

Wycar Leys Limited

Woodland Grove

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

This inspection took place on 22 April 2016 and was unannounced. Woodland Grove provides accommodation and personal care for up to ten people with autism and learning disabilities. On the day of our inspection seven people were using the service.

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.

Staff worked to protect people from the risk of abuse and appropriate action was taken following any incidents to try and reduce the risks of incidents happening again. Risks to people's health and safety were assessed and plans put into place to reduce risks.

People were supported by a sufficient number of staff and staffing levels were flexible to meet people's needs. Effective recruitment procedures ensured staff were safe to work with vulnerable adults. People received their medicines as prescribed and they were safely stored.

Staff were provided with a wide range of knowledge and skills to care for people effectively and felt supported in their role. People had access to sufficient quantities of food and drink and were able to choose the food they wanted. People received support from healthcare professionals when needed.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. Restraint was only used when necessary and records about restraint were detailed.

Positive and caring relationships had been developed between people and staff and we observed many positive interactions. Staff ensured people's views were taken into account when making decisions about their care and people were supported to make day to day choices. Staff treated people with dignity and respect and ensured their privacy was respected.

People were provided with care that was responsive to their changing needs and personal preferences. Staff also helped people to be as independent as possible. There was a programme of activities available which was tailored to individual preferences. There was a clear complaints procedure in place and any complaints received had been appropriately responded to.

There were systems in place to monitor the quality of the service and these resulted in improvements being made. The registered manager led by example and staff felt able to speak with them about any concerns. There was an open and honest culture in the home.

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 safe.

People received the support required to keep them safe and reduce risks to their safety. Incidents were responded to appropriately.

There were sufficient numbers of staff to meet people's needs.

People received their medication when required and it was stored and recorded appropriately.

Good 

Is the service effective?

The service was effective.

People were cared for by staff who received support through training and supervision.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People had access to sufficient food and drink and access to healthcare professionals such as their GP and dentist when needed.

Good 

Is the service caring?

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

Staff took account of people's views and involved people in making decisions where possible.

People's privacy and dignity was respected.

Good 

Is the service responsive?

The service was responsive.

Good 

People received the care and support they required and staff responded to changes in their needs. There was a comprehensive programme of activities which were individually tailored.

Complaints were responded to appropriately and relatives felt comfortable making a complaint.

Is the service well-led?

The service was well led.

There was an open and transparent culture in the home.

The registered manager led by example.

Systems to assess the quality of the service were well embedded and resulted in improvements.

Good ●

Woodland Grove

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.

We visited the service on 22 April 2016, this was an unannounced inspection. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received about the service and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the commissioners (who fund the care for some people) of the service.

During our inspection we spoke with four people who were using the service, three relatives, four members of care staff, two healthcare professionals and the registered manager. We also observed the way staff cared for and interacted with service users in the communal areas of the building. We looked at the care plans of two people and any associated records such as incident records. We looked at three staff files and a range of records relating to the running of the service, such as audits, maintenance records and three medicines administration records.

Our findings

People were protected from the risk of harm and staff worked proactively to maintain people's safety. The relatives we spoke with felt their loved ones were safe living at the home and that staff took appropriate action if any incidents occurred. One relative said, "I do feel [my relative] is safe because [my relative] has somebody with them at all times." Another relative told us they thought their loved one was safe because, "[My relative] doesn't come home with any injuries" and another relative confirmed, "Yes [my relative] is very safe there."

During our visit an incident occurred when a person became distressed and anxious. Staff attempted to de-escalate the situation by distracting the person and spoke calmly with them. Despite this support the person became more distressed and the staff who were supporting them were required to use restraint and breakaway techniques. This was done in a calm and safe manner and the person was communicated with throughout the restraint. Staff released their hold from the person as soon as it was safe to do so and ensured they were comfortable. The person was supported to move to a more familiar and comfortable area of the home very quickly after the incident and we saw that they were then calm and settled. At other times during our visit we observed that the atmosphere was calm and relaxed and staff supported people in an inclusive way.

The staff we spoke with were aware of different techniques they could use to support people to stay safe and reduce the risk of harm. For example, staff were aware that some people may become frustrated and communicate this through becoming distressed. Staff were very clear that they tried many different techniques to distract and calm people and that restraint was only used as a last resort when there was a risk that the person may harm themselves or those around them. This was backed up by information in people's care plans about how to support them to stay safe.

People and staff had access to information about safeguarding which was displayed in the home in prominent places. The provider had ensured staff received appropriate training and development to understand how to protect people. Staff were able to describe the different types of abuse which can occur and how they would report it. Information had been shared with the local authority about any incidents which had occurred in the home.

Risks to people's health and safety were assessed and measures put into place to reduce those risks. For example, some people were assessed as being at risk of harm when leaving the home to walk to nearby shops. Staff had access to detailed information within people's care plans about how to manage these risks

in the least restrictive way. This ensured that people were still able to visit the local shops with the support of staff. When we spoke to staff they displayed a thorough understanding of the different risks to people's health and safety and how these were managed.

Staff and the registered manager worked to reduce the number of incidents that happened by analysing incident records to identify any patterns or trends. This information was used to identify if the care and support provided to people could be changed. The registered manager reviewed all incident records and kept a database of information about the incidents that occurred. This information was used to establish if the care people received could be further improved in order to reduce the number of incidents.

People were cared for in an environment which was well maintained and appropriate safety checks were carried out. Routine maintenance tasks were reported to a maintenance provider in a timely manner. Regular safety checks of the building were carried out such as testing of the fire alarm and gas safety checks. Appropriate measures were taken to ensure the safety of people living at Woodland Grove. For example, there were covers on radiators to prevent people from sustaining burns, while still allowing sufficient heat into the building.

The relatives we spoke with felt there were enough staff to meet people's needs. Whilst relatives commented that there had been a high turnover of staff in recent months, they acknowledged that this had not impacted on people's care. We observed that there were enough staff to meet people's needs in a timely manner. People received the support they needed at all times and staff were quick to respond to any requests people made. Some people received funding for one to one care and this was planned onto the staffing rota to ensure people received their allocated one to one time.

We discussed how staffing levels were planned with the registered manager. They told us that staffing levels were flexible dependant on people's needs and if any activities and appointments were planned. We saw that the staffing levels on the rota were flexible, as described by the registered manager. There were also sufficient staff employed to ensure that staff could take annual leave and regular rest days. The service had access to some regular agency staff to cover any staffing shortfalls. The staff we spoke with told us they felt there were enough staff working in the service to meet people's needs. The provider was also in the process of recruiting more staff to fill any vacancies that remained.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

During our visit we observed that people received their medicines as prescribed and at the right time. Each person's medicines were stored in a locked cabinet in their room and staff carried out regular checks to ensure they were stored safely. We observed staff following safe procedures when administering people's medicines and saw that they were patient and explained to people what their medicines were for. The medicines people had taken were then recorded on a medicines administration record, or if people had refused their medicines a reason was noted.

We found that there was good information available about each person in respect of their medicines including any allergies and how the person preferred to take their medicines. Staff received training in the safe handling and administration of medicines and had their competency assessed. People's medicines were ordered for them in a timely manner and staff ensured that any short courses of medicines, such as antibiotics were given to people when needed. People were supported to be as involved as possible in the

management of their medicines and some people were supported to apply their own topical creams. When people stayed with their relatives, the required amount of medicines were signed out. Staff then checked whether or not the medicines had been taken upon their return to Woodland Grove.

Our findings

People were cared for by staff who were provided with the required skills and support. When asked if they thought staff were competent one person responded with a 'thumbs up' gesture. Another person nodded to confirm that they felt staff provided effective care. During our visit staff demonstrated that they were knowledgeable about the people they were supporting and that they had the required skills to provide a good level of support. For example, staff received specialised training relevant to people's needs, such as autism and learning disability awareness. Staff used different techniques when communicating with people and clearly knew each person's individual strengths and skills.

The staff we spoke with told us that they received the training they required for their role. One staff member said that, whilst they were relatively new to the service, the training they had received was appropriate and had supported them in understanding people's needs. Records confirmed that staff received a comprehensive range of training such as safeguarding, infection control and manual handling. In addition, staff received training relevant to the needs of people who used the service, such as learning disability awareness and training in the appropriate use of restraint.

Newer members of staff were completing modules of the recently introduced Care Certificate as part of their induction process. The Care Certificate is designed to ensure all care staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff also received regular supervision and an annual performance appraisal. Staff told us they felt very well supported by their line manager and also that they felt able to approach the registered manager at any time.

People were supported to have as much involvement as possible in decisions about their care. Relatives were also involved and provided information about people's care and support needs and preferences. Where people were deemed to lack the capacity to make a particular decision the provider followed the principles of the Mental Capacity Act 2005 (MCA). We saw there were completed MCA assessments and best interest decision assessments in place. These clearly showed the nature of the decision that was being assessed. The staff we spoke with had received training in the MCA and demonstrated a good understanding of how it impacted on the care and support they gave.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty so that they can 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 within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and had followed appropriate procedures where it had been deemed necessary to restrict people's freedom to leave the home or whilst they were within the home. Any conditions attached to authorisations of DoLS were being met and people were supported to have as much freedom as possible.

There were occasions where staff had to restrain people in order to maintain their safety and the safety of others. Staff had received training in the use of appropriate techniques and the care plans we looked at provided comprehensive information about different ways in which staff should try to de-escalate an incident before using restraint. Where restraint had been deemed as necessary detailed records were made about the circumstances in which it had been used.

People were supported to eat and drink sufficient amounts to maintain good health. One person told us that the food was, "Good." Another person responded, "Yes" when asked if they liked the food at Woodland Grove. A relative confirmed this by saying that the provision of food and drink was, "Excellent. We are even offered a meal if we are visiting over a meal time."

People were supported to make choices about what they ate and to be as independent as possible. Staff asked people what foods they liked so that these could be added to a shopping list. If somebody changed their mind about what they wanted to eat, alternative meals were prepared for them. Mealtimes were flexible depending on when and where people wanted to eat and we observed this to be the case during our inspection. If people needed support to eat, this was provided in a calm and unhurried manner. People also had access to drinks and snacks in between meal times.

The staff we spoke with told us people got enough to eat and that there was always plenty of choice of food. We observed that was a large stock of fresh and longer life food in the home. There was information about people's likes and dislikes in their care files and staff were aware of any specific dietary requirements. Staff had concerns about one person's weight and were taking action to help the person to manage their food intake. This had involved talking with healthcare professionals about any alternative strategies they could use.

People had regular access to a range of healthcare professionals when required. The people we spoke with told us that, if they felt unwell, they would let a staff member know, who would book a GP appointment. The healthcare professionals we spoke with also confirmed that staff supported people to have access to their services.

Staff accompanied people on their appointments to provide emotional support and ensure that any information was understood and properly recorded. The registered manager told us that one person had a fear of attending healthcare appointments and staff had invested time in working with them to reduce their fears. This had involved visiting a café based in a hospital so that they could get used to the different environment. Where it was required, staff arranged for professionals to visit people in the home.

People had easy access to healthcare services such as their GP and dentist. Records confirmed that people had access to a range of healthcare services and staff responded to any changes in people's needs by contacting the most appropriate healthcare service. For example, one person had been referred to the Speech and Language therapy service for advice about safe eating. The advice given to staff was recorded in the person's care plan, had been reviewed and was being acted upon by staff.

Our findings

The people we spoke with indicated that they were happy at Woodland Grove. Two people answered, "Yes" when asked if they liked living at the home and another gave a 'thumbs up' gesture to indicate they got on well with staff. All of the people we spoke with told us that the staff were kind to them. The relatives we spoke with were very happy with the care that their loved one received at Woodland Grove. One relative said, "I can't fault them, they're brilliant." Another relative told us, "The staff are very caring and supportive, they can't do enough for [my relative], even when they are in one of their bad instances." Another relative said, "I know that [my relative] is being cared for correctly, as they would let me know."

We observed positive interactions between staff and people who used the service throughout our visit, even though many people had limited verbal communication. This was because staff understood the different ways people communicated and had taken the time to understand their personalities, likes and dislikes. Staff spoke about people in a warm and positive manner and told us that they enjoyed working at the home. There was also an appropriate, individual response when people became distressed or confused and staff provided the appropriate support to help the person to settle.

The staff we spoke with were able to give detailed information about how people preferred to be supported which matched the information in care plans. Staff told us that they felt all staff were caring towards people who used the service and that they had the time to build positive relationships. We were told by staff that they got plenty of time to engage in activities and individual interests with people throughout the day and we observed this to be the case. People's care plans contained comprehensive information about their likes, dislikes and how they wanted staff to communicate with them.

People were able to be involved in making decisions about their care wherever possible. Whilst it was not always possible to involve them in making decisions, staff ensured their views were taken into account. For example, staff would monitor people's reaction when receiving care or being supported with activities. This information was used to inform the reviews of care plans to determine whether any alterations needed to be made. The relatives we spoke with confirmed they had been involved in providing information about their loved one. We saw that one person had signed some sections of their care plan to confirm their agreement to the decisions made.

We observed staff help people to make choices, such as what they wished to eat and if they wanted to take part in an activity. Staff respected any choices people made and offered alternatives where the person had declined the choices on offer. People were also encouraged to go into the community or access some fresh

air each day. There was access to a secure garden area where people could play football, hang out their washing or just sit and relax. One person was accompanied to attend a local church when they wished to go.

The staff we spoke with also told us they always involved people in making decisions about their care and support. There had been an assessment of people's needs, likes and dislikes upon admission to the home. This information was used to inform their care plans and staff told us they had found this information helpful in understanding the best way to care for each person.

People were provided with access to an advocate should this be required, some people had access to an advocate as a condition of an authorised deprivation of their liberty. We saw that advocates were able to visit Woodland Grove on a regular basis and staff worked with them to ensure they were acting in people's best interests. Advocates are trained professionals who support, enable and empower people to speak up.

The people we spoke with confirmed that staff treated them with dignity and respect. One person also confirmed that they could have 'private time' and told us that staff respected this. Staff said that this could be communicated verbally or by picking up visual prompts and that they would respect people's right to privacy. The relatives we spoke with were complimentary about staff and the way in which their loved ones were treated. One relative said, "[My relative] looks forward to going back (to Woodland Grove) and has never once said that they didn't want to. Now that is testament to them." Another relative told us, "[My relative] always looks smart when they come home. Their clothes are clean."

We observed staff respecting people's privacy and dignity. For example, staff knocked on bedroom doors and asked for permission to enter. Staff told us that, due to risks associated with self-harm, they carried out regular checks to ensure people's safety but that they did this in the least intrusive way possible. The staff we spoke with were clear about how they would respect people's privacy and dignity and showed they knew the appropriate values in relation to this. Information about what dignity meant to people was contained in their care plans and a personal profile which was kept in their bedroom.

The relatives we spoke with confirmed that they were able to visit at any time and had not experienced any difficulty doing so. Staff ensured that people's right to privacy was respected and frequently checked if people were happy to remain in communal areas or if they wished to return to their room. There were quieter areas where people could spend time or receive visitors.

Our findings

People received person-centred care and support and staff responded to any requests that people made. During our visit several people wanted to visit a local shop and staff supported them to do this. Staff were attentive and were able to pick up non-verbal signs that people may need assistance. For example, staff noted when one person was becoming uncomfortable in the presence of others and encourage them to sit in another area of the home. People chose when they wanted to wake up and eat and staff responded to people's choices in a positive way.

Staff placed great emphasis on helping people to be independent. For example, one person was able to attend to their own personal care and staff ensured that they were able to do this. Their care plan reflected that staff had assessed the person's abilities and determined they what the person could safely do for themselves. During our visit we observed that staff were aware of people's varying levels of independence and ensured they only provided the support that was required. The staff we spoke with had a good understanding of people's needs and how they could vary from day to day.

The relatives we spoke with confirmed that their loved one was provided with activities tailored to their likes and interests. One relative confirmed this, saying, "They aren't just sitting there." Activities within and outside of the home took place on a daily basis and we saw people coming and going with the appropriate support throughout the day of our visit. Each person had access to their own items which staff engaged them with as well as a range of games and art supplies. People were provided with activities which were tailored to their needs and interests and regular trips to local places of interest. For example, one person had visited a transport museum and another person enjoyed attending a local cinema which provided a screening specifically for people with a learning disability. Some people had also been on holidays with the support of staff.

We saw information about people's preferred daily routines and how they liked to be supported was in their care plan. Some people preferred to have a set routine and this was clearly laid out in their care plan. Other people liked to have more flexibility in the way they spent their time and staff told us that they were able to respond to what people wanted. Each person was encouraged to carry out independent living skills such as doing laundry and shopping, as appropriate to their skills and choices.

People's care plans provided comprehensive information about what was important to them as well as details about any health conditions that staff supported them with. Care plans were reviewed on a regular basis and updated as required. Staff told us they found that the information was useful and comprehensive.

Any changes were communicated to staff during a shift handover when they were next at work. The healthcare professionals we spoke with confirmed that staff responded positively to any guidance they had provided and ensured it was embedded into their care plans.

People and relatives were provided with information about how to make a complaint when they started to use the service. An easy read complaints guide was displayed in a prominent place in the home and people were regularly reminded of their right to make a complaint should they wish to. In addition, we saw that the registered manager had raised two complaints on behalf of people who would not have been able to make a complaint without support.

People could be assured that complaints would be appropriately investigated and responded to. There was a clear procedure in place with the registered manager had followed when looking into any complaints. We looked at the records of complaints received in the previous 12 months and saw they had been responded to in a timely manner and resolved to the satisfaction of the person making the complaint. Where any improvements to the service had been identified, the registered manager ensured that this happened and shared the outcomes with staff.

Our findings

People benefitted from an open and transparent culture in the home. The relatives we spoke with told us they felt the culture of the home was open and transparent. We were told that they felt confident that they could talk to the registered manager and staff at any time. Relatives also commented that if they had any concerns they felt they would be actively listened to. During our visit we observed that staff worked together well as a team and there was a relaxed atmosphere. People clearly felt comfortable in the presence of staff and the registered manager's office was accessible to staff and people living at Woodland Grove.

The staff we spoke with also felt the culture of the home was open and relaxed. One staff member said, "I feel that I could go to the manager about anything. They have helped me a lot." Staff told us that they would feel confident that they would be treated fairly if they made a mistake and would not be worried about telling the registered manager. During our visit there was an incident where staff had to intervene and use restraint. The staff involved were provided with appropriate support and a debrief after the incident. We saw that staff were encouraged to speak openly about what had happened and if they felt their response could have been different.

Staff told us that they felt confident speaking to management either informally or during staff meetings and supervision. Records confirmed that there were regular staff meetings which all staff were encouraged to attend. The registered manager used the meetings as an opportunity to deliver key messages to staff as well as making clear their expectations. Staff were also encouraged to contribute to meetings and we saw that some staff had made suggestions and raised concerns at recent meetings. We could see that staff enjoyed working in the service, they looked happy and they told us they enjoyed their job. We observed them working together as a team and they were organised and efficient.

People and relatives had a good relationship with the registered manager and staff and this was evident during our visit. The relatives we spoke with all knew who the registered manager was and said that they were regularly with relevant information. One relative commented that this made them feel, "Part of it all." We saw the registered manager interacting with people during our visit as well as staff.

There was a registered manager in post and they understood their role and responsibilities. They provided clear leadership to staff and also helped caring for people at times when staff were busy. The staff we spoke with felt that the registered manager led by example and told us that they felt the quality of the service had improved under their leadership.

There were clear decision making structures in place, staff understood their role and what they were accountable for. Certain key tasks were delegated to staff to carry out, such as the ordering of medicines and responsibility for people's finances. There was a staffing structure in place during each shift and we saw that this worked effectively. Resources were provided to enable staff to meet people's needs and to ensure they had the equipment they required. For example, the provider had recently converted a part of the site that wasn't previously part of Woodland Grove to enable it to be used as a quiet lounge.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

People and relatives were able to provide their feedback about the service in a number of different ways. The relatives we spoke with confirmed that they were in regular communication with staff and felt able to tell staff if they were happy with the service or not. Surveys had recently been distributed to relatives which showed that there was a high level of satisfaction with the service. The results of the surveys were analysed to determine if any improvements to the service were required. Staff and the registered manager told us that they took people's feedback on a daily basis by speaking with them and monitoring how they responded to the support they received. Due to the needs of people living at Woodland Grove, we were told that it would not be appropriate to hold a 'house meeting' and that an individual approach worked better.

There were systems in place to monitor the quality of the service provided. A comprehensive range of audits were carried out, such as medication, infection control and health and safety audits. Where any issues were identified these were addressed by the registered manager immediately. For example, a routine check of a vehicle had identified that some minor repairs were required and these were carried out. The provider also carried out regular visits to the home to check upon the work that staff and the registered manager were doing. The staff we spoke with told us that they felt their feedback was listened to and taken seriously. There had been a recent staff survey where staff were given the opportunity to say what they thought about Woodland Grove and make suggestions for improvements.