

Parkcare Homes (No.2) Limited







Woodpecker Lodge

Inspection report

Weir End House
Weir End
Ross on Wye
HR9 6AL
Tel: 01989 567711
Website:

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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	

Overall summary

This inspection was carried out on 3 February 2016 and was unannounced.

Woodpecker Lodge provides accommodation and personal care for up to seven people who live with a learning disability.

At the time of our inspection there were five people living at the home. There was a registered manager in post. 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 and associated regulations about how the service is run.

People felt they received care and support that met their needs. Staff treated everyone with dignity and respect and were kind and caring. We saw that people had positive relationships with staff and the atmosphere in the home was calm and relaxed. They felt they got the support they needed when they needed it by staff that

Summary of findings

knew their needs. People told us that they were supported to take their medicines when they needed them. We found that their medicines were managed safely.

People had access to other health professionals and were referred to them by the registered manager if there were any concerns about their health needs. Where recommendations had been made by other professionals regarding people's diet or health needs these had been acted upon.

People told us that they were able to make choices regarding their care and support. They received care that was centred on them as individuals and people's independence and freedom of choice were promoted and supported. People were able to make choices about what they wanted to eat and drink. They told us that the food was good and we saw that people had choice of fresh nutritious food.

Staff were supported and had access to regular training and supervision. Where needed staff had more specific training around people's complex health needs. Staff felt that they were able to contact the registered manager or provider at any time if they needed support or guidance.

People were kept safe from harm by staff who knew how to recognise and report any concerns about people's safety. There were enough staff on duty to respond to people's health needs at the times when they needed support. The provider completed checks to ensure staff were suitable and safe to work at the home.

People found the staff and management approachable, willing to listen to their views and opinions. People were aware of how to complain and who to complain to. Feedback from the people that lived there was gathered on a regular basis and any areas identified for action were acted upon. Also a range of audits and checks were completed regularly to ensure that good standards were maintained. People were encouraged to be actively involved in the running of the home through regular meetings.

Summary of findings

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.

Staff had the skills and knowledge to protect people from harm and provide care and support that was safe. People had the correct support to take their medicines safely.

There were sufficient staff to meet people's health needs.

Good



Is the service effective?

The service was effective.

People were supported to access different health professionals when needed. People had the support they needed with preparing meals or with eating and drinking.

Staff asked people's permission before they supported them.

Staff felt supported and had regular access to training and supervision.

Good



Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect.

People were involved in planning and reviewing their care and support. Care and support was person centred. People were supported to have choice and to be involved in all aspects of their care.

Good



Is the service responsive?

The service was responsive.

People had their health needs responded to appropriately. Where people's needs changed the staff worked with other professionals to ensure that their needs continued to be met.

People were able to raise concerns and were confident they would be listened and responded to.

Good



Is the service well-led?

The service was well led

The provider monitored the quality of the service by a variety of methods including checks, audits and feedback from people that lived there. They used the information to make improvements to the service.

Staff felt supported and motivated and spoke about the encouragement they received from management to provide a good quality service.

Good



Woodpecker 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 unannounced visit took place on 3 February 2016 and was carried out by one inspector.

Before the inspection we reviewed information we held about the provider including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the

provider is required to send us. We also asked the local authority for any information relating to Woodpecker Lodge. They were positive about the service provided at Woodpecker Lodge and had no concerns.

During our visit we spoke with three people who lived at the home, three members of the care staff, the deputy manager, regional manager and three relatives. We also received feedback from health and social care professionals including a doctor and a social worker. They did not have any concerns about the care and support provided. We spent time looking at the care people received in the shared areas of the home where people were happy to share their experiences of life at the home. We also looked at three people's care records focusing on people's care plans and risk assessments.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

Is the service safe?

Our findings

People said that they felt safe living in the home. One person said, “The service is amazing. You always feel safe here”. Relatives also told us that they felt Woodpecker Lodge was a safe place to live. Another person told us about how at times they became anxious. They said, “The staff always give me more support when I need it”. People and relatives felt that they could raise any concerns about their or other people’s safety with staff, the manager or provider and felt that they would be listened to. Staff told us what they would do if they suspected abuse and showed us that they had a good understanding of the different types of abuse. We saw there were comprehensive systems in place to protect the people that lived in the home and to make sure that the relevant authorities were informed and swift action taken to keep people safe. Staff and the management followed these systems appropriately.

The people we spoke with told us that staff gave them help and support to keep them safe. A relative told us how after a number of falls, staff had involved the physiotherapist and occupational therapist to look at the best way of managing the risk of falls. They told us that as a result of staff following the recommendations the person’s risk of falling had reduced. We spoke with staff about this person and they showed that they had knowledge about the care plans and risk assessments for this person’s mobility. What we saw matched what was written in the care plans. They were able to tell us about what support people needed to promote their safety. Staff were keen to stress that they helped and enabled people to maintain their independence rather than doing everything for them. Risks to people’s safety had been routinely assessed, managed and reviewed.

People told us that there were enough staff to give them the support they needed. One person said, “There is

enough staff”. One relative told us, “There are always staff around to provide the care that’s needed”. We saw that staff were around at all times to provide assistance or support as soon as it was needed. As well as support with personal care needs, we saw that people also had support with their own interests, some people had gone into the local town, another person was due to go horse riding. This person told us that there were always staff available to make sure this happened. Staff told us how they felt spending time with people gave them the opportunity to make sure people were safe and well. We saw staff were attentive and on occasions when people asked for help this was given without delay. The area manager and the deputy manager told us that they always managed to cover any unplanned staff absences by using the staff from the other service on the same site. They told us that all shifts were covered by existing staff in the event of unexpected sickness and this meant they did not use agency staff. This ensured continuity of support at all times by staff who knew people and their needs.

Staff told us that checks were made to make sure they were suitable to work with people before they started to work at the home. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care. Staff told us they undertook a structured induction programme, including working alongside more experienced staff members, until they were confident and able.

People told us the staff supported them with their medicines. People received their medicines safely and accurate records of medicines were kept. Only staff that had received training in the safe management of medicine were able to administer medicine. We found that medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines.

Is the service effective?

Our findings

People told us staff had the knowledge and skills to meet their needs effectively. One person said, “They know me really well”. Relatives we spoke with shared this view, one relative said, “I have full confidence in the abilities of staff”. Staff told us that they had good support and access to training which enabled them to meet people’s individual needs. Staff were able to tell us about people’s individual health needs and how they supported them. Staff were able to explain about some of the more complex conditions that some people had and told us that they had regular in depth training around these conditions. They told us in detail about people’s needs and how they supported them. They said that the registered manager and the provider supported staff with any additional training they felt they needed. Staff told us that they found the training they received was useful to their roles.

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 told us that they were able to make choices and that staff respected their wishes. One person said, “Everyone has full choice”. We saw that people were supported to do what they wanted and support was tailored to people’s individual needs. Some people needed staff support to go into the local community, some people had staff support to go horse-riding and some people went to work independently. Staff told us that everyone living at Woodpecker Lodge was able to make choices for themselves. We discussed what needed to happen if

people were not able to make certain decisions for themselves, staff explained about best interests meetings and the importance of including appropriate people in the decisions, for example family members, advocates and social workers and the person themselves. What staff told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA.

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. At the time of inspection nobody was being restricted or deprived of their liberty but the registered manager and staff knew what to do if this was necessary.

People told us that they enjoyed the food they received and they were given choice over what they wanted to eat. People had access to a variety of food and drink and people maintained a healthy balanced diet. Where people needed extra support with their meals this was offered. We found that mealtimes were relaxed with staff chatting and laughing with people.

People told us that they were supported by staff to maintain good health and access to other health care services. Relatives said that where necessary referrals had been made to relevant health professionals and guidance given had been followed. People that we spoke with told us that if they needed to see a doctor and appointment would be quickly arranged. All people had health action plans which detailed their health needs and how to provide the correct amount of support to meet those needs.

Is the service caring?

Our findings

The people we spoke with were positive about the staff and told us that they were all kind and helpful. People told us that they were treated with dignity and respect. One person said, “Staff are amazing, kind and care about everyone”. Relatives also told us that they felt people were respected. Through our visit we saw examples where staff were discreet and protected people’s dignity when assisting with care tasks. Staff were able to tell us about people’s individual health needs, likes and dislikes. The staff we talked with spoke fondly of the people that they provided support for. Relatives also told us how they found staff were approachable and had good relationships with the people that lived there.

People told us they felt valued and involved in their care. Day to day opportunities and choices were discussed with people and people’s choices were respected. Relatives told us staff communicated well with the people that lived there. We could see that staff understood how to

communicate effectively with people. We saw that staff took time and care to make sure that the person was able to express what they wanted and that they understood what was about to happen.

People told us that staff encouraged them to retain some independence. One person was due to move to a more independent way of living. They had been involved in identifying what new skills they needed to learn and the risk assessments around this. The care records we looked at showed that the person had been fully involved in the updating of their care plans and risk assessments. They were now being given the opportunity to learn new life skills such as food preparation and other areas of independent living. One member of staff told us, “It is about helping the person to realise what they can do for themselves.”

People told us that staff had positive relationships with them. We saw people were relaxed and there was general chatter and laughter between the staff and the people that lived there. All of the staff we spoke with were motivated to provide the best care and what we saw showed that this was the case.

Is the service responsive?

Our findings

People told us the support they received was tailored around them as individuals. One person said that they enjoyed going horse-riding so staff made sure that regular support was available to make sure this happened. The person told us how they had been involved in risk assessments and knew about the protective equipment that they wore to reduce the risk of injury. Another person went out to work independently, but when they returned staff gave them the support they needed with certain daily tasks. They told us, “I am quite independent really, but sometimes I need some help and staff always help me straight away”. Staff told us that the focus was on what individuals wanted to do themselves. One staff member said, “We recognise individual attributes and support people to be as involved and independent as they can be with their care”. We looked at one of the care plans and found that the person had identified what they would like; a plan for how this was to be achieved had been discussed and agreed with the person and a date set to evaluate what had happened. We saw that people and their families had been involved in decisions about the delivery of their care

and support, including details of their preferences and communication needs. We saw that contact with visiting professionals had been recorded and care plans updated to reflect any changes in need.

People said they would raise any concerns with the staff or the registered manager and felt that they would be listened to. One person told us, “Staff are great any worries just speak to the staff”. A relative told us, “The service is very supportive and open to any raising of concerns, not that I have but I am sure they would listen”. We saw that the provider had a system in place for dealing with complaints but there had not been any recent concerns raised. There were regular meetings for the people that lived at the home and any comments or suggestions had been actioned.

One person told us about the regular meetings that the people who lived at Woodpecker Lodge had with the registered manager and the staff. These meetings were called, ‘your voice’ meetings. People were positive about these meetings and told us it gave them the opportunity to discuss their care and support and also provided ideas for how they wanted to spend their time. Staff told us that as well as ideas for activities and holidays, people also identified the charity that they were going to fundraise for. This charity would change at future meetings and was always suggested by the people that lived there.

Is the service well-led?

Our findings

The deputy manager told us that the vision for the service was to, “Provide care that keeps people involved and informed of their care”. The staff that we spoke with all told us about the importance of providing the very best care and fully involving people in their care and support. People we spoke with were positive about the approach of the service. One person said, “The service is amazing”.

People told us that if needed they could talk to staff or the registered manager. Staff told us that they felt supported and were able to see the manager at any time and also had regular supervision. One staff member said, “We get good levels of support here. You can get additional support at any time that you need it. Management of the organisation is very good and they look after us [staff]”.

Staff told us that there was an open culture of working in the home. Staff told us that they were aware of the whistle-blowing procedures and felt they would be supported to raise any concerns about poor practice. One staff member said, “Staff are told to stand up to bad practice”. Staff told us that the provider took a very active part in the running of the service and would take swift and direct action if concerns were identified.

The provider had a quality assurance system in place. This included regular meetings for the people that lived there, staff meetings, regular feedback from relatives and regular checks and audits. Relatives told us that the provider maintained regular contact with them and they provided on-going input into the service. One relative said, “They always check to see that we are happy with the level of service”. Feedback from people had led to changes in how information was given to them. Notices and information were now produced in easy read format. People told us they understood this information. The provider had then agreed with the people on an easy read format for all notices that were produced. People that we spoke with told us that they understood information displayed around the home. People also told us that they felt they were able to provide feedback about their experiences of care and support at any time.

The provider had when appropriate submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.