

Woodside Farmhouse Limited

Woodside Farm House

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Woodside Farm House is a care home for up to eight people with a learning disability and autistic people. At the time of the inspection there were seven people living in the service. Three people were living in self-contained accommodation at the rear of the main house. Woodside Farm House is part of the Potens group, a national provider of health and social care support services for children and adults with disabilities and complex needs.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

The model of care and setting maximised people's choice, control and independence. Woodside Farm House is near to the centre of St Austell town and people had access to the local community and amenities. Staff supported people to make choices about their daily lives and engage in activities, that were tailored to their individual needs and promoted their independence. People were supported to maintain and develop relationships.

Right care:

People received good quality person-centred care that promoted their dignity, privacy and human rights. There was a strong person-centred culture within the staff team. Positive behaviour support plans had been developed for people, to help staff understand the reasons for their behaviour, and provide guidance to ensure consistent approaches were used when supporting people. Staff knew people well and demonstrated an understanding of people's individual care, behavioural and communication needs. This helped ensure people's views were heard and their diverse needs met.

Right culture:

The ethos, values, and attitudes of management and care staff ensured people led confident, inclusive and empowered lives. Staff created an environment that inspired people to understand and achieve their goals and ambitions.

People's experience of using this service and what we found

The registered manager had identified there were insufficient numbers of permanent staff to cover all shifts.

Therefore, they had block booked specific agency staff members to cover the vacant shifts. This ensured shifts were covered by consistent staff. Enough staff were employed each day to meet people's needs, keep them safe and give them the opportunity to take part in their chosen activity.

Medicines were administered and managed safely. Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Records evidenced that when these medicines were prescribed there was involvement from health and social care professionals as to in what situations and when these medicines should be administered and how they should be reviewed. The organisation agreed they would remind staff of the STOMP (Stopping Over Medication of People with a Learning Disability) principles for the use of certain medicines.

Some 'as required' protocols were not dated and therefore staff would not be assured that this was the most up to date guidance and would not be aware when it was due to be reviewed. The registered manager agreed to address this immediately.

People were offered choice and control and where able, consented to their care and support. Pictures and photographs were used to facilitate effective communication. Staff supported people to be as independent as possible with activities of daily living, such as laundry, cooking, shopping and personal care. People were supported to take part in community activities of their choice and interest.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff's knowledge of how people communicated ensured people had maximum control over their lives and how they spent their time. Care and behaviour support plans were accurate and kept under regular review, with the involvement of the person and their family. They provided staff with comprehensive guidance to ensure people's needs were met. Risks were identified and staff had clear instructions to help them support people to reduce the risk of avoidable harm.

Staff were recruited safely. Staff were supported by a system of induction, training, supervisions, appraisals and staff meetings. Staff were appropriately trained, and their competency regularly checked, to ensure people's complex needs were met.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

People's relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Published 9 August 2021).

Why we inspected

We undertook this focused inspection to check on specific concerns we had about the service. We received concerns in relation to staffing levels and the impact this had on the quality of care and support that was

being provided. We also received some concerns about medicines. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Is the service effective?

Good ●

The service was effective.

Is the service well-led?

Good ●

The service was well-led.

Woodside Farm House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector

Service and service type

Woodside Farm House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

During the inspection

We observed some care and support interactions as people were not able to share their feedback with us about living at Woodside Farm House. We looked at records and support plans relating to two people's care. These included risk assessments and incident records. We spoke with four members of staff on duty and the registered manager and deputy manager. We also reviewed information relating to the management of the home including quality monitoring audits.

After the inspection

We spoke with four relatives, a health and social care professional and received feedback from six staff. We continued to seek clarification from the provider to validate evidence found. We looked at care documents and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

The purpose of this inspection was to check specific concerns we had about medicine management and staffing levels. We also looked at whether risk assessments and care plans had been updated.

Staffing and recruitment

- The inspection was prompted following concerns about staffing levels.
- The registered manager had identified there were insufficient numbers of permanent staff to cover all shifts. Therefore, they had arranged to block book specific agency staff members to cover the vacant shifts. This ensured shifts were covered by consistent staff.
- Staff rotas confirmed that sufficient staff were on duty at all times to meet people's current needs.
- Relatives told us they felt there were sufficient staff on duty at all times. We saw staff respond to people in a timely manner when they called for assistance.
- Staff told us "The times we are short staffed is usually due to last minute staff sickness." We saw evidence of this on the staff rotas.
- The registered manager confirmed they were currently recruiting support workers. The organisation had clear systems for recruiting staff and ensured that all recruitment checks were completed before new employees commenced work.

Using medicines safely

- The inspection was prompted following concerns that medicines to be 'used when required' were not being administered appropriately.
- Some people were prescribed 'as required' (PRN) medicines for pain relief or to help them to manage anxiety. Records evidenced that when these medicines were prescribed there was involvement from health and social care professionals as to in what situations and when these medicines should be administered. Care plans included protocols detailing the circumstances in which these medicines should be used. We found that 'as required' medicines were being monitored to ensure that they were administered appropriately.
- The organisation agreed they would remind staff of the principles of STOMP (Stopping Over Medication of People with a Learning Disability). This is a national project working to stop the overuse of certain medicines.
- Some PRN protocols were not dated and therefore staff would not be assured that this was the most up to date guidance and would not be aware when it was due to be reviewed. The registered manager agreed to address this immediately.
- The service responded to any issues by seeking medical advice and support. For example, where a person had refused prescribed medicines the service investigated possible reasons and sought advice from the person's GP. Other options were explored to ensure the person received the prescribed medicines in a form

they could manage.

- We saw there was safe medicines storage, administration records, and medicines were only given to people by trained staff.
- Medicines were audited regularly with action taken to make ongoing improvements

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff were reminded to wear PPE at all times.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help protect people from the risk of harm and abuse.
- The majority of relatives said they were confident their family members were well cared for and were safe.
- People were supported by staff who had received safeguarding training.
- Staff understood their responsibility to identify and report concerns of abuse. Staff knew how to whistle-blow and how to raise concerns outside of the organisation. Whistleblowing is the process of speaking out about poor practice.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and wellbeing were identified and assessed. People had personalised risk assessments in their care plans.
- People were supported to try new experiences while any related risks were identified, and action taken to help reduce the risks.
- Risk assessments were regularly reviewed and monitored to ensure the information and guidance remained up to date.
- Accidents and incidents were reported to the management team and reviewed. De-briefs took place with the staff, to discuss if there was anything which could be done better. Learning from incidents was discussed in staff supervision and team meetings.
- The service worked closely with other health and social care professionals in order to adapt and change the way people were supported if issues arose.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed when they first moved into the service. The registered manager told us they considered how people's needs might impact on others when deciding if the service was suitable for them.
- The need assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.

Staff support: induction, training, skills and experience

- Concern was raised prior to the inspection that staff had not received training in how to support people when they became anxious. Sixteen out of 24 staff had completed Positive Behaviour Support (PBS) training to enable staff to have the necessary skills to support individual people when they become anxious. Six staff were booked to attend this training in December 2021.
- The registered manager explained that due to COVID-19 there had been some delay in getting staff to attend specific training. However, these courses had now been booked and were planned to be delivered in the next few months.
- As staff were mainly completing on line training, the organisation implemented a new 'Master class' course. This is face to face training and covers topics such as, safeguarding, mental capacity, and moving and handling. The aim is to ensure that staff have understood the on line training and have the necessary knowledge and skills in these areas.
- New staff completed an induction which included training and familiarisation with policies and procedures, organisational working practices and people's care needs. There was also a period of shadowing more experienced staff.

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

- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.
- Staff had good knowledge of people's dietary requirements and steps were taken to support people's needs. For example, supporting people to eat a healthy diet to assist with weight management.
- Where required, staff supported people to purchase their food and with preparing their meals
- Some people had specific guidelines in place to support them in this area. Staff were able to describe the support people needed and understood why this was important.

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

- People had access to GP's, dentists and other healthcare professionals.

- Multi-disciplinary meetings were arranged so people's needs were holistically considered. Care plans contained clear information and guidelines were provided by external agencies including the NHS.
- Staff supported people to effectively manage their health and wellbeing. They supported them to make and attend medical appointments.
- Some people living at the service were either non-verbal or had limited verbal communication. Hospital passports had been developed for each person, to share with hospital staff, to help ensure their communication needs would be known if they needed to go to hospital.

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

- The premises had been adapted to provide people with privacy and support their independence.
- People were happy with their private living spaces which were decorated with personal belongings to ensure they felt comfortable with familiar items around them.
- A shared lounge area was decorated and furnished to create a welcoming environment. External secure gardens were also available for peoples use.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was aware of and knew the principles of the Mental Capacity Act.
- Capacity assessments had been completed to demonstrate if people were unable to consent to aspects of their care. When no DoLS were in place for specific situations any decisions were taken in line with the best interest process.
- DoLS applications had been made appropriately and some authorisations were in place. Where conditions were attached to the authorisations these were being complied with. Feedback from the DoLS team was positive in how the service was providing evidence that they were meeting the DoLS conditions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Audits and checks were carried out to improve quality of the service. These included audits of medicines and regular reviews of care plans. Senior managers from the provider carried out regular monitoring visits to the service.
- The service had a clear management structure in place There was a registered manager who was supported in the running of the service by a deputy manager and senior support staff. Staff were clear about lines of accountability and who they reported to.
- Important information about changes in people's care needs was communicated at staff shift handover meetings.
- The provider was aware of, and adhered to, their legal responsibilities. They had notified the Care Quality Commission of any significant incidents and operated within any conditions of registration they were subject to.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong emphasis, within the staff team, on meeting people's individual needs and staff demonstrated a thorough understanding of people's differences and individual preferences. Staff told us "We want to promote independence for and a high quality of life for our clients, it's not enough to just exist".
- We observed that staff had good relationships with people, and they were treated well. Staff were committed to providing the best possible care and support for people and achieving positive outcomes for them.
- The culture within the service was open and centred on the people who used the service. People and staff had easy access to the registered manager or other senior support staff when needed. A relative told us "I can't fault them."
- The provider's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their regulatory requirements and responsibilities. This included acting on the duty of candour when needed. Relatives were kept informed of any events or incidents that occurred with their family member.

- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- Staff and the registered manager took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.

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

- Relatives were mindful that there had been staffing changes within the service and felt that due to this communication with staff had decreased. This was discussed with the registered manager who agreed to immediately address this.
- The service regularly sought the views and opinions of people using the service, staff and professionals.
- Staff team meetings were held regularly and provided opportunities for staff and registered manager to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon.
- Comments from staff included, "The management team are approachable" and "We (staff) pull together well and support each other".
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- The registered manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- Systems used to assess and monitor the service provided were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.