

The Regard Partnership Limited

Woodlands

Inspection report

Woodlands
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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

Woodlands is a care home providing residential support for up to six young adults with mild to moderate learning disabilities and mental health and behavioural needs.

At the last inspection, the service was rated 'Good'.

At this inspection we found the service remained 'Good'.

Why the service is rated Good:

People were supported by staff who took time to develop positive relationships with them. People's privacy and dignity was respected by staff and people's consent was sought before care or support was provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where staff were required to restrict someone's liberty in order to keep them safe, a clear protocol was in place which had been agreed by the person and relevant external professionals. Only staff members with the required training and competence could use it. Staffing levels were planned according to individual's needs and wishes and were flexible to accommodate any changes.

People were empowered to make decisions about their care and support and were encouraged to contribute to their care plans and risk assessments. This helped ensure guidance for staff was based on each person's preferences. People were regularly consulted for their views of their support and of the service. Staff and the registered manager listened to these and made changes where appropriate. If changes couldn't be made they explained why.

People told us they were able to eat what they wanted, when they wanted. Some people chose to cook together and others cooked for themselves. Staff were aware of how to support each person to eat a balanced diet and maintain their health. People were supported to see external health professionals when required.

People were supported by staff who had been recruited safely and had an understanding of how to protect people from abuse. People were supported to take risks to retain their independence and any hazards were discussed with people and measures to mitigate these were agreed. Medicines were managed safely by trained staff.

Staff received regular training to help ensure the care they provided was based on best practice. They also received regular one to one supervision from the manager which included discussion of their role and responsibilities as well as observation of their work. This helped ensure staff remained focused on providing personalised care and the values of the service were upheld.

The registered manager was visible in the service and through team meetings and staff supervisions and observations, ensured the culture in the service was person centred. They were supported by the provider who monitored the quality of the service and took action when gaps or shortfalls were identified.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Woodlands

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.

This was a comprehensive inspection, it took place on the 4 and 5 October 2017 and was unannounced. It was carried out by one adult social care inspector.

Prior to the inspection, we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law. Before the inspection, we reviewed the Provider Information Return (PIR). This is a form that asks the provider 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 four people and one relative. However due to people's needs, they could not give us detailed information about their experience of the service. We observed how people were supported by staff and reviewed three people's records in detail.

We also spoke with three members of staff and reviewed personnel records and the training records for three staff. Other records we reviewed included the records held within the service to show how the registered manager and provider reviewed the quality of the service. This included a range of audits, questionnaires to people who lived at the service, minutes of meetings and policies and procedures.

We contacted six professionals about the service and received information from one professional who knew the service well; this was a chiropodist.

Is the service safe?

Our findings

The service continues to provide safe care.

People were protected from abuse. New staff were recruited safely and all staff received safeguarding training, which was updated regularly. The PIR explained, "Safeguarding and whistleblowing is discussed routinely at each team meeting and staff supervision." Staff told us they felt confident any concerns they raised would be taken seriously and acted upon. A relative told us they thought their loved one was, "Extremely safe", living at Woodlands. Staff also received training and carried out checks relating to health and safety in the service. Incidents were recorded and reviewed to identify any learning which would improve outcomes for people in the future.

People were supported by staff who understood how to manage risk in a way that did not restrict people's freedom unnecessarily. Risk assessments were developed with people to guide staff how to mitigate any risks, for example when cooking or visiting new places.

One person sometimes experienced anxiety and staff described different strategies they had used to support the person to stay safe at these times. They had an in depth understanding of when the person might experience these feelings which helped them plan how best to support the person at any particular time. The person's relative confirmed, Staff are always aware of how [...] is and adapt what they support [...] to do and how." A protocol was in place which contained clear detail regarding what might trigger the anxiety and how best to support the person at each stage. The registered manager told us, "I like this way of working as it focuses on reducing the risk of behaviours escalating."

The person sometimes put themselves in unsafe situations. External professionals had been involved to help ensure the person was supported in a safe way at these times and only staff who had received specific training could support them. Incidents relating to the person's behaviour were recorded and the registered manager spoke with staff involved to identify areas for improvement, which were shared with the staff team. The person was also given time to talk about the incident if they wanted to.

Staffing hours were reviewed regularly in line with the changing needs and wishes of people at the service. The registered manager explained they had recently identified one person was regularly having altercations with other people at certain times of the day. They changed the times staff provided them with one to one support and reported that the altercations stopped.

Medicines were managed safely. Staff received medicines training and an assessment of their competency before they were able to support people. Procedures were followed that helped ensure any errors were identified quickly. An audit was also completed each week of people's medicines to check they had all been administered as prescribed and records had been completed correctly.

One person was supported to take some responsibility for their own medicines. They had a form with pictures of their medicines and ticked the ones they had taken so they knew they had taken them correctly.

Staff remained present when they did this in case they needed any support. Their risk assessment gave clear guidance to staff on the routine they liked to follow at this time.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. People told us they liked the staff and a healthcare professionals told us they had always been impressed by the staff at the service.

People were involved in recruiting new members of staff. This helped ensure staff members with the right skills and characteristics to meet the needs of people were chosen to work in the home.

One person's relative told us the staff were, "Absolutely brilliant!" Staff received regular training and new staff received an induction which included shadowing existing staff to understand how people preferred their needs to be met. Training was refreshed as required and included mandatory training such as Health and Safety, Manual Handling, Infection Control as well as training specific to people's needs. The PIR explained, "Staff have received training on equality and diversity, care planning, epilepsy, diabetes, mental health awareness and communication." A relative confirmed, "They have a lot of training days. It covers the whole spectrum of what they're doing from people's specific needs to records." They also explained that the registered manager had arranged appropriate training very quickly for staff when their loved one's needs had changed.

Staff told us they received regular one to one supervisions and felt supported by the registered manager.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received training about the MCA and DoLS but nobody currently living in the home was assessed as lacking capacity. Staff asked for people's consent before providing support. Consent was also discussed with people and recorded where necessary.

People told us they liked the food. Their likes and dislikes were respected and people were supported to plan menus each week with these in mind. When people did not like the meals planned for that day, they were supported to find an alternative they liked. Staff were aware of people's nutritional needs and supported people to have a diet that suited their needs.

The PIR stated, "Staff are responsive to requests and requirements for health appointments seeking appropriate specialist professional support as necessary in a timely manner whether this is through the GP services, mental health team and Epilepsy specialist consultations." A relative confirmed, "Healthcare professionals are involved when they need to be"; and people's records showed they had seen health professionals when required and any advice had been followed. A healthcare professional told us they found communication with the staff and registered manager to be good.

People's health was monitored to help ensure their support was tailored to their needs. For example, at a recent team meeting staff had been asked to observe whether there was a link between one person's health needs and a particular mood. This would then help identify when the person might experience ill health or

low mood and staff could be proactive in supporting them at this time.

Is the service caring?

Our findings

People continued to receive a caring service.

People were supported by staff members who clearly cared about them. We saw people were at ease and comfortable with the staff supporting them. Several staff members told us about one person who had recently travelled a short distance by train. This was a big step for the person and the staff recognised and celebrated this. One staff member told us, "[...] felt so confident and proud afterwards." A relative explained, "All the staff go to say goodbye to [...] when they finish their shift."

People were supported to be in control of decisions relating to their care and support. For example, one person had decided they wanted to paint their bedroom with the help of a friend. They were enabled to do this and staff had offered to help neaten the painting up when they had finished, if required.

Another person had not been swimming for some time but wanted to go again. A relative told us the person was nervous about doing so the staff "Build it up step by step." They confirmed this had involved the person visiting several different swimming pools with staff so they could choose which one they preferred. On the first day of the inspection, the person had planned to go swimming and two staff members had been allocated to support them to help ensure the activity went smoothly. Throughout the morning, staff spent time discussing the person's concerns with them about swimming and reassuring them. These were shared between the staff supporting them and a relative commented, "I'm really impressed they all sing from the same hymn sheet. Staff give consistent responses and that makes [...] feel safe." When the person decided they did not want to go swimming staff respected this and supported them to go shopping instead, another activity they enjoyed. Staff said they would continue to encourage the person to go swimming as they knew how much they enjoyed it.

One person usually cooked for everyone one night per week. During the inspection, a staff member realised the person would not have sufficient time to cook that night as they would be returning to the home for a short period before going out again. The registered manager said they would phone the person to check if they would be happy for someone else to cook. This helped ensure the person was involved in the decision.

Some people went out independently without staff support. Care plans and risk assessments had been developed with them to help ensure they had the right support to maintain their independence.

The PIR stated, "Service users are supported to make informed decisions, information is provided in accessible formats, using communication aids and social stories where appropriate." Staff had produced information for people, where required, in a format that made it easier for people to understand and communicate. For example, some people had pictures on drawers and wardrobes showing which items of clothes were kept in each one. This helped them maintain their independence when locating their clothes. Another person had a mood board which helped them tell staff how they were feeling. A staff member explained, "They don't use it so much now but it's still there in case they need it." A healthcare professional confirmed they had observed good communication between staff and people using the service.

People's privacy and dignity was respected. For example, staff members knocked on people's doors and requested permission before entering people's rooms.

Is the service responsive?

Our findings

The service continued to be responsive.

People's support was tailored to their needs and wishes. The PIR stated, "The service actively supports service user decision making through day to day decision making." Throughout the inspection, people were given choice. For example, one person usually attended a day centre but on the first day of the inspection, they did not want to join in the activity that was planned at the day centre. They decided they would prefer to do something else. The registered manager told us, "We'll wait and see what he wants to do." Another staff member supporting a different person asked, "Where are we going today?" and the person told them which shops they wanted to go to and what they wanted to buy. This was respected by the staff member who supported them to follow their plan. A family member confirmed, "There are loads of things on offer and [...] can pick."

A recent team meeting had been used to remind staff not to plan activities too far in advance for people if they did not request this, as the service was able to adapt each day according to people's needs and wishes. This helped ensure people received support that was personalised and met their needs in flexible way.

People had regular keyworker meetings. This involved people meeting with a member of staff to discuss their views on the service and the support they were receiving. They were also asked if they would like to make any changes. Actions from these meetings were recorded, shared with the staff team and the person supported to achieve any goals. The actions were then reviewed at the next meeting with the person. This helped ensure the staff were responsive to people's wishes.

People had care plans in place that described their likes and dislikes. These included food, activities and how they liked to be supported and they were reviewed regularly. People were asked if they agreed with their care plans and whether they would like to sign them. This helped ensure their choices were known and respected by all staff. Where people required support with personal care, staff members knew people well and could describe their preferences; however these were not always reflected in people's care plans. The registered manager told us they would ensure this detail was included immediately.

People felt confident raising any concerns they had with the staff or registered manager and these were dealt with immediately. A staff member also told us, "There is an accessible complaints form they can use to make a complaint if they want to." A relative confirmed, [...] does regularly raise concerns and the staff carefully work through it with her to make sure they have got to the bottom of it." This helped ensure staff responded appropriately to the person's concern. They also told us, "I know I'd be listened to if I had a complaint." At the time of the inspection, the service had not received any complaints.

Is the service well-led?

Our findings

The service continued to be well led. People told us they liked living in the service and a relative told us, "I can't find anything wrong with the service. It's like being at home, that's one of the most important things." A healthcare professional told us they felt the service was well led.

The service's values included, "We go the extra mile, every day, and we do this with commitment, passion and enthusiasm for everyone that we support." These were displayed in the office and were demonstrated by staff and the registered manager throughout the inspection. The PIR stated, "Staff practices and attitudes to their role are monitored and discussed in supervision and team meetings on a regular basis." This helped ensure the culture within the staff remained person centred.

People living at the service were invited to attend meetings regularly with the staff team to discuss any concerns or ideas they had about the service. They were also encouraged to talk about these on a daily basis, as they arose. This meant listening to and acting on people's views were an integral part of each day and helped ensure the service continually changed to meet people's needs. If changes couldn't be made people were told why.

There was a registered manager in post who was responsible for the day to day management of the service. 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.

The manager was visible in the service and throughout the inspection took time listening to people and talking to staff about how best to meet everyone's needs. A relative told us, "I think [the registered manager]'s a good leader. Staff listen to him, that's how they are all consistent in their approach."

The manager was supported by the provider who had systems and processes in place to monitor the quality of the service. For example, the provider conducted four audits a year in the home to help ensure any gaps in quality were identified. The PIR also stated, "Accidents and incidents are recorded in a timely manner and evaluated monthly by the service manager, patterns are identified and new tasks are implemented from this to prevent or reduce re-occurrence, near misses are included in this process." Action points from the audits and incident records were saved on a system which enabled senior managers to monitor that these were sufficient and completed in a timely way.

Other activities were also undertaken to help ensure people, relatives and staff had the opportunity to comment on the quality of the service and share any ideas they had. A relative told us, "We get asked for feedback. The staff and manager are open to us asking or saying anything. I never get the impression there's anything I shouldn't raise." They also confirmed they felt listened to and that things changed as a result of the ideas or suggestions they had made.

Team meetings were held regularly. Minutes showed they were used to address a variety of topics relating to the safety of people and the home and the delivery of care. Staff were also given the opportunity to share any ideas they had to improve the service or an individual's care and confirmed these were encouraged and implemented, where appropriate.

The registered manager and provider were aware of future changes to the Key Lines of Enquiry used during the inspection process and was attending training to help ensure they were reflected in the delivery of the service.