spoke with a care worker and senior carer worker. We also spoke with the provider on the telephone.

We reviewed a range of records about people's care and how the service was managed. This included three people's care records and four people's medicine records to ensure they were reflective of people's needs. We looked at two staff personnel files to ensure staff had been recruited safely and looked at a variety of records relating to the management of the service, including policies, procedures, checks and audits.

After the inspection

We spoke with two relatives on the telephone and continued to seek clarification from the provider to validate evidence we found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staffing levels did not reflect people's assessed needs. The provider's risk assessments identified all people living at the home required one to one support from staff to leave the building in the event of a fire. Staffing levels, at the time of our inspection visit, did not reflect this. The staffing rota confirmed one staff member was available to support people during the hours of 9.00pm and 7.30am. This meant the numbers of staff needed to assist people to leave the building safely and keep people safe, were not available.
- Day time staffing levels restricted people's choices. For example, when one person repeatedly asked to go clothes shopping a staff member replied, "You can't today we don't have enough staff. We can go another day." A relative told us, "I'm not sure if one staff to two residents meets their [people's] needs."
- Staff agreed staffing levels needed to be increased. One told us, "[Name] can't always go out and gets very frustrated. This has a knock-on effect. The other clients [people] then become anxious." Another staff member said, "I don't think there are enough staff. It can be full on with only two." They added, "[Name] has some extra weekly one-one support. It's so much better then because there's three of us on."
- The provider told us staffing levels were not based on people's needs but were determined by agreed local authority funding. They said, "I totally agree there are not enough staff, but my hands are tied without the local authority funding."

We found no evidence that people had been harmed however, the low staffing levels created significant potential risk to people's safety and limited their choice. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediately after our inspection visit the provider confirmed night time staffing levels had been increased to two-night staff seven days a week, with immediate effect. The provider also informed us they were discussing daytime staffing levels with service commissioners.

- Safe recruitment practices were followed.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk associated with people's care was not always well-managed. For example, records showed people were not safe to leave the home without staff. On the day of our inspection visit the access gates to the home were open and the rear garden gate was broken. This meant people could leave the home unsupervised which placed them at risk. A staff member told us the garden gate had been broken for 'about a month'. They said, "We would like the gates fixed because we are exposed." A senior carer assured us they would arrange for the gate to be repaired. Following our inspection we received confirmation the repair had

been completed.

- Staff were not aware of the provider's 'emergency contingency plan'. Understanding an emergency plan is important so staff are prepared and can respond to an unplanned situation quickly and effectively to keep people and themselves safe. When we asked staff what arrangements were in place if people could not re-enter the home following an emergency, one told us, "I don't know. I would have to phone the manager."
- Environmental risks were assessed and documented. However, staff did not always follow the guidance in risk assessments. For example, at the start of our inspection visit cleaning chemicals, including WD40, washing powder tablets and disinfectant were unsecured in the laundry room. The door was not locked. This created the potential for chemicals to be accidentally ingested which posed a significant risk to people.
- Medicines were not always managed safely. Three people's medicine administration records (MAR) had a sticker attached detailing changes to the prescribing instructions for a medicine prescribed to treat a range of mental health problems. This information had not been added to individual MARs. None of the stickers recorded the person's name and each contained different prescribing instructions. This posed a risk that the wrong dose could be administered should the sticker become detached from the MAR.

We found no evidence that people had been harmed however, the lack of effective risk management had significant potential to negatively impact on people's safety. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following our inspection, the provider confirmed action had been taken to address the concerns we identified.

- Despite our findings people told us and indicated through 'thumbs up' signs they felt safe.
- People received their medicines from staff trained to administer medicine safely.
- Medicines were stored and disposed of in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff understood their responsibility to report any safeguarding concerns. Whilst confident these would be addressed, staff understood how to escalate their concerns if they were not. One told us, "I would seek advice from CQC."
- Effective systems remained in place which ensured safeguarding concerns were referred to the local authority and CQC as required.

Preventing and controlling infection

- Overall, good standards of cleanliness were maintained within the home. However, best practice guidance for the prevention and control of infection was not consistently followed. For example, bins in bathrooms were not pedal operated, the toilet seat was missing in the shower room and toilet rolls were stacked on toilet tanks. We discussed this with the provider who took immediate action to address the shortfalls.
- Staff had completed infection control training. Disposable gloves and aprons were readily available which staff used.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded.
- The provider monitored and analysed accidents and incidents to identify and address any trends or patterns to minimise the risks of a recurrence.
- Learning, and any action needed was shared with staff through handovers and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to moving to the home.
- Information gathered during assessments was used to develop care plans which helped staff to get to know people and understand their needs.
- Staff had completed equality and diversity training and understood the importance of supporting people to meet and follow, for example their religious beliefs, where these were known. One person's care plan read, "I enjoy it when staff celebrate special occasion with me."
- The provider told us, "Equality and diversity is promoted within the home. Clients go to church and we celebrate different festivals, such as Diwali."

Staff support: induction, training, skills and experience

- Prior to new staff working unsupervised they worked alongside experienced staff to help them understand what was expected of them and to help them to get to know people.
- Staff developed and refreshed their knowledge and skills through an initial induction and programme of on-going training, including training specific to people's individual needs, for example, autism awareness and stoma care. Staff training was up to date.
- Staff felt supported in their roles through individual and team meetings. One said, "We have meetings, but if you can go to [provider] at any time and it's dealt with there and then."

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of health and social care professionals when needed.
- The provider and staff had developed relationships with professionals who had contact with the service to help support people's health and wellbeing.
- Staff shared important information when people were admitted to hospital including, personal care and communication needs. This assisted in ensuring consistency of care.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink. Staff monitored people's nutritional needs and provided the support people needed to maintain a balanced diet, where needed.
- Staff sought timely advice from relevant health care professionals if people, for example were at risk choking. Staff followed the recommendations made.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider worked within the requirements of MCA. They had submitted DoLS applications where needed to keep people safe and had systems in place to meet and renew any recommendations of authorised applications.
- Staff completed MCA training and worked within the principles of the Act by gaining people's consent before they provided care or assistance.
- People's care plans identified if they had capacity to make specific decisions about different aspects of their care. Where people had been assessed as not having capacity, plans included details of relatives or other professionals who had the legal authority to make decisions on their behalf.

Adapting service, design, decoration to meet people's needs

- People were actively involved in choosing how their home was decorated and furnished. All bedrooms had recently been refurbished with wallpaper and soft furnishing of people's choice.
- Wireless internet enabled people to maintain contact with family and to pursue their hobbies and interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- Staff demonstrated a caring attitude. When one person became anxious a staff member spoke to them in low gentle tones which had a positive effect.
- However, staff were not consistently providing good care because they did not always have the time needed to deliver care and support in line with people's needs and preferences.
- Staff enjoyed working at the home and knew people well. One staff member told us, "They [people] are like family. I treat them with the same love and respect that I do my own." Another said, "We keep a happy house. I love it here. All the guys [people] are individual and I have good relationships with all of them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was not always maintained. For example, we saw one staff member assisting a person with personal care with the door open. We discussed this with a senior carer who reminded staff of the importance of closing doors.
- People's independence was promoted. Care plans detailed people's abilities and strengths and staff practices reflected these. For example, one person was able to independently brush their teeth once staff put the toothpaste onto their toothbrush.
- People's personal information was managed in line with data protection regulations.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views about their care during residents' meetings. Discussions included asking people about different food they would like to try and day trips they would like during the summer months. Feedback was used to inform future planning.
- A relative told us, "They [people] have regular meetings to try to balance what they do within the confines of the staffing. They balance it quite well."
- Staff understood people's routines and supported people to make some choices, such as what people would like to eat and what time they went to bed.
- Staff availability restricted the choices people made about how to spend their day.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were not always available to respond to people's needs. At the start of our inspection visit one person became very anxious and repeatedly asked staff to take them out. The person's care records informed staff supporting the person to 'go out' reduced their anxiety levels. Whilst staff tried to reassure the person they were busy which meant they could not respond to the person's requests. We saw the person's level of anxiety and associated behaviours increased which affected other people who also became anxious.
- Care plans were personalised, detailed and had been regularly updated. The involvement of people and relatives in reviewing their care was not clear. However, one relative told us, "I can read them (care plans) as and when I want."
- Staff demonstrated they knew people well. They told us they read care plans when a change occurred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and documented in line with AIS.
- Each person had a 'communication passport' to ensure their preferred method of communication was known and understood. One staff member described how a person used eye contact to communicate. They said, "If [name] looks down you know he doesn't like something, or he is sad."
- People had access to information in different formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their families and the wider community. One staff member described a person as a 'social butterfly'. They said, "Everyone in the community knows [Name]."
- People had developed meaningful relationships with staff. One relative told us, "[Name] has nice relationship with staff. They are happy which makes me happy."
- People took part in day to day tasks. A staff member told us, "This is where [Name] comes into his own helping in the kitchen, polishing..." They added, "It makes him feel good. He is chatty and smiley afterwards."
- People were supported to go on holidays and to attend college to maintain and develop their skills.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was displayed within the home. One relative told us they would not

hesitate to raise any concerns with the provider and were confident they would be addressed.

- Staff understood their responsibility to support people to share any concerns. One staff member said, "I would try to sort any problems, or I would tell the senior, so they could."
- Complaints had been managed in line with the procedure.

End of life care and support

- At the time of our inspection no-one at the home was in receipt of end of life care.
- Care files contained some information about people's end of life wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Require Improvement. This meant the service had not been consistently managed and well-led. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had not maintained sufficient and accurate oversight of the service to ensure people's needs were consistently met in line with their preferences and assessed needs.
- The provider's quality monitoring visits and other management process had failed to identify the issues we found, including risks in relation to people's care and the premises.
- The provider had not maintained staffing levels assessed as needed to ensure people's safety.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw examples where the provider had acted in accordance with regulatory requirements. They had ensured the home's latest CQC rating was displayed within the home, so it was accessible to the public.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff demonstrated commitment to supporting people to achieve good outcomes. One commented, "We try our hardest and do our very best. It's just difficult at times. It would be good if we could spend more focused time with the them [People]."
- The provider understood their legal responsibilities in relation to the duty of candour, which sets out how providers should explain and apologise when things have gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Feedback from people was encouraged through meetings and quality surveys. Feedback from the latest survey in August 2019 was positive. No areas for improvement had been highlighted.
- Relatives had mixed views about opportunities to share their thoughts, including areas for improvement. One told us they had been invited to complete an annual questionnaire. The second relative said they had not. On the day of our inspection visit there was no information available to confirm relatives had completed

feedback questionnaires.

- A provider 'quality audit' dated June 2019 detailed feedback from staff about difficulties they were experiencing. There was no information available on the day of our inspection to show the provider had actively addressed these concerns and used the feedback to improve the service provided.

Working in partnership with others

- The provider and staff team understood the importance of working in partnership with health and social care professionals to support and promote people's physical and mental health and well-being.
- The provider acknowledged the shortfalls we found during our inspection. They told us they were committed to making improvement to ensure a good quality service was provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and
	The provider had not done all that was reasonably practicable to mitigate risk.
	The provider had not ensured the delivery of care was based on risk assessments that balance the needs and safety of people using the service with their rights and preferences.
	The provider had not ensured the safety of the premises.
Accommodation for persons who require nursing or personal care	The provider had not ensured the safe and proper management of medicines
	Regulation 17 HSCA RA Regulations 2014 Good governance
	Regulation 17 17 (1) (2) (a) (b) HSCA RA Regulations 2014. Good governance
	The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided.
	The provider had not ensured timely action was taken and risk reduction measures introduced to minimise known risk.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing</p> <p>The provider had failed to ensure there were sufficient numbers of staff to keep people safe and meet their needs.</p>