

Woodside Farmhouse Limited

Woodside Farm 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 

Overall summary

We inspected Woodside Farm House on 18 March 2015, the inspection was unannounced. Woodside Farm House provides care and accommodation for up to eight people with a learning disability. At the time of the inspection six people were living there. One person was living in a self-contained bungalow and the remaining five resided in the main house. We last inspected the service in August 2013; we had no concerns at that time.

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 told us they felt safe living at Woodside Farm House. We saw people and staff relaxing and spending time together and enjoying a variety of activities throughout the inspection visit. Relatives were happy with the quality of care and support provided and told us the staff were; "Very helpful."

There were systems in place within the environment to help ensure people were kept safe at all times. Staff

Summary of findings

responded quickly to any incidents and supported people safely. Staff had received training which was relevant to the needs of the people living at Woodside Farm House. They received regular supervision and told us they were well supported. One commented; “We would be told if we got it wrong in a constructive way.”

New employees underwent a thorough induction to help ensure they were competent and confident when they started working with people. This included a range of training and familiarisation with the homes working processes and peoples support needs. Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people’s safety.

People’s care plans were detailed and contained sufficient information to enable staff to meet people’s needs. They were designed to paint a picture of the whole person and give staff a depth of knowledge and understanding about the person’s personality as well as their care needs.

People were supported to take part in a range of activities both in and outside of the service. Activities were meaningful to people and chosen according to their interests and hobbies. There were sufficient numbers of staff to support people to carry out their individual interests.

Staff had developed positive relationships with people and spoke about them warmly and with concern for their well-being. Relatives told us they believed staff had people’s best interests at heart. People’s communication needs were identified and taken into account. Staff worked to find ways to help people communicate when they were feeling anxious or distressed.

Management and staff demonstrated a clear set of values. They spoke of the need to work with people to help them have “a good day.” The registered manager was working with external health care professionals to reduce the restrictions for one person. Staff were positive about this approach and told us they wanted to help people increase their independence as much as possible.

Summary of findings

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. There were systems in place throughout the environment to help ensure people were safe at all times.

Staff had received safeguarding training and understood how to recognise signs of abuse and where to report any concerns.

Risk assessments were in place that were designed to help people maintain their independence.

Good



Is the service effective?

The service was effective. Staff were well trained and received regular supervision.

The registered manager had a good understanding of the Mental Capacity Act and appropriate applications had been made in relation to the Deprivation of Liberty Safeguards.

People were supported to maintain a healthy and varied diet.

Good



Is the service caring?

The service was caring. Staff supported people with kindness and compassion.

Staff worked with people to help them communicate any anxieties they had.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive. People's care plans were detailed and guided staff on how best to meet people's care needs.

People had access to a range of meaningful activities.

People were supported to give their views of the service in a variety of ways.

Good



Is the service well-led?

The service was well-led. There was a clearly defined management structure in place.

Management and staff demonstrated a shared set of values which focussed on giving people a "good day."

There was a robust system of quality assurance checks in place.

Good



Woodside Farm 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 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 18 March 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home

including any notifications. A notification is information about important events which the service is required to send us by law. We had not requested a Provider Information Return. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spoke with four people who lived at the home and observed staff interactions with people. We spoke with five care staff, the registered manager and the managing director. Following the inspection we spoke with two relatives by telephone and contacted an external healthcare professional to hear their views of the service. We looked at four records relating to the care of individuals, two staff files, staff training records and other records relating to the running of the home.

Is the service safe?

Our findings

People told us they felt safe living at Woodside Farm House. Relatives also said they were confident their family members were safe. Due to the complex needs of some people external and internal doors were locked and fitted with key pads. Staff and visitors to the main house were issued with panic button wrist bands. This meant staff were able to work with people on a one to one basis and keep people and themselves safe in an emergency.

During the inspection one person became upset and agitated and it was necessary for staff to support the person quickly and safely back to their room while ensuring other people in the area were also safe. This was done quickly and the staff team worked together well. Communication amongst the team was effective so everyone concerned was aware of what was happening. The incident was managed according to agreed protocols and with limited physical intervention. Following the event an incident form was completed and the senior member of staff updated the registered manager verbally. We spoke with the person concerned later in the day and they told us they were happy living at Woodside Farm House and felt safe. They were relaxed and at ease in the company of staff and friendly in their attitude towards them.

A member of staff told us of a similar event that had occurred shortly after they started working at the service while they were supporting someone on their own. They told us they had pushed their panic button and staff had appeared to support them “instantly”. They added, “I didn’t even know there were so many staff in the building! I realised how staff look out for each other.” This demonstrated staff were able to respond rapidly when needed but maintain a low key profile at other times.

All staff received training in physical intervention to help ensure they were able to restrain people safely if necessary. This included positive approaches, breakaway techniques and legislation. Staff told us restraint was only used as “a last resort.” One said; “We use absolutely minimum force and only when necessary.” Incident forms were reviewed monthly in order to help identify any common themes or triggers.

People were supported by sufficient staff to meet their needs at all times of the day. On the day of the inspection everyone living at the house was supported to go out at

various times of the day and for varying lengths of time. People were able to go out individually and engage in activities of their choice. The registered manager told us they occasionally used agency staff to cover sickness but only ones familiar with the service as, due to people’s complex needs, it was very important they had an understanding of people’s requirements. One person told us there were always enough staff on duty to support them to go out although there was sometimes a shortage of cars. A relative commented; “There’s always a member of staff around.”

People were protected from the risks associated with the provision of care by unsuitable staff because staff recruitment practices were safe and robust. All of the appropriate background checks were completed before new employees began work.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to their manager and were confident they would be followed up appropriately. They knew where to go outside the organisation to report any concerns which were not acted on. Staff were able to tell us where they would find the contact details for the local safeguarding team or the Care Quality Commission (CQC).

Care plans included risk assessments which clearly identified the risk and guided staff on any actions they should take to minimise it. Staff told us risk assessments were designed to keep people and staff safe while helping people maintain and develop their independence both in the house and in the community. One commented; “They’re a guide to keep people safe. They are there in case things go wrong.” The registered manager told us that when someone was starting a new activity, for example going to a local gym, a member of staff would visit the location first. They would complete an environmental assessment which would include identifying when the place was quiet and any equipment which the person might have difficulty using.

People’s medicines were stored securely in a locked cabinet in the administration office which was locked and fitted with a keypad. Medicines Administration Records (MAR) were completed appropriately. Two people carried out the medicines round to help ensure medicines were given to the right people at the right time. There were

Is the service safe?

appropriate storage arrangements available for medicines that required refrigeration or additional secure storage although none were needed at the time of the inspection. People's care plans included information on when to give

medicines and the surrounding routines which were important for people. There were well defined protocols in place for the administration of rescue medicines which could be used 'as required.'

Is the service effective?

Our findings

People were supported by skilled staff who had a good understanding of their needs. The registered manager and staff talked about people knowledgeably and demonstrated a depth of understanding about their backgrounds and specific support needs.

On starting work at Woodside Farm House staff went through an induction process. This followed the Skills for Care Common Induction Standards (CIS). The CIS is a national tool used to enable care workers to demonstrate their understanding of high quality care in a health and social care setting. Training included areas identified by the provider as necessary for the service such as fire safety, infection control and food hygiene. New staff were also required to read people's care documentation and the service's policies and procedures. There was a period of shadowing experienced staff for all new employees. The registered manager told us the amount of shadowing depended on the experience and confidence of the new employee but that it would be usually two weeks. They told us; "We put as much training in as possible; we do as much shadowing as possible." Staff said they had not started lone working until they felt confident to do so.

Training for all staff was updated regularly and they were encouraged to work towards furthering their personal development. For example one care worker was working for their NVQ level three. Another member of staff had been encouraged to train for a more senior position in the service. One member of staff told us; "The training is amazing."

Supervision took place regularly and was an opportunity for staff to discuss working practices and identify any training needs with their line manager. Staff told us they felt well supported and were able to request any additional support at any time.

Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. DoLS provides a process by which a provider must seek

authorisation to restrict a person for the purposes of care and treatment. Mental capacity assessments and best interest meetings had taken place and were recorded as required. These had included external healthcare representatives and family members to help ensure the person's views were represented. DoLS authorisations were in place for three people and the conditions were being adhered to. Appropriate applications to the local authority for further authorisations had been made and were in the process of being formally reviewed. The registered manager and staff all spoke with confidence and knowledgeably about the requirements of the legislation and the need to adopt the least restrictive practice when supporting people and keeping them safe.

The restrictions in place for one person were being reviewed in order to try and reduce them. The registered manager was working with the local DoLS team and other relevant professionals to help ensure they worked within the requirements of the law and adopted the least restrictive options to help the person maintain and develop their independence as much as possible.

People were supported by staff to plan their menus on a weekly basis. Two people, although not strict vegetarians, preferred not to eat meat and staff were aware of their preferences. Some people needed support to maintain a healthy diet and this was managed with discretion. Food and fluid charts were kept where appropriate to allow staff to monitor people's intake. Where a person spent part of their time in a different setting the registered manager had requested the information was also recorded there and communicated back to the service so they could have an accurate picture of the person's intake throughout the day.

People were supported to access other healthcare professionals as necessary, for example GP's, opticians and dentists. People's care plans contained information on how best to support people if they needed to visit any of these external services and what reassurance they might need. The registered manager also worked with specialist healthcare professionals when necessary such as the learning disability community nurse. On the day of the inspection one person was feeling unwell. The daily notes showed a GP had been consulted and their advice was being followed.

Is the service caring?

Our findings

People were relaxed and comfortable with staff. It was clear from our observations and discussions with staff, positive relationships had been developed and staff talked about people with affection and a regard for their wellbeing and happiness. People told us they “liked” living at Woodside Farmhouse and were happy there. Relatives told us they found the staff to be caring. One commented; “[Staff name] is very, very good. They are always there for [name of person], and definitely have their best interests at heart.” Another told us; “I’m happy if [person’s name] is happy. And they are.” People were treated with respect and dignity. A male staff member said if a female needed help with personal care they would ask for assistance from a female member of staff.

We heard staff talking to people using their preferred communication style and giving them time to process information. When we spoke with people to gather their views on the service staff made sure they understood what was being asked and rephrased the information if necessary. They supported people to engage with us meaningfully and encouraged them to speak openly and honestly about their feelings.

Care plans contained information and guidance for staff about people’s communication styles. For example we saw written; “I take time to process things and like people to use small simple sentences. If I do not respond say [person’s name] come back to me.” Another person used pictures to help them understand what was happening during the course of the day, for instance what activities they might be taking part in. The registered manager told us this helped the person to focus if they became anxious. They said they were developing the range of pictures available for use as they had identified that photographs of known people and places were more meaningful to the person than general pictures.

One person could become anxious but found it difficult to articulate this to staff. The person had a red card which they could put on their door to inform staff they were worried about something without the need to physically approach staff. Staff responded to this by going to talk with the person quietly in their room.

Staff were motivated to work with people to help them “have a good day.” For example, following the incident

described earlier in this report when one person had become agitated we heard staff discussing how to help the person move on from the incident. They said; “We need to make sure the rest of the day is good for them.” Later on we saw positive behaviour forms had been completed for the person. The staff member and registered manager told us they believed it was important to acknowledge the positives and not focus solely on negative events.

Staff supported people to make meaningful choices on a day to day basis. They were aware when people found this difficult and worked with them. For example one person found choosing from a range of options overwhelming. Staff offered them a choice of two things to make the experience less stressful.

People chose whether to spend their time in their own rooms or communal areas. The registered manager told us they encouraged people to socialise together if possible but recognised they did not always want to do this. People’s bedrooms were decorated to reflect their interests and preferences. Although some people required continual one to one support staff tried to allow people private time alone when possible. One person told us the best thing about living at Woodside Farmhouse was; “Having my own space.”

Relatives told us they visited the service regularly and could have private time with their family member if they wanted to. One person was visited by a family member twice a week. The person went with staff to collect their relative and drop them back home after the visit. The registered manager told us this relationship was important to the person and therefore they were happy to help them maintain it. They were working to develop other family relationships with one person. We heard staff discuss how one person had started a new relationship. They talked about how they could support the person and the need to respect their right to a private life.

Part of the living accommodation at Woodside Farm House comprised of a self-contained one bedroom bungalow. This meant the person living there was able to develop their independent living skills while maintaining access to support if they needed it. The registered manager told us the accommodation could be used as a stepping stone towards people moving into supported living in the

Is the service caring?

community. Supported living is an arrangement whereby care providers support people to live in their own homes. The person was also encouraged to use public transport on their own to further their independence.

Is the service responsive?

Our findings

People's care plans were comprehensive and individualised. They contained descriptive and informative details about people's support needs which was broken down, for example, into morning and evening routines. There was clear guidance on how to support people as much as was needed while helping them retain their independence. For example; "Place the shampoo in their hand and encourage them to rub it into their hair and scalp. Staff to support rinsing and provide with a flannel to cover their eyes while doing so." This meant staff had access to information which enabled them to support people as they wanted to be supported and had agreed to. Staff told us they found the care plans useful. One member of staff explained; "I can still remember reading it. People gave me bits of information, but when I read the care plan it all fitted into place. I was worried I'd be thrown in the deep end with no idea but actually I had lots of idea!"

As well as information about how to practically support people the care plans contained information about people's backgrounds, likes and dislikes and their strengths and talents. This meant staff were able to gain an understanding of the person and their personality. The care plans were signed by people to indicate they consented to the care planning process. They were reviewed and updated regularly to help ensure any change in people's needs were taken into account.

The staff team worked well together and information was shared amongst them effectively. There was a detailed verbal handover at each change of shift where staff coming into work were updated in respect of any incidents or changes to people's needs. There was also a written handover sheet which outlined who was in charge of the

shift, what each staff member responsibilities were and information in respect of any changes in people's needs. People's care files contained daily notes and staff told us these were useful to look back through if they had been off work for a few days.

People had access to a wide range of activities. Everyone had an individual planner which outlined the activities for the week. These included using local day centres, work placements, college, pamper sessions, shopping, local walks and visits to cafes. The registered manager told us people liked to have a well-defined structure to their lives and the planners were an important part of their care planning. The planners had been signed at the bottom by the person to indicate they were happy with the arrangements. On the day of the inspection everyone was out for some parts of the day. Whilst people were in they were occupied in various pastimes which were of interest to them. One person told us the best thing about living at Woodside Farm House was that they were supported to, "go out a lot."

People and relatives told us they had not needed to make a formal complaint but were confident the registered manager would respond appropriately to any concerns they might have. One person told us they would talk to a named staff member if they had any concerns and thought they would be listened to and taken seriously. People had monthly meetings with staff where they were encouraged to raise any concerns or make suggestions. One person had said they did not want the meetings to last any more than 15 minutes and this was respected by staff. At the end of each shift the senior member of staff asked people if they were happy with the way the day had gone and whether they had any concerns about how the shift had been managed.

Is the service well-led?

Our findings

The registered manager had been in post since 2007 when the service was first established. They had a good working relationship with the managing director who they had known for a number of years. Staff told us the registered manager was approachable and had a good working knowledge of the day to day running of the service and people's needs. When speaking with us it was clear they knew people well and cared for their wellbeing.

The registered manager told us they were supported by the managing director who they spoke with regularly. The managing director visited the service on a monthly basis to carry out quality audits on a wide range of areas. This included care plans, risk assessments, incident reports, staff files and behaviour charts. Where any issues or gaps were identified action was taken to address this. They knew the people living at Woodside Farm House well and told us they had a particularly strong relationship with one person who they spent time with on the day of the inspection. They told us; "These people deserve a good life. We aim for a supported living feeling. We're a small care home with a supported living environment."

There was a well-defined management structure in place which meant there were clear lines of accountability and responsibility which were understood by the staff team. The registered manager was supported by a deputy manager who in turn was supported by a senior team leader. Two team leaders oversaw the support workers.

The registered manager maintained regular contact with people's families and encouraged them to share their views on the service provided to their family members. Surveys had been developed and circulated to families and external healthcare professionals but the return rate had been low. Relatives told us they were regularly asked if they were happy with the service.

Due to the complex needs of some of the people living at Woodside Farm House staff found supporting them could be demanding at times. The registered manager told us that the staff team were familiar with everybody's needs which meant they were able to give each other breaks if necessary. This showed us they considered how to help ensure the delivery of care and support was consistent throughout the day.

Incidents and accidents were documented and we saw this happened following the incident during the inspection. An external health care professional told us they had been supplied with incident records when they requested them along with a graphic representation of some negative behaviour for analysis. However they said this was lacking in depth of information. They went on to comment that they had also been provided with data regarding positive behaviours which "did add some balance."

Staff told us they were a strong team who supported each other well. Comments included; "There's the right team around you to support you here." In addition staff told us they felt supported by management. One said; "It's so easy to talk to someone if you have a problem or a suggestion." Staff meetings were held regularly and these were an opportunity for staff to contribute any ideas or suggestions. One member of staff said; "You can go to [name of registered manager and senior team leader] and give suggestions and they would listen." In addition where there were specific identified issues staff met to discuss these and find ways to help ensure they gave consistent support to people. Specialist meetings were also held involving external healthcare professionals when appropriate.

Management and staff demonstrated a clear set of values in their conversations with us. Throughout the inspection the registered manager and staff spoke of the importance of supporting people to have, "A good day." Care plans were entitled "Having A Good Day" and information in them focussed on how to support people with day to day tasks. We heard evidence of this approach to care across the staff team. One told us; "We try and encourage good days." Another said; "I enjoy coming here every day. Knowing you could help people have a good day." The registered manager told us "We want to provide a safe, secure and homely environment to help them be as independent as possible and as fulfilled as possible. If that means them moving on then that's what we'll do." As part of the induction process new employees were required to learn about the principles of person centred care. The registered manager said; "We tell them about making sure people are listened to and heard."

A maintenance worker had responsibility for the upkeep of the building. They completed regular checks on the safety of the property, for example fire safety checks and vehicle checks.

Is the service well-led?

The registered manager kept themselves informed of any developments in working practices by regularly attending conferences, especially concerning autism.