

Lifeways Community Care Limited

Woodland Grove

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

About the service:

Woodland Grove is a 'care service' People in care services receive accommodation and nursing or personal care. CQC rates both the premises and the care provided, and both were looked at during this inspection. Woodland Grove accommodates up to 10 people with a learning disability. At the time of our inspection there were six people living at the service.

People's experience of using this service:

We carried out an unannounced targeted inspection of this service in September 2018 where we found improvements had been made since the full comprehensive inspection which was carried out in April 2018. At this inspection we found that the service has consistently improved in areas of concern and they have taken on the comments made at previous inspections and put actions in place to improve the quality of the service and make it safe for people to live.

The management has changed and there is now a dedicated service manager as well as a registered manager. This has improved support for the staff team which has in turn improved the care and support for the people using the service.

The cleanliness of the service has improved significantly, having all bath and shower rooms refurbished with materials which are easier to keep clean and free from infection. New processes for cleaning and monitoring the cleanliness of the service are now in place and there were no malodours.

The people we spoke to told us that Woodlands Grove is a good place to live. We observed people being treated with kindness, dignity and respect. Relatives told us that they had confidence in the service and that improvements had been made since Lifeways had taken over the service.

Peoples health and social care needs were managed well by the management and the staff team. Needs were identified at an assessment and plans put in place on how to best provide care and support tailored to meet those needs. Support plans were being improved to ensure that they were a working document and the information was accessible and useful for the staff.

People participated in a range of activities that met individual choices and preferences. Staff understood the importance of this for people and provided structured support people required. This enabled people to achieve positive outcomes and promoted a good quality of life.

Rating at last inspection: At the last inspection in October 2018 we found two breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The service was rated requires improvement in the Safe and Well led domains and the overall rating was requires improvement.

Why we inspected: This was a planned inspection based on the rating at the last inspection. We saw

significant improvements since our last inspection. There was a new management structure including a registered manager and a dedicated service manager. Improvements had also been made to the building which improved the safe domain.

Follow up: We will continue to monitor this service and any intelligence we receive until we return to inspect under our inspection programme.

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.	Good ●
Is the service effective? The service was Effective.	Good ●
Is the service caring? The service was Caring.	Good ●
Is the service responsive? The service was Responsive.	Good ●
Is the service well-led? The Service was Well-led.	Good ●

Woodland Grove

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 was carried out by an inspector and one inspector manager.

Service and service type:

Woodland Grove is a care home who provide care for up to six people with a learning disability. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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:

The inspection was unannounced and inspectors visited on 25 March 2019

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We did not request a provider information return but gave the registered manager and the service manager the opportunity to tell us what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with one person using the service, three relatives, three members of staff, a team leader, the registered manager and the service manager. We reviewed a range of records. This included four people's records, five staff file in relation to recruitment, training and supervision. We reviewed records relating to the

management of the home and a broad range of policies and procedures which had been developed and implemented by the provider.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Preventing and controlling infection

- At our last inspection infection control was poor and the service wasn't clean. There have been significant improvements made in this area. Bath and shower rooms had been refurbished and there was suitable wall and floor covering to ensure that it was easier for staff to keep the rooms clean and free from infection.
- The service manager explained that they were now using disposable mop heads. These could be used in communal areas for one day and then disposed of. In toilets and bathrooms, the heads were replaced after each use to reduce the risk of infection.

Systems and processes to safeguard people from the risk of abuse

- The service manager and staff understood their responsibilities to safeguard people from abuse and avoidable harm. Concerns and allegations were acted upon to make sure that people were kept safe.
- Staff were aware of the signs of abuse and the importance of observing changes in people's behaviours when they may not be able to communicate their feelings verbally.
- Information about safeguarding was available to staff and visitors and people were actively encouraged to report anything which was causing concern. There was a notice on the staff toilet door encouraging people to whistle blow should they have any concerns about the service or the safety or care of the people using it.
- Staff felt strongly about protecting people from abuse and avoidable harm and they demonstrated a good understanding of this and who relevant stakeholders who they may contact outside of the organisation. Staff demonstrated a good knowledge of what they would do should someone have an accident and injure themselves.

Assessing risk, safety monitoring and management

- A system was in place to record and monitor incidents but this was included in the ABC charts which are charts to document incidents of challenging behaviour. The service manager accepted that this should be more comprehensive and include detailed accident forms where harm had taken place. The service manager said that they would amend the forms and make the process more comprehensive and relevant not confusing behaviours that challenge with incidents and accidents.
- Appropriate checks of the environment and equipment were taking place including five-year electrical test, legionella and PAT testing.
- Detailed risk assessments were in place in care planning and reviewed as necessary. This was done as people's needs changed or they took part in a new activity.
- When people displayed behaviours that may challenge, staff knew how to respond to help alleviate any distress or risk of injury to the person or others.
- The environment and equipment was safe and well maintained. People were involved in practice fire drills, any risks identified during the drill were assessed to ensure people could evacuate safely. . Personalised

plans were in place to guide staff and emergency services on the support people required in these circumstances.

Staffing and recruitment

- Staffing levels were calculated according to people's needs. There were enough staff to support people safely and to ensure that people's needs could be met, including staff support for participating in activities and outings.
- Staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- New staff shadowed staff who were more experienced so that they could become familiar with the environment and people's needs. Continuity of staff was important to people living at the service and the registered manager told us that they had worked to build the staff team to ensure that they achieved this continuity.
- There were some documents missing from staff records which a provider should ensure is in place before allowing a new member of staff to start work with vulnerable adults. The provider had requested additional documents from staff such as ID. The provider had systems in place to obtain these records in future.
- One staff member told us about the recruitment process they had undertaken. This was thorough and the staff member said, "I was told everything I needed to know, I had time to read the support plans and undertake shadow shifts. The team leaders were fantastic."

Using medicines safely

- Medicines were managed safely and stored securely. We observed medicines being administered safely and people were supported to take their medicines in the way they preferred. Staff told us they had training in safe handling of medicines.
- There were robust medicines audits in place. Daily temperature checks on medicine fridges and the clinical room were undertaken to ensure the storage of medicines at optimal levels was monitored.
- There was good information for staff on the medicines people took and any possible side effects they should look out for.
- There were protocols in place for the use of medicines given on an 'as required' basis to ensure people received these safely and when they needed them. There was also information about how prescribed emergency medicines should be administered if for example someone had a seizure.

Learning lessons when things go wrong

- The service manager and registered manager were clear about learning when things go wrong and had set about improving in all aspects of the service since their inspection in April 2018. There had been improvements in the environment monitoring and records including support planning and risk assessments.
- The service manager stated that they had not had any complaints or compliments. We suggested new ways of enabling people to give feedback in alternative formats to make it easier to gain further information regarding what people think about the service.

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

Good: ☐ 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

- We were told that people had been assessed prior to living at Woodland Grove, however the electronic documents had not been handed over from the previous provider and therefore we did not see the initial assessments. This meant that the registered manager and staff had built on the information provided in the care plan.
- Management and staff assessed needs and updated support plans and risk assessments to ensure that information was current and that care was provided in line with requirements. This included information and assessments provided by professionals on how to best support people.
- The provider supported staff to deliver care and support in line with best practice guidance. People had information in their care planning from professionals involved in their care. This helped staff to best care for people and gave advice and guidance of managing specific conditions and behaviours that may challenge where this was the case.
- People's characteristics under the Equalities Act 2010 were identified as part of their needs and were appropriately supported. We saw people's needs were documented in their care plans and was met in practice and a staff member confirmed this. This included people's needs in relation to their culture, religion, diet and gender preferences for staff to support. Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's equality and diversity needs were met. This was also incorporated into the questions at interview where they needed to ensure that staff would be able to support with worship.

Staff support: induction, training, skills and experience

- People were supported by staff who had received adequate training and the skills knowledge and experience to best meet people's needs. Staff had a thorough induction process and shadowed experienced members of staff so that they gained confidence and knowledge. This enabled them to get to know the people living at Woodland Grove and to support them appropriately.
- One relative told us that regular staff were essential and when the service had used bank staff, the bank staff had been disengaged and uninterested in the people living at the service. The service manager told us they had carried out recent recruitment which should mitigate using any staff other than their own trained support staff.
- Staff told us they received a range of training designed to meet the needs of people using the service. One member of staff said, "I have received lots of training such as, learning disabilities, autism, bipolar, cerebral palsy and I am waiting for a refresher on British sign language and Makaton." (Makaton is another form of sign language.) Another member of staff said, "I have done online training such as NAPPI, (non-abusive psychological and physical intervention) I am waiting to complete the remainder of my mandatory training when I receive a password to access the online training."

- Supervisions were not being carried out in a consistent timely manner and although there were some records. They were not signed to confirm attendance at supervision. One of the supervision records had three supervision dates on which meant they should have had all three on the dates stated. This didn't happen in the majority of cases which meant that supervision did not happen regularly as laid out in the policy. However despite the lack of evidence staff told us they they received regular supervisions which offered them the opportunity to discuss their performance and future development. Staff told us they found these useful but some would welcome more development opportunities. One member of staff said, "I could ask for more training during my supervisions".

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

- People's needs and preferences around nutrition and hydration were well managed. People told us that the food was good at the service and different diets were catered for. There were meetings with people who used the service, they discussed what they would like to eat each day and people were given a choice to influence the menu each week. One person told us "I go shopping and have sweets and pop." The care staff told us that this was what the person liked to do and was a snack which the person could choose themselves. One relative told us "[name] would always say what they like and what they don't like and staff accommodate their choice."
- The service manager told us that they were trying to get people to eat more fruit as snacks to encourage healthy eating. There was a variety fruit available in the kitchen and soft fruit in the fridge.

Staff working with other agencies to provide consistent, effective, timely care

- Managers and staff regularly involved professionals to advise and support people living at the service. This was reflected in the support planning and the information was incorporated into the plans so all staff could see if there were any changes
- The service manager had introduced staff memos which was a new way of ensuring staff were aware of any changes to people or any part of the service. The service manager explained that previously information did not get to all staff consistently and so had introduced different ways of communicating to ensure a consistent approach.

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

- The service was designed and adapted so that people could move around the service freely and safely.
- People's rooms were personalised, we saw one person's room with a large chair in front of a television because they liked to watch a lot of DVD's. Another person was going to choose some new bedroom furniture as theirs was becoming old and some parts were broken. The person said that it was too big and they wanted a wardrobe which was smaller.
- One relative told us that the staff were keen to have people's choice when decorating their room. They told us "[name] had a scene from a favourite film for a while and eventually over a period of time they appeared to fear the characters and they had it painted out."
- There was accessible information available and menus were displayed in a pictorial format so that everyone using the service could access the information in a way that they could understand.
- The service manager told us that they were still making improvements to some areas including the communal lounge. They explained that they were aiming to make it homelier and have some pictures on the walls and change the blinds. At the last inspection the registered manager told us that there were plans to improve the lounge area as staff informed us that it could make people anxious and upset. The last inspection was a focussed inspection under the domains of 'safe' and well-led' the lounge concerned was one of the focus areas in the report and the work still had not been undertaken.

Supporting people to live healthier lives, access healthcare services and support

- When people needed support from healthcare professionals this was arranged and staff followed guidance provided by healthcare professionals Information was shared with other agencies if people needed to access other services such as hospitals.
- People were encouraged to take part in a variety of activities including walking around the local area, swimming and activities outdoors. People are encouraged to be active and maintain good health.

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. We found that they were and the service manager had developed a matrix to ensure that DoL's authorisations were applied for when they were due each year and that any conditions were being met.

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

Good: ☐ 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

- Staff speak to people in a respectful manner, people were given choices and staff had time to spend with them.
- We saw staff talking to a person who was making a list of activities they wanted to do at the day centre. The staff member told us 'They love it there, they are supported to do different things like swimming and [name] really looks forward to going.'
- Staff spoke respectfully to people and showed a good knowledge of people's needs and preferences.

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

- Staff could tell us about and records confirmed that people's views about how they preferred to be supported had been acted on to promote their health and wellbeing. Staff followed guidance and best interest decisions in this respect and understood people's rights to make choices even if they were unwise.
- One relative told us, "[name] has visits with a sibling which is some distance away. Carers support them to meet half way so that they can spend some time together." It was important to the person to see family as frequently as possible to maintain good relationships.

Respecting and promoting people's privacy, dignity and independence

- Staff offered people the opportunity to spend time as they liked and offered them opportunities to try new activities.
- We observed staff waiting patiently and responsively for an answer to a question, not attempting to rush the person into a decision.
- We observed how people were treated with dignity and respect and provided compassionate support in an individualised way. This was with personal care where we heard staff talking in a calm and caring way explaining what they were going to do next and waiting until the person was ready.
- Staff demonstrated a good understanding of supporting people who exhibit behaviour that may challenge.
- People's relatives are encouraged to visit when they wished which was important to maintain and improve family relationships..

Is the service responsive?

Our findings

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

Good: ☐ 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 received opportunities of social and community activities. People had activity plans that reflected their personal preferences of leisure, recreation and social activities. One relative told us that their relative liked to attend church as this had always been part of their life. Staff supported them to visit the local church regularly and the service had sourced a church which played hymns and reflected the service which was familiar to them.
- People living at the service were given the opportunity to choose what they liked to do, and relatives were involved where appropriate. One relative told "[Name] will be very vocal and soon let them know what they want and staff always listen to them."
- People's communication needs and preferences had been assessed and guidance was provided to staff. This included alternative methods such as pictures and Makaton (a form of sign language).
- People received a full assessment prior to moving into the service to ensure that the care and support was right.
- We noted that a person was in distress and heard a staff member reassuring and calming the person.
- There was a comprehensive care plan around sexuality and the needs of the person. This was written in a dignified and professional manner. The information provided good guidance to enable the person to be supported to maintain their dignity and respect in a very sensitive and personal situation.
- People were involved in activities they liked, this included shopping, dancing, going to the cinema and meals out. One person was supported to go to a day centre where they were offered a range of activities which they could choose to do. Staff explained that the person wrote a list of what activities they would like to do before going and really enjoyed the different things the centre offered.
- Meetings were held for people using the service. People were asked their opinion on different aspects of support, diet and activities and communicated through Makaton if unable to communicate verbally, people could understand verbal communication but responded in sign language. Feedback was acted upon.

Improving care quality in response to complaints or concerns

- The service manager told us that they hadn't received any complaints or concerns but could explain how they would deal with the complaint or concern and that they would make changes to improve matters where relevant. Relatives told us that they would report any concerns directly to the support workers who would take this forward. Relatives had confidence that staff providing support would ensure that any issues were dealt with to the satisfaction of the relative in the person's best interest.
- There was a complaints policy in place and relatives knew how they could make a complaint should it be necessary. One relative told us that they would approach the staff in the first instance as they would respond and approach the manager where necessary.
- The service had responded to the majority of the concerns raised at the last inspection and had planned

improvements which were being realised. Managers acknowledged the importance of making the improvements following a complaint to ensure people were safe and well cared for. Relatives told us that the majority of the staff were excellent and knew the support needs of the people living at Woodland Grove. They also told us 'They are really caring and respond to any concerns we have regarding care or anything else.'

End of life care and support

- The service had information on end of life care but there were no detailed plans.
- One relative told us that they had recently lost a family member and the management had wanted to use appropriate material designed to explain death and dying. Staff told us that they decided to talk to the person and explain in a way that they felt they would understand. This resulted in the person accepting the news and being supported to attend part of the funeral.

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

Good: ☐ 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

- Support planning was being changed to a more comprehensive, user friendly system. There were older support plans available which had the information required in all aspects of care and support. The new planning was to improve the way that information about people could be captured and to make the process more straightforward/simple.
- The registered manager was notifying us of events within the service. A notification is information about important events which the provider is required to send us by law.
- Improvements had been made to identify risks and act to monitor the quality and safety of the service people received. People's records were being organised in a better way to monitor that the information was up to date and accurate.

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

- Since the service was inspected in April 2018 when there were breaches of legal requirements. It also received a targeted inspection in the domains of Safe and Well-Led in September 2018. This saw some improvements in areas highlighted to be of concern. The registered manager and the service manager have put new systems and processes in place to improve performance. This is starting to improve the service and monitor systems and processes better as well as the care and support. Improvements had also been made to the building which improved the safe domain.

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

- Team leader meetings took place regularly and any concerns regarding the service were discussed and information communicated to the staff team. One included concerns from the local authority regarding medication and the actions were discussed and agreed. There was also information on infection control including cleaning and checks on the kitchen area which actions were relayed to the staff team to ensure everyone knew what was expected.
- Staff spoke openly about how they would support someone with protected characteristics to ensure their personalised needs were met. One member of staff said, "Staff would support people whatever their gender and make sure they received the additional support from social workers so they all were aware of the individuals decision making. We would also support people with relationships taking into account their capacity and Best Interest decision making".

Continuous learning and improving care

- Staff we spoke with were confident to report through any incidents or accidents that occurred and felt that any learning from these were shared with the whole team so that they could all learn from it.
- Management had developed a system of staff memos to inform staff of any information they needed to be aware of. This included policy or procedure, learning from when things go wrong or any changes in support needs for a person. The service manager told us that this system was working well and that staff had embraced it and it kept them informed.

Working in partnership with others

- People were supported to access health and social care services as required. Referrals had been made appropriately to specialist health teams and professionals had a good relationship with the service. One relative told us that [name] had ongoing problems with stomach upsets and that the service had engaged with a dietician to advise the appropriate treatment and diet.