

Care In Mind Limited

Woodside

Inspection report

33 Woodside Lane
Huddersfield
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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

Summary

Woodside is a residential service which provides support and rehabilitation for up to 5 young people with complex mental health needs. At the time of the inspection there were 5 young people being supported at the service.

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

People were safe. Staff received safeguarding training and understood the safeguarding process. The environment and equipment were well maintained, however during the inspection we found fire doors wedged open.

Staff were up to date with mandatory training however, there was limited specialist training. People were supported to access healthcare services. Capacity to consent was documented in people's care records.

People were supported and encouraged to be as independent as possible. Staff had developed positive relationships with people, and we observed a good rapport between staff and people. People spoke positively about the care received from staff.

People were supported to express their views about all aspects of their life, and this was evidenced in the care plans. Care plans were person centred. People's likes, dislikes, needs and preferences were all recorded. There was evidence people and relatives were involved in care planning.

The registered manager demonstrated they knew the needs of the service and what areas needed improvement. The audit procedures had been followed by the registered manager. We saw action plans were developed following audits to ensure improvement. Staff described the service as a positive person-centred culture, and we saw evidence the provider engaged with staff through various team meetings and supervisions.

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

Rating at last inspection

This service was registered with us on 25 September 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to high notifications of incidents received. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of the full report.

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.

Recommendations

We have made recommendations about staff specialist training.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Woodside

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 Health and Social Care Act 2008.

Inspection team

This inspection was conducted by 2 inspectors.

Service and service type

Woodside is a residential service providing nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Woodside is a service without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service, such as details

about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people using the service about their experience of the care provided. We spoke with 8 staff members including the registered manager. We looked at 3 care records and 2 medicine records. We looked at 3 staff files regarding recruitment. We also looked at quality monitoring records relating to the management of the service, such as audits and service improvement plans.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks were assessed appropriately. Risk assessments were detailed and provided guidance for staff on how to mitigate risks. Risk assessments were personalised and updated regularly.
- Routine checks on the environment and equipment were maintained, however we found fire doors wedged open. This was raised with the provider during the inspection and this was addressed with staff and immediately resolved.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. The providers safeguarding policies and procedures helped protect people from abuse and avoidable harm. Safeguarding incidents were reported appropriately to social services.
- Staff were trained to recognise and respond to potential safeguarding concerns. Staff understood their responsibilities in the safeguarding process.

Staffing and recruitment

- Staffing levels were safe. The provider used a dependency tool to calculate staffing levels and rotas indicated staffing levels were maintained to meet people's needs and keep them safe.
- Staff were recruited safely. Appropriate checks were completed on new applicants to ensure they were suitable for the role. Staff received an induction and regular supervision. One staff member said, "Supervisions take place every month."

Using medicines safely

- Medicines were managed safely. People received medication in accordance with their care plans and medicine was stored safely in a locked cupboard in the office.
- Medicine audits demonstrated staff followed the policy and kept people safe from potential medicine errors.
- People were supported to be independent with taking their medicines where appropriate.

Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was taking steps to effectively prevent and manage infection outbreaks.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.

- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents were reviewed to identify whether future incidents could be prevented. The provider analysed all incidents to look for any patterns, themes or triggers.
- Lessons learnt from incidents were recorded and shared with staff. One staff member told us, "Information is shared at handovers. Staff then read the incident report. Lessons learnt are then shared during reflective practice."
- All incidents were followed with a debriefing session with the person involved.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were up to date with training however, there was limited specialist training available. Staff told us the service did not provide adequate specialist training in eating disorders which would help them provide the appropriate support to the people using the service.

We recommend the provider reviews the specialist training available to staff.

- Staff felt well supported by the service. Staff received regular supervision and annual appraisal. Staff competencies were also carried out regularly to provide assurance over their skills.

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

- The provider had robust assessment procedures in place which helped ensure they were able to understand and meet the needs of young people moving into the service.
- People's needs were assessed and protected characteristics such as age, religion and sexuality were considered and respected. The provider worked closely and collaboratively with people, relatives and relevant professionals prior to admission into the service, to ensure initial assessments were accurate and individualised.

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

- People received support with eating and drinking. People were supported to plan menus, go food shopping and cook meals.
- People's nutritional needs had been assessed and were being met. Staff were aware of people's dietary needs and this was reflected within care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People had been supported to personalise their rooms with their own pictures, items and furniture.
- The atmosphere and appearance of the building was homely, and people looked comfortable and relaxed in their surroundings. There were several communal areas where people could spend time with others. People also had space within their own room to relax when they wanted privacy.
- People were supported to access healthcare services. Records confirmed people had access to a GP and dentist and had attended appointments when required.

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.

- People living at the service had capacity to consent to the care they received. This was clearly documented in their care records.
- Policies and procedures appropriately reflected the principles of the MCA. Care plans developed with people identified situations when staff would consider people's capacity during risk situations.
- Staff had completed MCA and DoLS training as part of their training. Staff we spoke with demonstrated a good of understanding of how MCA and DoLS would apply to everyday care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged to be independent and to develop life skills whilst also managing their mental health.
- We observed staff had developed good, positive relationships with people. Staff shared laughter with people, and we could see there was a good rapport between them. People spoke positively about the care received. One person told us, "I like most of the staff, most are easy to talk to."
- Staff respected people's pronouns. We observed staff referring to people with the correct pronouns. One person said "Sometimes staff slip up, but this has got better. I feel respected."
- Staff were knowledgeable about the people they supported and dedicated in ensuring they received high quality support.

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

- People were offered choice and encouraged to make everyday decisions. For example, people at the service were responsible for their own food shopping.
- People were supported to express their views about their future goals and aspirations, this was evidenced in the care plans.
- Care plans were reviewed with people fully involved in the process. One person told us, "Yes, I'm involved in my care plan."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were person centred. People's likes, dislikes, needs and preferences were all recorded. People and relatives were involved throughout the care planning process;
- People told us staff support was person-centred and based on their individual needs and preferences. One person said, "I'm involved in my care, I feel listened to".
- The service was not providing end of life support at the time of inspection however there were policies and procedures in place to deliver end of life care if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were incorporated in the care planning process.
- The provider supported people to engage in meaningful activities which was planned and documented in their care plans.

Improving care quality in response to complaints or concerns

- People knew how to raise a complaint and who they would complain to.
- There was a complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Continuous learning and improving care; 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

- There was a registered manager who had been in post since March 2022. The registered manager demonstrated an excellent oversight of the service. They understood the importance of the duty of candour.
- Quality assurance checks to cover all aspect of the service were in place. This ensured the quality of care had been maintained. We saw action plans were developed following audits to ensure improvement.
- Care plans were personalised and up to date with people's needs. Care plans and risk assessments were reviewed regularly by staff. All staff we spoke to told us they had time to read care plans.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider worked in partnership with other professionals and organisations to meet the needs of people. Care records evidenced involvement from various external healthcare professionals.
- Staff described the service as a positive person-centred culture. One staff member said; "It's a very supportive culture, more about learning than about blaming and its very person centred for the younger people."
- Staff spoke positively about the registered manager and the support they received. One staff member said; "The [registered] manager is good at supporting people and gives debrief after any incident happens. The supervision is run by the [registered] manager and is always supportive."
- The provider engaged with staff. Regular team meetings and supervisions were in place. Staff felt engaged with these processes and well supported.