

The Camden Society Woodlands

Inspection report

4 Gaskells End
Tokers Green
Reading
Berkshire
RG4 9EW

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28 November 2015

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Woodlands on the 28 November 2015. Woodlands is registered to provide accommodation for three people with learning disabilities who require personal care and support.

There was not a registered manager in post at the service but a new area manager was in the process of becoming the registered manager. A service manager was in day to day control of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People were protected from the risk of harm and abuse by staff that understood their responsibilities in relation to safeguarding. Staffing levels were sufficient to meet people's needs. People's needs were assessed and risks associated with their needs were mitigated through clear guidance and staff that understood and followed that guidance. People's medicines were stored safely and people received their medicines when required.

Staff felt supported and had access to regular supervision and appraisal. There was adequate training for staff and opportunities to develop professionally.

People did not always benefit from a service that understood and applied the principles of the Mental Capacity Act (MCA) 2005. MCA is the legal framework that protects people's right to make their own decisions. We have recommended the service familiarise themselves with the MCA code of practice.

People had access to appropriate health professionals which was clearly planned within people's health action plans (HAP's) and people also received a varied and healthy diet.

Staff were described as caring by people and their relatives. People were supported to maintain friendships with the people they lived with and other people who were important to them. People's independence was supported and their privacy and dignity were respected. People had access to advocacy as and when required.

People benefited from a service that had a person centred culture where there was plenty of opportunities to access activities and experience new things. When people's needs changed the service responded. People's views were seen as important and feedback was used to improve the service.

The manager was described as very good and there were systems in place to monitor the quality and safety within the home. Staff felt the culture was open and that managers would listen to their views.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People's needs were assessed and clear guidance was in place to manage risks.

People received their medicines when required and their medicines were stored and managed safely.

People were protected from abuse by staff that understood their responsibilities in relation to safeguarding and systems to manage their finances.

There were enough suitably qualified staff to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff understood the importance of choice, but the principles and the process of the Mental Capacity Act 2005 were not always adhered to.

Staff received on-going support and guidance and had access to regular training and development programmes.

People enjoyed a healthy diet and had regular access to health professionals. This was supported by a clear health action plans that were in place.

Is the service caring?

Good ●

The service was caring.

Staff were described as caring and this was supported by our observations.

Friendships were encouraged and supported. There were positive relationships between staff and the people they supported.

People's independence and right to take risks were respected and encouraged.

Is the service responsive?

The service was responsive.

There was a clear person centred culture within the home that ensured peoples wishes and preferences were obtained and supported.

When people needs changed the service responded.

There was a complaints procedure in place that people knew how to use if required. Complaints were managed swiftly and in line with the documented procedure.

Good ●

Is the service well-led?

The service was well led.

Systems were in place to monitor the quality and safety within the home.

Staff felt the culture was open and their feedback was valued. They were aware of the whistleblowing policy should they ever need to raise concerns.

The vision within the home was shared by the manager and all the staff responsible for supporting people.

Good ●

Woodlands

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 was 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 the 28 November 2015 and was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed the information we held about the service. This included notifications, which is information about important events which the service is required to send us by law.

At the time of the inspection there were three people being supported by the service. We spoke with one person who was using the service and communicated with the other two people who were non-verbal. We spoke with two professionals who visit the service as part of their roles. We also conducted a short observation framework for inspection. (SOFI). A SOFI is a method of observing the experiences of people who cannot communicate with us verbally. We spoke with the manager and two staff. We reviewed two people's care files, records relating to training, and the general management of the home.

Is the service safe?

Our findings

People and their relatives felt the service was safe. Comments included, "I feel safe thank you" and "Oh yes, very safe, very reassured". Professionals we spoke with also felt the service was safe. Comments included, "It is a very safe service, I have never had concerns" and "Yes it's safe, definitely". There was a good understanding of safeguarding within the service, what constitutes abuse and what to do in the event of suspecting abuse. Safeguarding procedures were clearly displayed and Safeguarding alerts had been raised appropriately with the local authority safeguarding team. People were also protected from the risks of financial abuse as there were clear arrangements in place for the storage and management of finances. Our checks showed that people's finances were being clearly recorded and were accurately accounted for.

People benefited from a service that valued appropriate risk taking, but ensured people's safety. People had risk assessments in place to ensure risks in relation to their needs could be supported safely. For example people with risks in relation to their mobility had risk assessments in place with clear guidance to ensure their safety around the house and in public. Staff understood this guidance and we also observed it was followed. We saw detailed risk assessments in place for day to day activities and any areas of people's lives where they may be at risk due to their needs. For example, bathing, going out for walks and attending day centres.

Medicines were administered safely to people who required them in line with documented guidance. Medicines were stored safely and stock levels were regularly checked. We saw feedback from a professional praising the management of medicines within the home.

There were enough suitably qualified staff to meet people's needs. The staff deployment was based around the needs of people using the service. For example people who required one to one assistance. If required, additional staff time was planned to support people with their chosen activities. People benefited from a consistent and stable staff team who had all worked at the service for a number of years. We noted that there was a potential plan in place to change the way staffing was deployed. We have asked the manager to ensure any changes made are based on what is best for people using the service. We have been assured that people will remain at the centre of this planned change.

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable people. Records were also seen which confirmed that staff members were entitled to work in the United Kingdom. Staff told us they had a thorough recruitment check before starting their work.

Is the service effective?

Our findings

Staff within the service had been trained with regard to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework for ensuring that people are not unlawfully having specific decisions made on their behalf. DoLS are in place to ensure that people's freedom is not unlawfully restricted or when assessed to be in their best interest, is the least restrictive option. However staff we spoke with still felt they did not have a good working knowledge. We found that people were being supported by staff who were concerned for their health and well-being; however the actions staff took were not in line with the MCA guidance. For example, people were supported with their finances and medication, but there was no assessment in place to evidence people did not have the capacity to make that decision for themselves. Another person enjoyed eating certain foods, staff told us they don't like to let them have it very often due to their health. However, there was no evidence that this person could not make this food decision for themselves.

We saw evidence that the service had engaged in best interest meetings with other professionals. For example, an independent mental capacity advocate had been involved with one person due to dental treatment, but these were not consistently being instigated by the service for people. We raised this with the manager of the service who understood the areas that required improvement and took immediate action to raise the issue and make improvements.

We saw feedback from people and their relatives that reflected that service was effective. People's weekly meeting with their key workers showed that people were happy with the service they received and staff that were supporting them. We also observed throughout the day a number of interactions that were effective. For example, one person who was anxious by our visits was supported to calm down. Due to the detailed understanding of this person and skill of the staff team this person remained clam throughout the visit. We also saw in the persons weekly meeting notes that staff had prepared them for other visitors, such as the people responsible for fire checks to minimise the impact on this person.

Staff felt supported. Comments included, "The support is very good, we're a close team and support each other" and "support is always there". Staff had access to regular supervision and appraisal. Supervision is a meeting for staff to discuss and improve their practice, raise issues and access the support required to fulfil their role in a formal way. An appraisal is an annual meeting where objectives for the year are discussed and performance for the previous year is reviewed. These processes support staff to reflect on their work to benefit themselves and the people they support. We saw that staff were supported to raise issues regarding the people they support as well as any issues that may be impacting on their role.

Staff we spoke with felt they received adequate training. Comments included, "The training is very good" and "Training is regular and helpful to doing my job". We also found that people were supported to professionally develop. One staff member we spoke with had been supported to do their level three care qualification and felt they would be supported to do more if they wanted to. We did note that one member of staff had not been supported to do a care qualification due to already having a degree in an unrelated healthcare field but felt a qualification in care would be more supportive to their role.

People's preferred methods of communication were understood and clearly documented. Where people had limited verbal communication they had their own individualised methods of communicating that staff understood and used. For example, one person used picture cards and visual aids to support their communication. Another person had specific gestures that staff understood. We saw people were supported with person specific Makaton as well as using sounds and gestures. Makaton uses signs and symbols to help people communicate.

People benefited from a varied and balanced diet of their choosing. We saw each person choosing their own breakfast which could be cooked or cereal based depending on their preferences. People were supported to eat their meals in line with documented guidance. For example it stated in one person's care file they needed their food cut into bite sized pieces due to risks of choking. We saw this person eating their breakfast and their food had been prepared in this way.

People had access to appropriate professionals as and when required. People were supported to attend GP appointments and visits to the dentists. The service also accessed support of other professionals such as speech and language (SALT) and district nurses when required. There were clear health action plans in place for staff to follow which ensured people received the correct health support.

We recommend the management of the service and staff familiarise themselves with the Mental Capacity Act 2005 Code of Practise.

Is the service caring?

Our findings

Staff were described as caring. Comments included, "Very caring" and "really nice". This also matched our observations on the day of the inspection where people were communicated with by staff who were respectful and patient.

People clearly appreciated the relationships they had with the people they supported. We heard one person telling staff through the day how fond they were of them and saying how nice they were. We also saw that people were encouraged to make friends by attending social groups and events arranged by the service. One person on the day of our inspection was waiting for a visit from a friend. The service told us how they had supported this person to maintain contact with them. People's support plans also detailed the individual people they felt were important to them. Staff supported people to remember birthdays and significant events, so they could send cards and gifts if they chose to.

We observed a number of caring interactions throughout the day between staff and the people they supported. For example, one person had not been well for a few days and needed a lot of reassurance. Staff remained patient with this person and offered calm and considerate reassurance that visibly helped the person. People were nicely dressed and had been supported to do their hair as they wanted it.

People were involved in decisions relating to their own care. We observed people were consulted throughout the day and were told that people were involved daily in what they wanted and needed. We also saw that weekly key worker meetings were used to inform people of appointments and their views. These meetings were also used to prepare people for upcoming events to support them with questions and any additional information they may need.

People were informed about what care was available to them and who was available should they require support. For example, how to raise concerns, access to advocacy and who their support team was. This was also done visually to ensure people's own method of communication was considered.

People benefited from a service that respected the importance of equality and diversity. People's cultural and religious needs were collected at their initial assessment and this information was clearly recorded in their support plans.

Is the service responsive?

Our findings

People needs were assessed before living at the service. These assessments were used to design person centred support plans with clear guidance for care staff to follow. People had positive behavioural support plans in place. This helped staff to understand what people may be communicating through their behaviour. People's support plans contained details about their personal life histories and their views on what their aims were for the future.

We saw that people enjoyed a variety of activities that interested them. Each person had their own personalised activity plan. For example, activities included, horse carts, swimming, day centres, going for walks. One care worker told us, "They do so much, they are out all the time doing different things, we also like to support them to try new things".

We saw when people's needs changed the service responded. We saw a number of examples in people care files that showed action had been taken when people's mood fluctuated or their health deteriorated. For example, we saw that one person's behaviour had become more withdrawn and the service had accessed support from a psychologist to help develop strategies to assist when they became anxious.

People benefited from a service that saw feedback as important in improving the service. Each person had a weekly meeting with their key worker where the person's preferred methods of communication was used to obtain their feedback. For example, one person mentioned they would like a specific meal on the menu that week and this was done. People also had a monthly residents meeting where each person was supported to attend and contribute. People were supported to discuss their household, the garden and any other issues. We saw minutes of these meetings along with pictures of people at the meeting. We saw in one meeting two people had asked to be involved with the gardening and this was facilitated.

There was a clear complaints procedure in place and everyone we spoke with knew how to access it. There had been no complaints since the last inspection but one staff member said, "We like to try and avoid issues getting to that point, we deal with things quickly and respectfully so complaints aren't needed".

Is the service well-led?

Our findings

Staff we spoke with felt the service was well led. Comments included, "The manager is fantastic, I have learnt a lot from them" and "Really well led, the manager is very organised and keeps us on track".

There was a system in place to monitor the quality and safety of the service. We were shown a record of weekly, monthly and annual audits the service conducted to ensure that people were safe and that standards were maintained. These areas included medicines, meetings with people and people's care files as well as the general environment such as fire safety and food hygiene.

There was a vision within the service to ensure people lived the life of their choosing. Staff we spoke with understood and shared this vision. Comments included, "We are here for these guys, we support where we need to, but it's up to them" and "People come first, they are why we are here".

There were clear roles of accountability within the home. Staff we spoke with were clear of these roles and felt they were given enough responsibility. We saw staff had key roles of responsibility such as doing health and safety checks and medicine audits. An overview was maintained by the manager and the deputy manager to ensure these checks had been carried out. We saw the manager's checklist which showed these had been done and staff told us, "You know that if you forget, you will get a very quick reminder, very high standards, but that's good".

The service had formed links with the local community. For example people attended day centres and were supported to go out as much as they could. Staff told us, "People are very sociable here, always out doing things and getting to know the local area".

Staff we spoke with told us that there was an open culture where they felt safe to speak openly when they had concerns. For example, one person had raised concerns about the proposed change to staff rotas and this not being in the best interest for people. These concerns had been recognised by the management who told us People and staff would all be considered through the process. Staff felt the manager would listen. We did note that changing senior managers appeared to be slightly unsettling. Comments included, "We are very lucky, they are always nice people and happy to listen, but one does things one way, then another wants another, it can be hard for people and staff".