

Care Support and Domestic Services Limited

Woodlea Residential Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

We inspected Woodlea Residential Care Home on 8 and 29 September 2016. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting the first day or exactly when in the following weeks.

Woodlea Residential Care Home is a registered service providing accommodation and support to 15 adults with mental health needs. They are also registered to provide personal care to people living outside the home but at present are not offering this service. However, the registered provider anticipates that they will in the near future as they are in the process of refurbishing some flats they have purchased in order to create a supported living service. The philosophy of the service is to maximise the potential of each resident and to develop and maintain independence.

The registered manager has been in this role for over four years. 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.

At the time of the inspection 15 people lived at the service and we met seven of the people who used the service. They told us that they were very happy with the service and found it met their needs.

Most of the people we met had lived at the service of a number of years and some had been there for 20 years. We found that the registered provider, registered manager and staff consistently ensured people were supported to lead an independent lifestyle. We found that most of the people did not require support with personal care and led independent lifestyles.

Three of the people we met needed assistance to manage their care needs and required a high level of emotional support when dealing with every aspect of day-to-day life. We saw that staff were very skilled at meeting people's needs and reducing the distress they may experience. Staff could identify triggers that would suggest people's mental health was deteriorating. We found that the staff's extensive knowledge of people had enabled them to readily spot changes in people's presentation and this had led to the staff taking prompt action to contact the person's doctor and community psychiatric nurse.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans.

We saw that the care staff cooked the meals for people and encouraged them to eat a healthy diet. Some of the people were being supported to learn the skills to cook their own meals and complete the shopping.

We saw there were systems and processes in place to protect people from the risk of harm. We found that staff understood and appropriately used safeguarding procedures.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Staff were aware of how to respect people's privacy and dignity.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control and first aid as well as condition specific training such as working with people who had mental health disorders and the use of Mental Health Act 1983 (amended 2007).

Staff had also received training around the application of the Mental Capacity Act 2005. The staff we spoke with understood the requirements of this legislation. When people had capacity staff correctly did not complete capacity assessments or make best interest decisions but for those people who lacked capacity this was in place.

People and the staff we spoke with told us that there were enough staff on duty. We found that on the whole there were sufficient staff on duty to meet people's needs. However, we discussed the impact three people's need for constant reassurance was having. The registered provider agreed that these people would benefit from the ability to access personal assistants who could support them to use local community resources and become engaged in activities in the home. The registered provider discussed the steps they were taking to access this type of support.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the provider had an effective system in place for dealing with any complaints. We found that people felt confident that staff would respond and take action to support them.

We found that systems were in place to ensure the building was well-maintained. On the first day of our visit we noted that the extractor fan in the lounge was ineffective and pointed this out to the staff. When we visited on the second day this had been repaired and the registered manager had reviewed all the extractor fans and made sure, where necessary, these were cleaned and repaired.

Most people who used the service smoked. In light of this the home had received an exemption from the smoking regulations to provide a lounge where people could smoke. A second non-smoking lounge was provided and this was located in the basement. Although tastefully furnished and decorated we found it was

not used and the three people who did not smoke sat in the dining room. Dining room seats were used in this area and we noted that for one person this was potentially exacerbating the swelling to their ankles. We discussed this with the registered provider who promptly obtained a reclining chair and also looked at how people could be encouraged to use the downstairs lounge.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the service.

The registered provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the provider had implemented these and used them to critically review the service.

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.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the provider.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005 and Mental Health Act 1983 (amended 2007).

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

This service was caring.

Staff were extremely supportive and tailored the way they worked to meet each person's needs.

We saw that the staff were empathic and effectively supported people to lead independent lifestyles.

People were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how the support needed was to be provided. These plans were tailored to meet each individual's requirements and reviewed on a regular basis.

People were involved in a wide range of everyday activities and led very active lives.

A complaints procedure was in place and followed. We found that the views of the people were regularly sought to check if they were happy with the service.

Is the service well-led?

Good ●

The service was well led.

The service was well-led and the registered provider and registered manager were effective at ensuring staff delivered effective care and treatment.

We found that the registered provider was very conscientious and critically reviewed all aspects of the service then took action to make any necessary changes.

There were effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the service had an open, inclusive and positive culture.

Woodlea Residential Care Home

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 checked 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.

An adult social care inspector completed this unannounced inspection of Woodlea Residential Care Home on 8 and 29 September 2016.

Before the inspection we reviewed all the information we held about the service. The information included reports from local authority contract monitoring visits.

During the inspection we met with seven people who used the service. We also spoke with the registered provider, registered manager and a senior support worker and two support workers.

We spent time with people in communal areas and observed how staff interacted and supported individuals. We also looked around the service. We looked at four people's care records, five staff records and the training records, as well as records relating to the management of the service.



Our findings

People told us that they were happy and liked the staff and they thought the service met their needs.

People said "Staff do what they should do." And, "I like it here." And, "The staff are really helpful."

Staff told us that they regularly received safeguarding training. We saw that all the staff had completed safeguarding training this year. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered provider would respond appropriately to any concerns. We saw that abuse and safeguarding was discussed with staff on a regular basis.

We found that procedures were in place to assist staff to understand whistleblowing [telling someone] processes and staff told us that they felt confident about raising any worries. The service had up to date policies in place that were reviewed on a bi-annual basis. We saw that these policies clearly detailed the information and action staff should take, which was in line with expectations.

We found that a senior support worker and two support workers were on duty during the day and overnight there was one waking support worker and a senior support worker who provided sleep-in cover. During the week the registered manager worked at the home from 9am to 5pm. People told us that this was sufficient but we saw that one person would benefit from the use of a personal assistant as they preferred being out from the home the majority of the day but lacked the capacity to do this independently and remain safe if on their own.

Through our observations and discussions with staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. We saw that a senior support worker and two to three staff were on duty during the day and a support worker provided cover overnight via a sleep-in. The registered manager worked during the week as an additional supernumerary staff member.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. Staff could clearly talk about what they needed to do in the event of a fire or medical emergency. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies.

We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

We confirmed that checks of the building, fire alarms and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT), which is a check to show that items such as televisions are safe. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed people's care records and saw that staff had assessed risks to each person's safety. Records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as accessing the community, managing their vulnerability to exploitation and smoking. This ensured staff had all the guidance they needed to help people to remain safe.

We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS). The DBS checks if people have been convicted of an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the service.

Staff obtained the medicines for the majority of people who used the service. Each person's medicines was kept securely and there were adequate stocks of medicines. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. Staff responsible for administering medication had been trained and their continued competency to complete this task was checked every six months. We spoke with people about their medicines and they said that they got their medicines when they needed them.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Each person had an up to date Personal Emergency Evacuation Plans (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We saw that personal protective equipment (PPE) was available around the service and staff explained to us about when they needed to use protective equipment.



Our findings

People told us that the staff understood them and knew how to effectively support them. They told us that staff had a very good knowledge of how to support people with mental health needs and that because of the staff support they had remained well.

People said, "The staff really know their stuff and I think this has helped me to stay out of hospital for so long." And, "I am pleased with the service and staff. I have lived here a good few years now and find they always make sure we are alright."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. At the time of the inspection three of the people were subject to a Deprivation of Liberty Safeguards (DoLS) order. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. They also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The registered provider was aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

We also found that staff had a good understanding of the requirements of the Mental Health Act 1983 (Amended 2007) and made sure the Code of Practice was followed. They supported people who were subject to conditional discharges from sections and Community Treatment Orders understand the conditions that were applied and to understand their right to appeal this section.

From our discussions with staff and the review of the care records we found that they had a very good understanding of each person's care and support needs. We saw records to confirm that staff encouraged people to have regular health checks and, where appropriate, staff accompanied people to appointments. We saw that where people had conditions that needed regular review, staff ensured this happened and that everyone went for annual health checks.

We found that the people organised and cooked their own meals but staff were available to support them undertake this tasks. We heard that all of the staff were good at cooking and took pride in making healthy meals that people enjoyed. From our review of the care records we saw that nutritional screening had been completed for people who used the service.

We confirmed from our discussions that the staff and review of the records that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training around working with people who mental health needs. The registered manager told us that staff were required to undertake annual refresher training on topics considered mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, infection control and first aid. We found that staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service.

We saw that when staff commenced work at the service they completed an in-depth induction programme. This included reviewing the service's policies and procedures and shadowing more experienced staff. We found that new staff, where appropriate were completing the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. One of the senior support workers we met had recently started work at the service and told us about their induction, which had included refresher mandatory training and shadowing the other staff.

We found that the registered manager had ensured that the staff completed supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw that records for the recent months showed that staff had received an appraisal and at least three supervision sessions. Also a plan was in place to ensure staff continued to regularly received supervision.



Our findings

People told us staff were very supportive and caring.

People said, "I have lived here for years and find that the staff have always been kind and caring." And, "The staff are always friendly and seem to want the best for us." And, "I can't compliment them enough as they are excellent."

The registered provider, registered manager and staff that we spoke with showed genuine concern for people's wellbeing. They were ensuring people led very active and engaging lives and that all the support was person-centred. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

We found that the majority of the people were very independent and went out on a daily basis. The staff supported the people who were less independent to lead active lifestyles. The registered provider was in the process of enabling people to access personal assistants so that they could go out more frequently and for longer during the day.

The registered provider discussed how they and staff worked with people to find triggers for deteriorations in their mental health and we found this work had assisted people to reduce the adverse impact of their conditions on their day-to-day lives.

We found that staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw that staff understood the needs of the people and actively monitored people's mental health. The people who used the service described how staff had supported them and we heard how people's active symptoms of their mental health conditions had reduced. We found that where people were unwell staff had a range of techniques that supported the individuals to enhance the quality of their lives.

We found that the care records were very detailed and informative. The support plans and assessments clearly outlined each person's individual needs and were very person-centred. We found that staff worked in a variety of ways to ensure people received support they needed. For instance staff had supported one person to find ways to deal with their emotions and another person to reduce inappropriate contact with

emergency services.

The home had three communal areas, one of which was a designated smoking area. We found that people tended not to use one of the lounges and sat in the dining room. We discussed this with the registered provider who was looking at ways to encourage people to access this communal area as the dining room did not have arm chairs or reclining seats. One person who sat in the dining room all day had circulation issues so this type of seating was not helpful. Following our visit the registered provider brought a reclining chair for this person to use.



Our findings

We found that the registered provider was a strong advocate for people and they critically reviewed the service to make sure staff followed best practice guidelines. They were committed to empowering people who used the service to live fulfilling lives and reach their potential.

We found the care records were comprehensive and well-written. They clearly detailed each person's needs and were very informative. We found that as people's needs changed their assessments were updated as were the support plans and risk assessments. We found that the registered manager and staff were extremely knowledgeable about the support that people received. They could readily outline what support plans were in place and the goals of each plan and could identify the smallest of changes in people's presentation. The people we spoke with told us they found that the staff made sure the service worked to meet their individual needs.

We saw that staff had given consideration to the impact of people's mental health upon their ability to understand events and engage in every-day activities. We heard how people were encouraged to join in local community events.

We found that resident meetings were regularly held and reviewed the minutes from the recent meetings. Within the minutes we saw that people were consistently asked for their views about the operation of the service and where improvements could be made, such as around activities. Action was taken to incorporate people's views into the plans.

We saw that people were regularly seen by their clinicians and when concerns were raised staff made contact with relevant healthcare professionals. For instance where people had changes in their mental health, the staff had contacted the GP, consultant psychiatrists and community psychiatric nurses. Their contacts had led to prompt responses from these clinicians and actively prevented a further deterioration in individual's health.

We confirmed that the people who used the service knew how to raise concerns and we saw that the people were confident to tell staff if they were not happy. The registered provider had developed an accessible complaints procedure, which was on display. We also found that relatives were provided with a copy of the complaints procedure. Staff told us that they were very comfortable being advocates for people. We found the registered provider and staff were always open to suggestions, would actively listen to them and resolved concerns to their satisfaction.

We looked at the complaint procedure and saw it clearly informed people how and who to make a complaint to and gave people timescales for action. We saw that no complaints had been made in the last 12 months. The registered provider discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the complaints procedure.



Our findings

We found that people were routinely consulted and found they spoke very highly of the service, the registered manager, the staff and the registered provider. They thought the service was well run and completely met their needs. They found that staff recognised any changes to their needs and took action straight away to look at what could be done differently.

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the care delivered was completely person centred. We found that the registered provider and registered manager ensured the service was safe, responsive, caring and effective. We found that under their leadership the service had developed and been able to support people with complex mental needs and enabled people to be able to manage their symptoms.

Staff told us they felt comfortable raising concerns with the provider and found them to be responsive to their comments. Staff told us there was good communication within the team and they worked well together.

The service had a clear management structure in place led by an effective registered provider who understood the aims of the service. The registered manager ensured staff kept up to date with the latest developments in the field and incorporated them, when appropriate, into the services provided at Woodlea Residential Care Home.

We found that the registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the registered provider had effective systems in place for monitoring the service, which were fully implemented. Monthly audits of all aspects of the service, such as infection control, medication and learning and development for staff were completed. The registered provider took these audits seriously and used them to critically review the service. We found the audits routinely identified areas they could improve upon. We found that the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. We found that strong governance arrangements were in place and these ensured the service was well-run.

Staff told us that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that they were encouraged to share their views. They found that their suggestions were used to assist the registered manager to constantly review and improve the service.