Millsted Care Ltd

Woodcroft

Inspection report

69 Lonesome Lane
Reigate
Surrey
RH2 7QT

Tel: 01737241821

Date of inspection visit:
10 March 2016

Date of publication:
04 May 2016

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

Woodcroft is a small care home that provides care and support for up to six people who have a learning disability, such as autism or epilepsy. On the day of our inspection six people were living in 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.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

Staff met with their line manager on a one to one basis to discuss their work. Staff said they felt supported and told us the provider had good management oversight of the home.

People lived in a homely environment and were encouraged to be independent by staff. Staff supported people to keep healthy by providing people with a range of nutritious foods. Everyone was involved in the menu planning and shopping. People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

People were encouraged to take part in a range of activities which were individualised and meaningful for people. We heard people chose what they wished to do on the day.

People had risk assessments in place for identified risks. The registered manager logged any accidents and incidents that occurred and staff responded to these by putting measures in please to mitigate any further accidents or incidents.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

There were a sufficient number of staff on duty to meet people's needs and support their activities. People and staff interaction was relaxed. It was evident staff knew people well, understood people's needs and aspirations. Staff were very caring to people and respected their privacy and dignity.

Staff received a good range of training specific to people's needs. This allowed them to carry out their role in an effective and competent way.

The registered manager and staff undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were actioned by staff.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place.

Appropriate checks, such as a criminal record check, were carried out to help ensure only suitable staff worked in the home. Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event and they had access to a whistleblowing policy should they need to use it.

A complaints procedure was available for any concerns. This was displayed in a format that was easy for people to understand. People and their relatives were encouraged to feedback their views and ideas into the running of the home.

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.

Medicines were administered and stored safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff knew what to do should they suspect abuse was taking place and there was information to people living in the home should they need it.

There was a plan in place in case of an emergency.

Is the service effective?

Good

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People's rights under the Mental Capacity Act were met. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were being met.

People were involved in choosing what they ate and were supported by staff to have nutritious meals.

People had involvement from external healthcare professionals to support them to remain healthy.

Is the service caring?

Good

The service was caring.

Staff respect privacy and dignity.

Staff were caring and kind when supporting people.

People were encouraged to be as independent as possible.

Relatives and visitors were able to visit the home at any time.

Is the service responsive?

Good

The service was responsive

People were able to take part in activities that meant something and interested them.

Staff responded well to people's needs or changing needs and people and their relatives were knowledgeable about their care plans and involved in any reviews.

Complaint procedures were available for people in a way they could understand.

Is the service well-led?

Good

The service was well-led.

Quality assurance checks were completed by the management team and staff to help ensure the care provided was of good quality.

Everyone was involved in the running of the home. This included the people who lived there, their family members and the staff.

Staff felt the provider had a good management oversight of the home and supported them when they needed it.

The registered manager submitted notifications as required.

Woodcroft

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 was 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 an unannounced inspection that took place on the 10 March 2016. The inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had not asked the provider to complete a 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. We did not ask for this form to be completed on this occasion because we decided to inspect this home sooner than we had planned.

Some of the people living at Woodcroft were unable to communicate with us at length so instead we observed the care and support being provided by staff. We talked to two relatives and two healthcare professional following the inspection.

As part of the inspection we spoke with the registered manager and five members of staff. We looked at a range of records about people's care and how the home was managed. For example, we looked at three care plans, medicine administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at three staff recruitment files.

We last inspected Woodcraft on 3 April 2014 when we had no concerns.

Good

Is the service safe?

Our findings

People felt safe living at Woodcroft. One person said "Yes I am safe here." Another person gave us the thumbs up sign when we asked them if they felt safe.

People were kept safe from the risk of abuse because staff had a good understanding of safeguarding. Staff told us who they would go to if they had any concerns relating to abuse. One member of staff said they would report anything they felt unhappy about to a senior member of staff or the provider. Information was available for staff on who they could contact. Safeguarding information and how to report abuse was displayed in a way people could understand. Staff told us they were aware there was a whistleblowing policy and they would use this to report any general concerns they had about the home.

Staff followed good procedures in relation to the handling of medicines which meant people received their medicines in a safe way. Medicines were safely stored in a locked cupboard secured to the wall. The registered manager carried out audits of the medicines every month in order to ensure medicines were managed safely and monitor medicine errors if applicable. The pharmacy also undertook safety monitoring audits and provided training updates for staff.

People received the medicines they required. The medicines administration record (MAR) charts were completed properly, without gaps or errors which meant people had received their medicines when they needed them. Each MAR held a photograph of the person to ensure correct identification of individuals and there was information on any allergies and how people liked to take their medicines. People had their medicines given to them in an appropriate way by staff. For example with food or after food as directed. People who stayed away from the home visiting friends or family had a 'home medicines log' which enabled staff to keep a check that medicines were not missed.

When people were in pain or unwell they could request or receive medicines to relieve this. Each person had a PRN (as needed) and homely remedies (medicines which can be bought over the counter without a prescription) protocol. This gave guidance to staff on when a person may require either of these medicines, whether or not they were able to ask for them, or signs they may display to show they needed them.

People were kept safe because the risk of harm had been assessed and action was taken to minimise the risk. Assessments had been carried out in relation to nutrition and hydration, mobility, and for people living with epilepsy. Guidance had been put in place for staff to follow to reduce these risks. For example specialist equipment had been provided to help reduce the risk of falls, and guidance for staff to support people during an epileptic seizure or in the event of choking. Staff supported people to live their life in a safe way without compromising their independence. For example supporting their choice of community activity and helping them with kitchen skills.

There were sufficient numbers of staff employed at the service to support people with their needs and activities both within the home and in the local community. The registered manager told us there were

usually four staff on duty during the day but this was flexible depending on what activities or events were planned on any one day. Staff supported people throughout the inspection to attend appointments, shopping and general chores within the home. Sufficient staff were available to meet people's needs and people did not have to wait for attention. One member of staff worked during the night. However some day staff overlapped when people attended evening activities so people could attend the cinema and theatre when they wanted to.

The recruitment procedure was safe. The provider carried out appropriate checks to help ensure they only employed suitable people to work at the home. Staff files included information that showed checks had been completed such as a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People could expect staff to support them in a way that would reduce any accidents they may have. The registered manager kept a log of accidents and incidents. Action taken and measures put in place to help prevent reoccurrence had been recorded. For example, one person had been referred to the occupational therapist for a safety assessment within the home to minimise the risk of falls following increased falls.

People would continue to receive appropriate care in the event of an emergency. There was information and guidance for staff in relation to contingency planning and we read each individual had their own personal evacuation plan (PEEP). The registered manage told us people could go home to family or use their sister home if the home had to be evacuated for any length of time. A recent fire risk assessment had been carried out on the building and fire drills were undertaken routinely. Training records showed staff were up to date with fire training which meant they would know what to do should the need arise. There had also been a recent visit from the fire safety officer which was satisfactory.

Good

Is the service effective?

Our findings

People received care from staff who were capable and able to carry out their job in an effective way as staff received relevant training for their role. Staff received induction training when they commenced employment and worked under the mentorship of a senior member of staff until they were assesses as competent of undertaking the tasks alone. Staff were up to date with all their mandatory training. This included safeguarding, fire safety, medicines awareness, first aid and food hygiene. One staff member said, "I enjoyed my training and feel I know what I am doing." Staff were able to progress and develop their learning by undertaking their Care Certificate in Social Care.

Staff were able to meet with their line manager on a one to one basis, both through supervision and appraisal. We saw that all staff were up to date with both of these. Supervision gives a manager the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff are working competently and appropriately and providing the best care possible for the people they support.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. 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. Mental capacity assessments had been carried out for people. One person required specific support for dental treatment and for another person who required support managing their financial affairs. The registered manager told us if someone was unable to give consent then a best interest meeting would take place.

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). Staff understood the legal framework regarding the MCA and DoLS. DoLS. Applications were made and authorised where necessary. For example, in relation to people not being able to go out alone. People were able to move freely around the home and no restrictions were in place.

People had enough to eat and drink to keep them healthy and were happy with the quality, quantity and choice of food and drinks available to them. One person said "The food is lovely here." The registered manager told us the staff sat with people at meetings to discuss and agree a menu together. They had a winter and summer menu and these were reviewed occasionally. Menus were displayed in the dining room which showed people what was on the menu that day. People were able to go shopping for the food. One person told us they preferred a particular shop as people were friendly. Staff supported people who were able to prepare food.

Lunch was observed to be a fun experience. It was take away day and people gave their orders of sandwiches and choice of fillings to staff who then took two people to collect this. We saw staff and people then sat around the dining table comparing their choice. People had access to snacks and drinks throughout the day and staff supported them to make hot and cold drinks. One person said "I have started drinking fruit tea and I like it."

People had a nutritional care plan and specific dietary needs were addressed in these plans. The registered manager told us if someone had specific dietary requirements they would be referred for the appropriate professional guidance. There was also guidance for staff to follow if people required specific support when eating. For example if people needed their food to be cut up or if they needed particular cutlery such as a spoon, rather than a fork to eat independently.

People were supported to have a healthy diet and there was a good supply of fresh fruit in the kitchen that people had access to. Monthly weight checks were in place which enabled staff to assess and monitor if people were eating and drinking enough to stay healthy. There was guidance for staff should people's weight reduce and staff had followed this when required.

People were supported by staff to maintain good health. Each person had a health action plan in place which recorded the health care professionals involved in their care, for example the GP, optician, dentist or physiotherapist. People were able to see their GP when they needed to. One person told us they were looked after well by their doctor and showed us their arm indicating they had a blood previously that day. When people's health needs had changed appropriate referrals were made to specialists for support. The service also had the support of the district nurses and specialist advice to support people living with epilepsy.

Good

Is the service caring?

Our findings

People were positive about the caring nature of staff. One person said "I am well looked after, and the staff are lovely." One person gave us a thumbs up sign when we asked them about their care.
People were very complimentary about the home and the staff. One person said "The staff are my friends and they help me a lot."

People received good care and there was a trusting relationship between people and staff. People looked relaxed and there was a caring and confident atmosphere in the home. A relative said they were reassured that their family member was cared for by a dedicated and competent group of staff. One staff came on duty at lunch time and immediately talked to a person who had a doctor's visit that morning and said "How did you get on this morning I hope it didn't hurt too much."

People were well cared for, with clean clothes, tidy hair and were appropriately dressed. During the morning two people returned from the barbers having had their hair cut. There were complimentary comments from staff for example "Don't you look smart." And people responded with a warm smile and thumbs up sign.

People were cared for by staff who knew them well. Staff were able to tell us about the people they supported. This included information about their likes, dislikes, care needs and family history. People had been personal shopping with the help of staff. On their return they showed us some items purchased such as toiletries. One person said "This is my favourite and staff take me to buy this as they know what I like."

People were supported to be involved in their care as much as possible. They had been consulted about how they liked their care undertaken and what mattered to them. People told us they were always consulted before any decisions were made about them. Information was shared with people for example photographs of the staff team were displayed to denote the staff on duty. Events for the day were also shown in picture format for example day centres attended and trips out so people could understand what was available.

People's rooms were personalised with photographs, ornaments and furniture which reflected their interests and hobbies. People were able with the support of staff to clean their room and change their bedding promoting independence. They were also supported with their laundry and we heard a member say "If it is a good time will we put your clothes away now."

People's spiritual needs were met. Staff supported people to attend church on Sunday afternoon where they also met their friends from other homes.

People's dignity and privacy were respected. Staff ensured people's permission was given before going into their rooms. We also saw staff knock on people's doors before they entered. We heard staff address people appropriately and called them by their preferred name. Someone was going out after their lunch and we heard a member of staff discreetly direct that person to their room as their clothing was food stained and required to be changed. When they reappeared in the lounge they sought our opinion on their choice of

clothing and gave us a thumbs up sign.

When people's communication was nonverbal staff were able to understand what people wanted by their body language, sign language (Makaton signs) or facial expressions. One member of staff told us they were able to tell if someone was unwell by the signs they use. One person had their own words for people and objects and the registered manage had these listed to enhance effective communication for that person.

Relatives told us they were able to visit when they wanted and were made to feel welcome.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home to ensure their needs could be met. Following this people were able to visit to ensure they liked the place and the people they would be living with. It also provided people living in the home with the opportunity to see if they liked that person also.

People had been involved in their care planning. We asked people if we could read their care plan and they sat with us. One person said "This is all about me, what I like and what I do." These plans had been signed by the person to show they had been involved. When people were unable to contribute to their care plan relatives or advocates had been involved in this process.

Care plans were well written and informative. They provided a detailed account of people's likes, dislikes, who were important to them and friendship links they wished to maintain. They also contained information about how personal care would be delivered, communication skills, medicine plan, nutrition plan, emotional wellbeing plan, and mobility needs. We saw care was provided according to people's care plans. Care plans were regularly reviewed with people and updated appropriately when needs changed. Each person had a keyworker who had the responsibility of ensuring information about an individual was up to date and relevant. Relatives and others were also encouraged to be involved in people's care. They told us they were invited to meetings to talk about care plans.

The home was responsive to people's changing mobility needs. For example a new shower/wet room had been provided, ramp access installed, and grab rails fitted throughout the home to meet people's needs.

People were supported to participate in activities which had meaning to them and were individualised. One person liked to go for daily walks and staff supported them to choose a walk that was less muddy as the ground was very soft after the rain. One person liked to attend a day centre and they had an individual time table to help them understand the days they attended. People were busy and could choose to go for trips out in the car if staff were taking people to arranged activities or doing chores. People had a keen interest in theatre and frequently attended shows in the evenings. Pub outings, meals out and visiting places of interest were also arranged. Family links were maintained and people were able to go home and spend weekends with them. The home had a cat and staff supported people to take responsibility for looking after him.

Staff supported people to choose a holiday. One person told us they were going to The New Forest with their friend and staff for a holiday and were looking forward to it very much. Staff told us they were taking another person to Spain as that person's choice. Two people told us they were going to Bournemouth with staff as they did not like to go abroad as it was too hot.

People were supported by staff who listened to them and responded to complaints. People and relatives knew how to raise any concerns or make a complaint. One person said "If I was unhappy about anything I would tell the staff. I never made a complaint." A relative said they would feel confident making a complaint as they knew this would be managed well

There was a complaints procedure available for people. This gave information to people on how to make a complaint. The procedures was written in a way that people could understand, for example pictorial. It also contained the contact details of relevant external agencies such as the local authority and the Care Quality Commission. The registered manager told us they had received no written complaints about the home in the last 12 months. Staff were aware of the complaints procedure.

Good

Is the service well-led?

Our findings

People were very positive about the home and the way the home was managed. One person said "I like living here and I am happy." Staff were confident in their roles and felt it was a good place to work. One member of staff said "I look forward to coming to work. It is just such a nice place to be." Staff worked together as a team and there was an open culture and communication between them, the management team and the people they supported.

The provider was regularly involved in the home and made frequent visits to ensure people and staff were happy and they were providing a good service for people. They had recently appointed an operations manager to undertake walk about visits for auditing purposes. These visits included talking to people, looking at care records, monitoring the premises and talking to staff. A report was generated following each visit and any actions identified were checked at the next visit. One action identified was the redecoration of the hallway which was planned to take place the following month.

The registered manager undertook monthly audits of medicine records, care plans, risk assessments nutritional plans and staff duty rotas to monitor the service people received. A summary of these audits were sent to the provider for information.

The registered manager also undertook health and safety audits and infection audits to ensure the safety and wellbeing of the people living in the home, people visiting the home and to promote a safe working environment.

People were involved in the running of the home. House meetings took place regularly and discussions included the food, choices and activities were discussed. Notes were written using words and pictures so people were reminded what had been talked about in a way they would understand.

Staff were involved in how the home was run. Staff had the opportunity to meet as a team on a monthly basis to discuss general information and any issues or concerns. Minutes were available to us. These were generally positive and included items like staff cover for people's holidays.

Relatives were encouraged to give their feedback about the home. The registered manager told us the recent survey had only been completed by two relatives. The comments received were positive. These included "I am very happy with the standard of care provided." "I have not seen any area that needs improving." "The staff are always kind and welcoming."

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was displayed in the home so they would know how to

respond if they had concerns they could not raise directly with the registered manager.