

Catalyst Choices Community Interest Company Woodleigh

Inspection report

Callands Road
Callands
Warrington
Cheshire
WA5 9RJ

Tel: 01925235237

Date of inspection visit:
18 July 2019
23 July 2019

Date of publication:
23 August 2019

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

About the service:

Woodleigh is a single-storey care home that provides accommodation and personal care for up to 39 older people, some of whom are living with dementia. Accommodation is split across five separate 'units', each offering bathroom facilities, dining areas and a garden area. The location also includes the provision of short-term breaks (respite) care services for up to eight adults with learning disabilities. At the time of the inspection 37 people were living in the home and eight people were receiving respite care.

People's experience of using this service and what we found

People received support from staff who had been appropriately recruited. Staffing levels were assessed according to the dependency support needs of people living at Woodleigh; we observed some areas of development in relation to staff support and the deployment of staff during the inspection.

Woodleigh offered spacious communal, lounge and garden areas. We identified some internal and external areas of improvement that were required. The registered managers were responsive and put measures in place to assess and monitor the home and its grounds.

People received support that was tailored around their support needs and areas of risk were regularly reviewed and monitored. Risk assessments helped to identify specific areas of support that people required.

Staff demonstrated their understanding of safeguarding and whistleblowing procedures. We saw up to date policies and procedure in place and people were protected from avoidable harm and abuse.

Safe medication administration processes were in place. People received support with their medication by staff who had been appropriately trained and regularly had their competency levels checked.

Staff received regular supervision and were supported daily by the registered managers. The registered managers maintained a good level of oversight in relation to training compliance.

People received a holistic level of care in relation to their healthcare support needs. We saw that appropriate referrals were made to external professionals when needed.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed staff providing kind, compassionate and dignified care. People were also supported to remain as independent as possible and encouraged to make decisions about aspects of their care.

The registered managers and staff promoted and celebrated people's equality and diversity support needs.

We saw that measures were in place to provide an inclusive environment where people were treated dignity and respect.

A dedicated activities co-ordinator was in post at Woodleigh. They helped to arrange activities that were tailored around people's likes and preferences.

The registered provider had an up to date complaints policy in place. Complaints were responded to in line with company policy and were reviewed monthly as a way of establishing trends and areas of improvement.

The registered provider had processes in place to monitor and assess the quality and safety of care people received. During the inspection, quality assurance processes were further strengthened to capture some of the areas of development we identified.

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

Rating at last inspection:

The last rating for this service was 'good' (published 26 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our 'Safe' findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our 'Effective' findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our 'Caring' findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our 'Responsive' findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our 'Well-led' findings below.

Woodleigh

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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.

Inspection team:

The inspection was carried out by one inspector, two 'Experts by Experience' and a 'Specialist Advisor'. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service. A 'Specialist Advisor' is a person who has professional experience and knowledge of the care which is being provided.

Service and service type:

Woodleigh is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service had two managers registered with CQC. Registered managers and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We used the information the provider sent us in the 'provider information return'. This is information providers are required to send us

with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection:

We spoke with both registered managers, two senior care assistants, five members of care staff, one external healthcare professional, 20 people living at Woodleigh, and three relatives who were visiting at the time of the inspection.

We looked at care records of four people receiving support, a sample of staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

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 remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The registered manager used a 'dependency assessment tool' which analysed the support needs of people living at Woodleigh. One person told us, "There are enough staff and they are all very nice people."
- Although staffing levels appeared to be well-managed, we discussed how staff were 'deployed', particularly during busier periods of the day. For instance, over the lunch time period, extra staff support would have been beneficial.
- Safe recruitment procedures continued to be in place. All staff were subject to pre-employment and Disclosure and Barring System (DBS) checks.

Assessing risk, safety monitoring and management

- We noted some areas of development in relation to environmental risk management. The registered managers were responsive to our feedback and put measures in place to ensure the internal and external environment was regularly assessed.
- People's level of risk was assessed and well managed from the outset.
- Individual risks were regularly reviewed; staff received the most up to date and current information in relation to the health and well-being of people living at Woodleigh.
- People told us, "I feel safe because the carers look out for me. They come quickly if I need anything" and "I do feel safe here with the staff. I'm glad that such places exist."
- All regulatory health and safety checks and compliance certificates were in place.

Preventing and controlling infection

- We saw a range of different cleaning schedules that staff completed during the day, night and each weekend.
- The registered manager maintained an 'infection control' folder. This contained information in relation to the management and control of infections, an up to date policy and an infection control action plan.
- The infection control action plan identified areas needed for improvement.

Using medicines safely

- Medication practices and procedures were followed by trained members of staff.
- People received support with their medicines as required. People had the necessary medication support plans and risk assessments in place.
- Medication room and fridge temperature checks were routinely completed.
- Medication audits were regularly completed; they were effective in identifying errors and areas of improvement.

Systems and processes to safeguard people from risk of abuse

- People told us they felt safe living at Woodleigh. People told us, "Oh yes, I feel very safe here. I've been here for three years now and it's a lovely place with lovely staff" and "I feel safe, very safe in fact, it's a nice place."
- Safeguarding and whistleblowing policies and procedures were in place.
- Staff had received the necessary safeguarding training and could recognise the signs of abuse.
- Safeguarding incidents were reported to CQC and Local Authority as required.

Learning lessons when things go wrong

- Accidents and incidents were routinely recorded and reviewed monthly.
- The registered managers uploaded all accidents and incidents statistics on to an internal database system; this enabled the registered provider to have an overview of all significant events that had occurred.
- Accidents and incidents were regularly discussed during health and safety committee meetings as a way of managing risk, and establishing if lessons could be learnt.

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 the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Training compliance continued to be well managed by the registered managers.
- We received positive comments about the skill set of the staff team. People told us, "I find the staff to be well trained and they have got to know my needs and they support me" and "I feel the staff have all the training they need [and] they do everything well."
- Staff received regular one to one supervision and told us they were fully supported..
- New employees completed an induction period and were supported to complete 'The Care Certificate'. This is an agreed set of standards that staff within the health and social care sector are expected to complete.

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

- The design and facilities of the home met the needs of the people who lived there.
- The home offered spacious communal areas, garden facilities and people could personalise their bedrooms as they wished.
- The home also offered assisted equipment to support people's independence. For instance, we saw people using wheelchairs and walking aids.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered managers consulted best practice, guidance and law in relation to medicine management and dementia care; ensuring people received the most effective level of care and support.
- People helped to develop their own individual care plans and risk assessments.
- People received a holistic level of care. For example, people received support from speech and language therapists, the falls prevention team, occupational therapists and enhanced care home support team (ECHST).

Supporting people to eat and drink enough with choice in a balanced diet

- Menus offered different options, and people could request alternative meals as and when they desired.
- People's nutrition and hydration support needs were established from the outset.
- Risk assessments were implemented as a way of managing and monitoring individual risk.

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

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Principles of the Mental Capacity Act, 2005 were complied with and staff received the necessary training in relation to the MCA.
- People's level of capacity was assessed from the outset; people were involved in the decisions that needed to be made around the care and support they needed.
- People told us, "[The staff] wait for me to ask for support; they don't impose" and "[Staff] know me well enough [but] they always ask me 'is this all right?'"
- People receiving care were not unlawfully restricted; 'best interest' decisions were made, and the appropriate applications were submitted to the Local Authority.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received positive feedback about the caring approach of staff by people living at Woodleigh and their relatives. People told us, "I think that the staff are very kind" and "The Staff are always kind to me and they support me." One relative said, "Everybody's so nice and nothing is too much trouble."
- Staff were observed providing person-centred, respectful and compassionate care.
- Staff engaged in a kind and friendly way with people; it was clear that positive relationships had developed between staff, people receiving support and relatives.
- Equality and diversity support needs were established from the outset. People were treated equally and were encouraged to celebrate their individual equality and diversity support needs.

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

- Care records indicated that people were involved in the care planning process from the outset. One person told us, "They [staff] asked me lots of questions when I first arrived, about my likes and dislikes, if I was happy with my bedroom and where we sit."
- People were supported to share their views and suggestions and it was clear during the inspection that people were listened to, and received care and support that was tailored around them. There was a 'suggestions box' for people to use, resident meetings were taking place and the introduction of satisfaction 'surveys' was underway.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with during the inspection felt that staff respected and protected their privacy and dignity. One person said, "The door is locked so no one can just walk in when I'm getting a bath."
- Confidential information was safely stored and protected in line with General Data Protection Regulations (GDPR).
- People's independence was maintained and promoted. One person said, "I go out on my own, I can go to town on the bus; I always let the staff know, so they know where I am."
- Care records contained information such as, 'I can make decisions regarding my day to day life' and 'I want to remain as independent as possible, to make my own decisions and to be consulted with.'

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 remained the same. This meant people's needs were met through good organisation and delivery.

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.

- We received positive feedback about the variety of activities that were arranged for people living at Woodleigh. , People told us, "I join in with all the activities and there is always a lot going on here" and "The Activities are great, we really get involved."
- There was a dedicated activities co-ordinator employed at Woodleigh; they actively encouraged people to participate in a range of different internal and external activities. .
- Activities encouraged people to remain active, provided social entertainment and encouraged people to develop relationships with staff and other people living at Woodleigh.

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

- Care records contained detailed information of the personalised care people wished to receive. For instance, one person's care record noted, 'I enjoy porridge for my breakfast, followed by toast with marmalade.'
- Staff had developed a good level of knowledge and understanding of the people they supported.
- We observed staff actively encouraging people to have choice and control over the care and support they received.
- People received personalised care that was relevant and consistent with their current support needs.

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 were supported with 'easy read' material and alternative methods of communication could be provided on request.
- Care records contained 'easy read' pictorial guides. For instance, one care record contained an easy read 'daily routines' guides which helped to support a person with their understanding of their day to day support needs.
- Pictorial menus were available for people to refer to on each of the dining areas we visited.

Improving care quality in response to complaints or concerns

- There was an up to date complaints policy and procedure in place.
- Complaints were investigated and responded to in line with organisational policy.

- All complaints were recorded and regularly reviewed as part of the overall quality assurance processes.
- People told us they were familiar with the complaints process and one relative said, "We've never had to complain about anything. I think that the staff and the manager are very easy to talk to and I think that they listen, and they'd listen definitely if we had an issue."
- At the time of the inspection, no complaints were being responded to.

End of life care and support

- 'End of life' training was provided to staff; people received tailored care and support that was centred around their wishes and preferences.
- Care records contained sensitive information in relation to people's 'end of life' wishes and staff understood the importance of providing care that was dignified, compassionate and respectful.
- The registered manager had nominated an 'end of life' champion as a way of ensuring this area of care was appropriately delivered and as a source of support for staff.

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 'requires improvement'. At this inspection this key question has improved to 'good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008 and the importance of submitting statutory notifications to CQC.
- A variety of quality assurance audit tools were in place; these were further strengthened during the inspection as a way of maintaining the quality and safety of care people were receiving.
- Accessible policies and procedures were in place. Policies contained the necessary guidance and best practice for staff to follow.
- We received positive feedback about the management and staff team. People told us, Comments "[Name] is the manager. She's approachable and always has a smile for us when she comes in" and "The manager is very approachable. I've got a lot of confidence in her and all the staff here."

Continuous learning and improving care

- Quality assurance processes and audits assessed and identified areas for improvement.
- Areas of improvement were clearly addressed, and action plans demonstrated improvements that had been made.
- All accidents and incidents were closely monitored; a trend analysis was completed to establish if further support measures needed to be established as a measure of keeping people safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Person-centred care was delivered and tailored around the needs, preferences and choices of people who were receiving support.
- The registered manager was committed to enhancing the experiences of people living at Woodleigh, and ensured people's requests and suggestions were acted upon.
- We received positive feedback about the culture and delivery of care from staff who worked at Woodleigh. Staff members told us, "We all get on so well, we know our roles and know we're making a difference to someone's life" and "Best manager I've worked with, always makes time for you and the residents."

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

- The registered manager was aware of their legal responsibilities, the importance of investigating

incidents/events and being as open and transparent as possible.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Equality and diversity support needs were assessed and determined from the outset. We openly discussed with people how equality and diversity was supported and celebrated.
- People, relatives and visitors had the opportunity to offer feedback about the provision of care people were receiving.
- Staff meetings were taking place; staff told us they found these useful, they were a forum to share ideas and learn about different aspects of care being delivered.
- 'Resident and relative' meetings were arranged; meetings were designed around the needs, ideas and suggestions of people living at the home.

Working in partnership with others

- People received a holistic level of care; external healthcare professionals provided the necessary support to people living at Woodleigh.
- The registered manager worked closely with the Local Authority; ensuring the quality and safety of care was reviewed and assessed.