

Tracs Limited

# Woburn Sands Lodge

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

The inspection took place on 1 December 2015 and was unannounced.

Woburn Sands Lodge provides accommodation and personal care for up to ten people with mental health needs and learning disabilities. At the time of our inspection the service was providing support to eight people.

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 had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Effective recruitment processes were in place and followed by the service and there were sufficient numbers of staff available to meet people's care and support needs

Medicines were stored, handled and administered safely within the service.

Staff members had induction training when joining the service, as well as regular on-going training.

Staff were well supported by the registered manager and had regular one to one supervisions.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this.

People were supported to access health appointments when necessary.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

People's privacy and dignity was maintained at all times.

People were encouraged to take part in a range of activities and social interests of their choice.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

## 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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good ●

The service was responsive.

People were able to make decisions about their daily activities.

Care and support plans were personalised and reflected people's

individual requirements.

People were involved in decisions regarding their care and support needs.

There was a complaints system in place, of which people using the service were aware of.

### **Is the service well-led?**

**Good** ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for feedback on the service they received. Systems were in place to respond to feedback appropriately..

Quality monitoring systems were in place.

# Woburn Sands Lodge

## **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 1 December 2015 and was unannounced.

The inspection was carried out by one inspector.

We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service

During our inspection, we made observations on how well the staff interacted with the people who use the service.

We spoke with four people who used the service, three staff members, and the registered manager.

We reviewed three peoples care records, medication records, five staff files, and other documents including quality audits.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. One person told us, "I feel very safe here; I wouldn't stay if I didn't feel safe." Other people we spoke with also told us they felt safe.

The staff we spoke with demonstrated knowledge and understanding of the signs of abuse, what to look for, and the actions they should take if they felt that a person was at risk of abuse. A staff member told us, "If I thought someone was being abused, I would make sure they were safe first of all. Then I would report it to the manager and record everything that I knew. If it was very serious then I would contact the council or the police." Records showed us that staff had completed safeguarding training, and information around safeguarding procedures was displayed on a notice board within the service. We saw that safeguarding alerts had been reported and recorded appropriately.

People had risk assessments in place that detailed specific risks that were present to individuals and protected their safety. A staff member told us, "The risk assessments help us to support people, they are in place to enable people to achieve things safely." The risk assessments we looked at covered areas such as physical health, mental health, misuse of drugs, self-harm, medication and more. They were broken down into the sections of likelihood, proactive and reactive strategies, and outcomes. We saw that information within the assessments was regularly reviewed to reflect the changing needs of people using the service.

We found that incident and accident procedures had been followed and information recorded accurately. This information had been checked over by the Registered manager and actions created where necessary. We also saw that fire safety checks were regularly carried out within the service.

People told us that there was enough staff on duty. One person said, "There are enough staff here. I can get help when I need it. A lot of people here are very independent, but may go through a bad patch and need extra support, and there are always people around to help out." A staff member told us, "The staffing levels are fine; we have bank staff available when needed. The only agency staff being used at the moment are for the nursing positions as there has to be a nurse on shift." The registered manager confirmed with us that agency staff were sometimes used within the nursing staff on shift, and that as she was a qualified nurse, she could also cover when needed.

We saw that the staffing rotas corresponded accurately with a staffing levels and skills risk assessment that the service had created. This document evaluated the needs of the residents to outline what the minimum staffing levels should be. During our inspection, we observed that the number of staff on duty was sufficient to support people safely, for example, staff were able to cover one another and use a flexible approach when supporting people within the service.

The staff we spoke with told us they had to have a Disclosure and Barring Service check (DBS) and two references before starting work within the service. The manager confirmed that all staff went through this process before starting work. We looked at staff files and found these checks had taken place.

People were supported to take their medicines safely. One person told us, "The staff support me with

medication. I don't do it myself just yet, but I may do in the future." Another person said, "I have my medication locked up myself and I have a key." Staff told us, "We are all medication trained. The medication is always administered by a nurse here, but we shadow and countersign when possible" We saw staff asking individuals during the morning if they were ready to take their medication. We looked at Medication Administration Record (MAR) charts and noted that they had been filled in correctly. We saw that systems were in place to monitor the temperature control, stock and dispose of medicines. We found that medication audits had taken place to monitor the safety of the medication systems within the service. We saw that people had guidelines within care plans around the administration of medication. Training records showed us that staff had undertaken medication training.

# Is the service effective?

## Our findings

People received care that was given by staff that had appropriate training to meet their needs. One person told us, "The staff understand me here; it's not like other places that I've been. They know how to set the boundaries that I need without being over the top about it." Our observations confirmed that the staff on shift had the knowledge to deliver appropriate care, for example, we saw staff asking a person about a personal care routine in private. The approach used by staff for this was outlined in the persons care plan.

All staff members went through an induction process before starting work within the service. A staff member told us, "I had two days of learning off site, followed by eighty hours of shadowing experienced staff, reading care plans and risk assessments." Other staff confirmed that they had the same induction process and felt that it helped them to effectively support people within the service. All the staff training was monitored within records that we saw. Mandatory training had been completed by staff which including safeguarding, first aid, fire safety, food hygiene, manual handling and health and safety. We saw records that some staff were enrolled in courses that provided formal qualifications within care.

We saw that all staff had either received or were booked onto a specialist training course which teaches positive strategies within mental health support.

The staff we spoke with recognised the importance of always having a qualified nurse on shift with them due to some complex mental health needs of the residents. Staff told us that as a team they felt well equipped with the right skills to support the individuals within the service.

Staff felt well supported by the registered manager. One staff member told us, "The manager is very supportive, I have regular supervisions and they are great for getting feedback about my work. It makes me more confident." We saw records of staff supervision which was regular and covered topics such as personal development and training as well as specifics about the support of individuals within the service.

People told us that staff always gained consent before providing care. One person told us, "The staff always talk to us and we talk to them. Nothing happens without talking about it first and checking." Another person told us, "Staff always knock on my door and wait for an answer before they come in." During our inspection we saw staff members knocked on people's doors and waited for permission before entering. We also saw that people were asked about what they wanted, for example, one person was being asked by staff if they would like support to go out for a coffee during the morning, or if they would prefer to go out in the afternoon instead.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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. One

staff member said, "People are quite independent here and can make their own decisions. Sometimes we just encourage and support people towards positive outcomes." Another staff member told us, "We are aware that some people can have fluctuating capacity, so we are always aware that we may need to have a best interest meeting and call upon other professionals for specific and possibly short term needs." We found records to show that the staff members had either received training on MCA, or were booked in to do so.

People told us that enjoyed the food that they had within the service. One person said, "The chef comes round and asks what we want on the menu, we all get to suggest things." A staff member told us, "We have a chef that cooks a main meal, but people also prepare food themselves and eat out as well. It's up to everyone to choose what they want to do, we just encourage healthy options." We heard people being asked about what they would like to eat, and then collect a plate of hot food from the kitchen. We also saw that people had their own foods stored within the cupboards and fridge. The kitchen was locked due to risks presented by some individuals, but we saw that people were able to ask staff to enter the kitchen whenever they liked. We saw that some people had dietary requirements which the staff were knowledgeable about and promoted healthy options. The weekly menu plan was displayed for people to see on the notice board.

People told us that they attended medical appointments as they needed to. One person told us, "I don't really need any help to go and see the doctor, but if I did then someone would help me. They encourage me to be independent with it all." The staff we spoke with were aware of people's medical needs and told us that they are available to support people to medical appointments or make referrals whenever necessary. We saw that people had medical appointment letters within their files and notes had been made by staff to communicate relevant information to one another.

# Is the service caring?

## Our findings

People were happy with the care they received. One person told us, "They care about us here." Another person said, "We are very well looked after, it's like a big family really." A staff member told us, "I think the whole staff team here are caring, we try and create a good atmosphere." We observed that staff interacted with people in a kind and caring manner, for example, one staff member was sat down with a person doing a craft activity and praising them on their participation. We also saw staff giving another person time to talk to them in a private space as they needed to.

People had care plans that contained specific details about their history, likes and dislikes, so that staff could get to know the people they support well. We saw that people had information documented about the things that were important to them, and the things that other people admired about them. The staff we spoke with felt that these were important things to document and helped people receive care that was individual to them.

People felt involved and supported in planning and making decisions about their care. One person told us, "We are always asked about what we want." Another person said "I like to get involved with my care and the staff listen." A staff member told us, "We sit down with people regularly and find out how they want to be supported. It starts before a person even moves in; we involve them with their care and monitor it regularly." We observed that people were offered choice around the support they received; for example, staff offering different activities and different times to do them to fit around a person's other plans.

We saw that information about using advocacy services was displayed on a notice board for people see, and that one person was currently using the service. Another person told us, "I know that the service is available if I need it, the staff can help me set it up."

People told us that their privacy and dignity was respected. One person told us, "I am really comfortable here as I know I have privacy. The staff respect that and we have our own space that they don't come in without permission." A staff member told us, "People's privacy and dignity is very much respected here, I've worked in places where that is not the case, but here it is and it is very important." During the inspection we saw a person offered a private space when they felt that they needed to talk in private. We saw that there were several communal spaces inside and outside where people could go and spend time if they wanted to. We saw records that showed people had personal care needs dealt with in a dignified manner, for example, an individual that needed regular prompting with personal care, had a care plan which outlined the correct way for staff to approach the subject and remain dignified.

People said that family and friends were able to visit the whenever they wanted to. A person told us, "I can have people visit whenever I like and it's not restricted in any way." Another person said, "I have some family quite local and they come and visit sometimes. Mostly I go and stay with them though. I'm going to stay with family over Christmas." The staff we spoke with explained the value of building positive relationships with family members where possible, as it contributed towards recovery and gaining independence for many people."

## Is the service responsive?

### Our findings

People told us they received care that met their needs. One person told us that they regularly met with staff to talk about their support and progress and had input themselves. For example, frequency of personal care routines was a problem for one person, and we saw that the staff had worked hard in compromising with them to meet their health and social needs. Another person said, "There are rules here about respecting one another. We get to discuss them and work out how to get along as best we can." A staff member told us that people were able to make decisions about their care on a regular basis, starting from the initial visits they have within the service when deciding if it is right for them.

People had their individual needs regularly assessed. We saw that people were having monthly care plan review meetings with staff to go over their support and progress, make plans and changes if they wanted to and sign the documents. Staff were able to follow guidelines accurately that were within a person's care plan when responding to behaviours displayed by the person. People had detailed and personalised care plans which tracked progress and needs within different areas of their lives. People had regular assessments by medical professionals to monitor their on-going mental health and progress.

People were encouraged to take part in social activities. One person said, "There was a house trip to Yarmouth, and now I'm planning to go to Longleat for a break. The staff told us that they encouraged social activities with people regularly. One staff member told us, "We take one person regularly to see a family member in a nursing home, and we support another person to visit his girlfriend as he has mobility needs." We saw documentation around staff supporting individuals to budget for activities such as the local gym as they had requested support to attend. The care plans that we looked at contained information about people that was personalised and helped staff to respond directly to their needs.

People had one to one time with staff. One person told us, "I can sit with someone if I need to; the staff are really hard working and make time for me." A staff member told us, "We seek people's opinions wherever possible, we make time for people to feedback to us." We saw evidence within people's files of meetings with staff.

The people we spoke with were aware of the formal complaints procedure. One person said, "I haven't had to make any complaints, but I would speak to the manager if I did." Another person told us, "I have written complaints to management before so I know the system to use. They have responded to me and I was happy with that." We saw that the service had recorded any complaints and formulated an action checklist to deal with them which was checked over by the manager. Information regarding complaints was on display on a notice board within the home for people to access if they required.

People had the opportunity to share their experiences and raise issues when they needed to. People told us that they had regular house meetings which provided them with the opportunity to talk. We saw that meetings had included discussion around topics such as food choices, equipment within the house and social activity plans. Where questions or concerns were raised, an action plan had been created to respond.

## Is the service well-led?

### Our findings

People and staff within the service told us that they felt that the management was good. One person told us that she felt the manager was approachable, regularly available to talk to, and would often help out when required. The staff team also told us positive things about the manager. One staff member told us, "She is very supportive of us all; she gives me the time I need to do things properly." We saw that the manager interacted well with the staff team and was able to help out the staff whenever they needed assistance.

People were actively involved in the development of the service. One person told us, "I've been involved in interviewing for new staff members before, it's worthwhile and I enjoy it." Staff told us that they would regularly seek the opinion of people they support and be led by how they wanted their support to be given.

We saw that the service was well organised which enabled the staff to respond to people's needs in a proactive and planned way. Staff told us that they felt confident within their role because of the positive leadership in place within the service. None of the staff we spoke with had any issues about the service or how it was being run, and were positive about the continuing development of the service, that included plans to refurbish the kitchen and bathroom and replace some carpets within the house. We spoke with the area manager who explained that the house improvements would be taking place early in the New Year and the staff and residents were all looking forward to this. We saw plans and cost breakdowns of the work to be carried out.

Open communication was encouraged within the service. People told us that they met regularly as a group and discussed house issues, plans and progress. Staff also told us they regularly met and were able to discuss things as a team as well as go through people's specific care needs. The manager told us, "We allot time in the staff meetings to combine a monthly in house training schedule." We saw that the schedule included sessions on positive culture, record keeping, health and safety and various other refreshers to the mandatory training for the team.

We saw that the registered manager completed a monthly 'operational feedback report' to track progress within areas such as staffing, clinical issues, physical environment and property, residents, positive stories and more. Quality audits had also taken place within the service in many areas including staff training and supervision, medicines management, care plans, risk assessments and finances. These had taken place at both an internal level by the registered manager, and also by other management within the company.

People had been sent out satisfaction surveys to gather opinion on the quality of the service. These covered topics such as quality of care, safety, management, food, social activity and environment. The manager provided us with a quality survey action plan that outlined the concerns or questions raised from the survey, the action to be taken, and progress monitoring. The manager also told us about plans to update and implement an electronic staff survey to gather more information on quality.