

Woodlarks Workshop Trust Housing Association

The Woodlarks Centre

Inspection report

Lodge Hill Road
Lower Bourne
Farnham
Surrey
GU10 3RB

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Ratings

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

Summary of findings

Overall summary

About the service: The Woodlarks Centre is a care home without nursing for a maximum of 23 people, some of whom are living with a physical or learning disability. There were 22 people aged over 25 at the time of the inspection. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. For more details, please see the full report which is on CQC website at www.cqc.org.uk

People's experience of using this service:

Risks to people were appropriately recorded and managed, and staff were aware of their role in safeguarding people from abuse. People and their relatives told us they felt safe, and there were enough staff to meet people's needs. Accidents and incidents were recorded and analysed for trends.

People's rights were protected in line with the principles of the Mental Capacity Act 2005. Although some people had lived at the service for a long time, the premises was designed to meet the needs of the people who lived there. Staff had the knowledge and training to deliver their role effectively, and ensured people maintained their hydration and nutrition throughout the day.

People and relatives told us staff were kind and caring. People were involved in reviews around their care, and were promoted to be independent where possible by completing tasks. Staff respected people's privacy and dignity.

People's care plans were person centred, and their rooms personalised and decorated to their own taste. There were a wide range of activities available to people, who were encouraged and supported to take part in college courses and employment opportunities. People's end of life wishes were recorded if they were happy to talk about this topic.

People, relatives and staff felt the management team were approachable and were asked for feedback in order to improve the quality of the service. Regular audits took place to identify issues to be resolved which the service took a proactive approach to. The registered manager had already made changes and had more plans in place to improve the service.

Rating at last inspection:

At the last inspection the service was rated Good. The inspection report was published on 5 July 2016.

Why we inspected:

This was a scheduled comprehensive inspection. We inspect all services rated as 'Good' within 30 months to ensure that we regularly monitor and review the quality and safety of the service people receive.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Well Led findings below.

Good ●

The Woodlarks Centre

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, 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 team consisted of two inspectors and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service and learning disabilities.

Service and service type:

The Woodlarks Centre is a residential care home for 23 people. On the day of our inspection, 22 people were living in the home. Many people were living with a physical or learning disability. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We carried out this unannounced inspection on 7 February 2019.

What we did:

We reviewed the information we held about the service. This included the previous inspection report and notifications since the last inspection. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with nine people and four staff. We reviewed care records and policies and procedures. We reviewed four people's care records, and four staff files around staff recruitment, training and supervision. Records relating to the management of the service and a variety of policies and procedures

developed and implemented by the provider were also reviewed. Following the inspection, we spoke with two relatives by telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained safe. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People and their relatives told us they felt safe. One person told us, "I feel safe here because the staff know me. They know if I'm upset and how to make me feel better." Another person said, "They make me feel safe because there is always someone to talk to." A relative said, "I feel my relative is safe because whenever we visit, someone always comes along if she needs help with personal care."
- Staff were aware of their roles in safeguarding and protecting people from abuse. Staff had completed safeguarding training, and were aware of who to inform of any concerns they had. One staff member said, "I would speak to my line manager if I had a safeguarding concern, or the registered manager. I would also contact the Multi Agency Safeguarding Hub (MASH) if I needed to."

Assessing risk, safety monitoring and management:

- Risks to people were appropriately recorded and managed. One person was at risk of falling out of bed. Therefore, a risk assessment around the use of bed rails was completed before the equipment was installed to keep the person safe and prevent avoidable harm.
- People had individual personal emergency evacuation plans. These documents stated how to support people with their mobility and cognition when evacuating the building in the event of an emergency such as a fire. Fire safety checks were completed regularly. People took part in a fire drill twice a year where the evacuation time was recorded and any learning points were discussed.
- The service had a business continuity plan in place. This stated how to ensure people continued to receive safe care and treatment in the event of the building not being usable or other emergencies such as a failure of IT equipment or severe weather effecting transport.

Staffing and recruitment:

- There were a sufficient number of staff to meet people's needs. One person said, "I have a call bell and when I use it the staff respond." The registered manager told us, "We've got enough staff now. We recently agreed that we would have another staff member on the floor which has helped. Plus, we utilise volunteer drivers." We observed people receiving care when required and were not left waiting for a staff member to be available.
- Staff were recruited safely. The provider had obtained proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate for staff employed. However, we identified some improvements the provider could make. For example, one member of staff's application form stated they had worked for three care providers, two of whom they still worked for at the time of applying for employment at The Woodlarks Centre. Despite this, one of the two references obtained for this member of staff was written by a friend. The provider's business manager said the organisation would ensure all the relevant documentation was in

place.

Using medicines safely:

- People received the medicines they required as medicine administration records (MARs) were correctly filled out with no gaps. People had clear protocols in place for as and when (PRN) medicines. The staff member administering medicines wore a 'Do not disturb' bib which other staff members adhered to.
- One person told us staff were supporting them to learn how to manage their own medicines. The person said, "It used to be in a container but now it's in a blister pack, which makes it easier for me."

Preventing and controlling infection:

- People were cared for by staff who followed safe infection control practices. A staff member told us, "We always wear personal protection equipment (PPE), it's a must. We've got always got aprons and gloves available." The home environment was clean and well maintained.
- The registered manager conducted regular spot checks of infection control. They said, "They all wear PPE. I do spot checks on that and it's always ok."

Learning lessons when things go wrong:

- Lessons were learned when things had gone wrong. Accidents and incidents were recorded centrally and the registered manager analysed these on a monthly basis for any trends so that lessons could be learned. For example, in October 2018 the registered manager noticed that someone had been falling frequently. They informed staff to remind the person to use their walking stick when mobilising. This resulted in the person having less falls.

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 our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained effective. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed before they moved in to the service to ensure their needs could be met. Admission assessments contained people's medical conditions and care needs around areas such as mobility, communication and nutrition. The information was used to create people's care plans. One relative told us, "We had a good assessment when we requested to come here. The manager and another staff member came to meet mum."
- The service sent a questionnaire to people and relatives following admission to the home for feedback. Feedback given from a relative said, "Staff were eager to learn residents likes and dislikes."

Staff support: induction, training, skills and experience

- Staff were adequately supported and trained to ensure they had the knowledge and skills to deliver care. A staff member told us, "I've had the training I need to do my role effectively. It's mostly online but we have face to face ones like first aid."
- Individual supervisions with staff were not always held regularly. However, there were plans in place to improve this. The registered manager said, "In future, we are going to ensure that all staff had a minimum of three supervisions a year plus an annual appraisal. There is a supervision tracker in my office which will be used to ensure staff supervisions are kept up-to-date."
- New staff were supported through an induction process. One staff member told us, "We did our induction with the senior carers. They showed us how the care is done, how the hoists are used." We observed a team meeting in which the registered manager told staff members, "We have new staff members, and although they may be care trained, we need you to train them in the way of The Woodlarks Centre. We know that you all have high standards and we need you to promote this with new staff."

Supporting people to eat and drink enough to maintain a balanced diet

- A selection of snacks and drinks were available for people to help themselves to throughout the day. People told us they liked the food. One person said, "I like the food here. There isn't anything on the menu I don't like." A second person told us, "I get a choice of what I would like to eat."
- Food and fluid charts were completed daily for people who required them. The document stated the daily target for fluids and we could see that these were being met consistently.
- The dining experience for people was relaxed and sociable. People were offered a choice of two different meals and people who required assistance with eating and drinking received this either through specialist equipment or support from staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were supported by staff to maintain their health and had access to external healthcare support as necessary. Records showed that appropriate referrals were made to professionals such as doctors, dentists, physiotherapists and community psychiatric nurses. One person was happy to share with another person that they had just found out that the registered manager had succeeded in getting them a new wheelchair.
- There was an effective communication system within the service. A staff member told us, "We do communicate well in various ways. If we pick up anything care wise or notice somebody isn't their usual self we inform one of the carers." The registered manager said, "We are trying to build up the communication, we are getting there. We've started having meals out in town as part of team building which is working."

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

- The design of the premises was suitable to meet people's needs. The corridors were wide and open which allowed easy wheelchair access. There was a lift in place to allow people with mobility issues to access various areas of the building. An outside ramp to other floors of the building ensured that this could continue in the event of the lift breaking down. Bathrooms had been fitted with specialist equipment for staff to use when supporting people with their personal care. People had an individual card or wristband which acted as a key to enter their room.

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 with appropriate legal authority. 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.

- People's legal rights were protected because staff followed the principles of the MCA. A staff member said, "You can't force people to do anything as it's their choice at the end of the day."
- Staff had completed appropriate decision specific mental capacity assessments and best interest decisions where people lacked capacity. For example, one person had a mental capacity assessment and best interest decision around leaving the premises. Their relatives had been involved in the best interest decision and the document noted all the options considered, which was chosen, and if this was the least restrictive option. The appropriate DoLS application had been completed following this.
- The registered manager had created a DoLS application tracker in order to monitor the status of the applications and note when they would need to be resubmitted.

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 our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that people were still receiving a caring service. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that they were supported by kind and caring staff. One person said, "The staff are very nice. Even the new ones treat me respectfully." Another person said, "The staff are really kind and caring and look after me when I'm upset." A relative said, "The staff are very understanding with [my relative]. I'm very happy with the care they receive." A staff member said, "It's like being part of a family rather than living and working in a care home."
- We observed caring interactions between people and staff throughout the inspection. A member of staff hugged one person when they became anxious which helped calm them. Staff and people shared conversations and laughter. Staff knew people well and people told us they enjoyed the company of staff.
- Friendships had developed between people who lived at the home. We spoke to one person who had only recently moved in and had developed a close friendship with another person. This had led to good outcomes for the person as they informed us that they were unhappy at their last care home but were happy at The Woodlarks Centre, "Because I'm occupied every day and have made friends here."

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

- People were actively involved in their care and decisions throughout the day. One person told us, "I just tell the staff and they ask me for my opinion too." A staff member said, "We do a programme for everyday activities, but sometimes they don't want to do that particular thing, so they have the choice to do something else. We listen to them and help them."
- People were involved in reviewing their care plans. A relative told us, "Everyone is involved in the reviews including [my family member]. It's good that everyone is there as you get an overall view of their care needs." The registered manager told us, "People are involved in review meetings and they can choose to have their family there if they wish. They are as and when needed, but even if nothing changes we review their care plan with them every three months." We saw evidence that this was occurring in people's care plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "Staff knock on my bedroom door before entering. When I have a bath, shower or go to the toilet the staff leave me to it, but they know where I am." Another person said, "I get help when having a shower. I have female staff and they are very aware of when I need additional help."
- People were supported and encouraged to be independent where possible. People were encouraged to complete tasks such as laying the table and make their own hot drinks where it was safe to do so. The

registered manager said, "Some of residents do their own laundry, they can make their own tea and coffee and we've made sure the bench for this is lower so everything is reachable."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that people were still receiving responsive care. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had access to a wide variety of engaging activities. One person told us, "The activities are the best thing here. We do activities every day. I really enjoy sailing with Sailability on Frensham Pond which I do every week." Another person said, "I never get bored here." During the inspection we observed a range of activities taking place, such as parachute games, arts and crafts, mosaic making and talking through the papers which occurred every morning. Staff were encouraged to take people on holiday. During a staff meeting, the registered manager told staff, "If you guys want to go on holiday with a resident and I hope you do, we'll let you know exactly what is expected."
- People received personalised care that was responsive to their needs. People's care plans contained information about family, teenage years, medical conditions, professions, hobbies and specific things they enjoy or like to talk about. A relative told us, "We were asked to do a history of [my family member] so the staff could get to know them better."
 - Care plans recorded people's religious and spiritual needs and we saw that these were met. For example, one person's care plan recorded their religion was important to them and daily notes showed that they attended church twice a month. People's rooms were personalised and decorated to meet their own taste.
 - People were supported and encouraged to apply and attend college courses and seek employment opportunities. One person said, "They helped me apply for a college course for reading and writing." Another person said, "I go to college where I've been able to make friends with other people." A further person told us, "[The registered manager] is helping me look for a job working with animals as that is what I love. I'm also going to do a pottery course." In response to this, the registered manager said, "We've got a kennels down the road so their name is on the list for a vacancy."

Improving care quality in response to complaints or concerns

- People knew how to raise concerns and felt comfortable to do so where needed. One person said, "I would need to fill a form out but I would have to have help from somebody I trust."
- There were no complaints recorded. There was also a complaints box in the reception with forms that could be completed if people wished to complain anonymously. The registered manager told us, "The residents have monthly meetings with their key workers and my office door is always open."

End of life care and support

- The service was not providing end-of-life care at the time of our inspection but people were given the opportunity to discuss their wishes and preferences about their end-of-life care. Where people had expressed preferences, these were recorded. For example, one person did not wish to be an organ donor and this was recorded in their care plan. If people preferred not to discuss this aspect of their care, their

wishes were respected.

- People were supported to express their grief when other people passed away. The registered manager told us, "We had a memorial here for a late resident led by the church. We have a memorial garden with plants and a bench in memory of people that used to live here which helps them."

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 our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that this standard had been maintained. The service was consistently managed and well led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and staff felt the registered manager was approachable. One person told us, "She's brilliant, I've grown up with her. She's really good." A second person said, "I love the manager. She is really approachable." A relative said, "[The registered manager and deputy manager] are very approachable." A staff member told us, "You feel you can talk to her if you have any concerns. She's made positive changes like the communication is much better now. We're just like a little family here."
- The registered manager was aware of her responsibilities about reporting significant events to the Care Quality Commission and other outside agencies and ensured these were done in a timely way.
- The management team were aware of people's needs due to working at the service for a number of years. The deputy manager informed us they had been at the service for almost nine years, and the registered manager was senior carer at the service before being appointed as manager. She told us, "I took the opportunity to make changes to benefit people living at the home. For example, staff always got one person up at 6am because this was the person's original preference. However, the person was falling asleep a lot during the day and missing meals and activities." The registered manager said staff stopped waking them at 6am and allowed them to wake up naturally resulting in them being more alert in the day and able to enjoy meals and activities. They also slept better at night.

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

- Regular audits were carried out to monitor and assure the quality of the care that people received. We saw records of regular audits in areas such as medicines, care plans, infection control, pressure mattresses, and health and safety. Improvements identified in these audits were actioned and resolved by staff. For example, a pressure mattress audit in January 2019 identified the service light was flashing on one mattress. The company that oversaw the maintenance of the mattresses was called and it was serviced on the same day.

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

- People, relatives and staff were engaged in the running of the service. One person told us, "They ask us for our opinion regularly in meetings so we feel we have a voice." One staff member said, "We have staff meetings every 3-4 months unless there's any changes we need to know about. And supervision is around every six months." We observed a staff meeting taking place on the day of our inspection. The meeting included a wide range of staff including managers, care staff, the chef, and activity coordinators. The

chairperson for the meeting went through the agenda and allowed time for staff to raise questions. Staff members were very engaged with the meeting and were not scared to raise any concerns they had.

- People were involved in the running of the service. Residents meetings took place with people once a month, where they were asked for feedback on activities, food and the service they received. People were asked for their ideas for improvements. Feedback was also gathered from an annual questionnaire given to people. They were able to respond anonymously, and we saw that all feedback given in last year's questionnaire was positive with no issues raised.
- Relatives were also sent questionnaires to complete to feedback their opinion on the service. In the most recent questionnaire, relatives had fed back comments such as, "The positive atmosphere is palpable. I am certain my brother will flourish here" and "We don't think the progress she has shown would have been even a fraction of this if she were anywhere else."
- The registered manager sought feedback from visiting professionals. Feedback gathered was positive. A social worker had stated, "I found the service to be good. All care plans were in order. The resident and her family are happy with the service." Another social worker said, "Very focused on the individual needs of all service users. Good communication, good reports and risk assessments. Lovely place to visit and has a nice aura about the place."

Continuous learning and improving care; Working in partnership with others

- The registered manager was keen to find ways to improve and adapt the service for people. The registered manager told us, "Some people have been here for up to 48 years so will be planning to adapt to meet their needs. All of the rooms have hoists and wet rooms so we're ready for that. Only if they have high nursing needs they will need to move."
- Another change the registered manager had made was to the location of the office to ensure they were more accessible to people. The registered manager's office had previously been upstairs but was now more accessible and visible to people. The registered manager said people now regularly came to the office to speak with her or the deputy manager, which had not been the case previously.
- The service worked in partnership with external organisations to improve the care people received. There were links to local churches so people were able to practice their faith. The registered manager also told us, "We have a lady that comes with a dog every Tuesday." One person told us that she really enjoyed this activity and looked forward to it every week.