

Prikal Care Ltd

Wood Way Lodge

Inspection report

411 Wood Way Lane
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Tel: 02476613540

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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

Wood Way Lodge provides accommodation for up to four people with learning disability or autistic spectrum disorder. At the time of our inspection there were four people living in the home. At the last inspection, in July 2014, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive care in ways which helped them to remain as safe as possible. There was enough staff to provide support to people to meet their needs. The registered manager had recently appointed a deputy who regularly spent time at the home. Staff understood risks to people's safety and supported people receive their prescribed medicines safely.

Staff received training which matched the needs of people who lived at the home, so they would develop the skills and knowledge to care for them. People made day to day decisions about their care and staff used their skills to make sure people were agreeing to the care offered to them. Support was available to people if they needed help making key decisions about their life. People were cared for so their nutritional needs were met and to stay well through assistance to access to health care.

People enjoyed spending time with the staff who cared for them and were encouraged to make their own day to day decisions and maintain their independence. People were treated with dignity.

People, their relatives' and health and social care professionals' views and suggestions were listened when care was planned. No complaints had been made since our previous inspection, however, systems were in place to manage complaints. Relatives we spoke with knew how to raise any complaints or concerns.

The registered manager worked with people, their relatives and other organisations in an open way so people would enjoy the best well-being possible. Regular checks were in place to assess and monitor the quality of the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Wood Way Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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. At the last inspection on 29 July 2014 the service was rated as good.

This was an unannounced comprehensive inspection which took place on 20 April 2017 and was completed by one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We spent time with people in the home. We spoke with two relatives, the registered manager the deputy manager and two care staff.

We looked at a range of documents and written records including two people's care records, minutes of meetings with people living at the home, records about the administration of medicines and plans of interesting things for people to enjoy.

In addition, we looked how complaints were managed, staff rotas and staff meetings and plans put in place to manage unexpected events which may affect people's safety and the continuity of the service. We also looked at information about how the provider and registered manager monitored the quality of the service provided. These included accident and incident records and questionnaires completed by people and staff.

Is the service safe?

Our findings

People's relatives told us staff understood their family member's physical safety and care needs. One relative told us, "They [staff] are tuned into the best ways of meeting [person's name] needs." People showed us through their facial expressions they were comfortable with the staff who cared for them. People were confident to ask staff for assistance when they wanted it.

Staff knew how to recognise if people may be subject to harm or abuse. One staff member gave us an example of the actions senior staff had taken with other organisations with responsibilities for helping to keep people as safe as possible. By doing this, the person's safety needs when away from the home were promoted.

One relative gave us examples of the joint work staff had undertaken with them and other health and social care professionals. As a result, new ways to support their family member were being put in place to reduce their anxieties and increase their well-being. The registered manager told us, "A lot of staff have worked here for over three years and know people's safety needs."

Risks to people's physical health and well-being were understood by staff. One staff member explained how some people's underlying health conditions meant they needed support and personal equipment to manage risks to their physical well-being. Another staff member explained how they supported another person, so the risk of them accidentally injuring themselves was reduced.

We saw people were cared for in ways which reduced the likelihood of them becoming anxious. For example, staff understood it was essential for some people to know when they were going out to do things they enjoyed. Staff kept to the arrangements made, so people's well-being was enhanced. We saw staff reassured people when they needed it, so they were more relaxed. Staff had been given information on the best way to care for people so risks to people were reduced.

People's relatives told us there was enough staff to meet people's safety and care needs. One relative explained how staff were working with other health and social care professionals. This was being done so additional staffing would be put in place to meet their family member's needs. Staff told us there was enough staff to meet people's care and safety needs. One staff member said, "[Person's name] needs have changed recently. Having an extra person [staff member] has helped, so no one else misses out."

People received their medicines when they needed them. One relative told us, "I have no concerns regarding [person's name] safety or medicines." Staff were not allowed to issue medicines until they had received training and their competency was checked. One staff member explained if they had any concerns for people's medicines these were reviewed by people's GPs. We saw staff had opportunities to discuss people's medicine needs at regular staff meetings. People's medicines were regularly checked so senior staff could be assured people were receiving the medicines they needed. We saw staff kept clear records of the medicines administered to people and medicines were securely stored.

Is the service effective?

Our findings

People were supported by staff who had received training to develop the skills and knowledge to care for them. One relative told us they knew staff attended training regularly and newer staff also learnt from more experienced staff who knew people well. One staff member said, "Training here is good and we are always doing refresher training, so you know how to do the job." Staff told us they were confident if they identified any training they needed it would be arranged.

New staff were supported to understand their roles and the needs of the people they cared for through an induction programme. This included training in key areas so the registered manager would be assured staff had the opportunities to develop the knowledge they needed to support people.

We saw the training staff had received was linked to the needs of the people they cared for and included training and advice from external professionals so people's anxiety would be reduced and their sensory needs met.

Staff we spoke with understood how The Mental Capacity Act 2005 guided them to promote people's rights. Staff knew people had the right to make their own decisions and what to do if people needed assistance to make some decisions. We saw staff gave people time to make their own decisions, and checked their body language, so they could be sure people were making their own choices and people's wishes were respected. We found staff understood who should be involved in making decisions in people's best interests, when people needed support.

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).

One relative told us they had been consulted when staff had assessed they needed to apply for a DoL for their family member. We found where staff needed to deprive anyone of their liberty the necessary action had been taken, so people's rights were promoted.

People were comfortable to ask for drinks and snacks when they wanted them. We saw people enjoyed being in the kitchen with staff and enjoyed their mealtime experiences. One person showed us they had snacks packed ready for their day out. One staff member explained how they had supported people so they would have the right amount to eat, safely. We saw guidance from speech and language specialists had been followed so people were able to choose from a range of food and drink options and risks to people when they ate were reduced.

Relatives told us staff supported their family members to see health professionals so they would remain as well as possible. One relative told us this included their family member's GP and mental health specialists. Another relative told us, "[Person's name] see the GP quite often."

Staff told us specialist advice was sought promptly if they had any concerns for people's well-being. We saw staff had been given clear guidance on the best way to promote people's health, including their sensory, physical and mental health needs. Information regarding people's health needs was available.

Is the service caring?

Our findings

People showed us they enjoyed spending time with staff and we saw people were comfortable to let staff know what they wanted. One relative told us staff were caring and said, "When [person's name] is due to return to the home, he goes back and is happy to do so." Staff spoke warmly about the people they cared for. One staff member said, "You get attached." Another staff member told us, "I love working here, seeing them [people] happy makes my day."

Staff we spoke with had cared for people living at the home for a number of years, and told us this helped them to know them well. One staff member said, "[Person's name] gave me my interview, and I met with the other people living here when I came for my second interview. I was so pleased they remembered me when I started, and this made it easier for them." Another staff member told us they had found out about the people living at the home, initially, by checking their care plans and chatting to their family about their interests, preferred routines and needs.

Staff gave us examples of the ways they let people know they were valued. One staff member told us they knew how important it was for some people to be able to go to college, and see their friends. The staff member explained they had used this knowledge and asked the person if they would like their college friends to be invited to their birthday celebrations, which had increased the person's enjoyment of their special day.

People made some of their own day to day decisions such as what they wanted to wear, what fun and interesting things they wanted to do and what they wanted to eat and drink. One staff member told us as a result of the way staff supported people living at the home to make their own decisions, "[Person's name] communicates more because they feel included and knows they are part of the home." We saw staff supported people and reassured people when they were making their decisions in ways which recognised people's preferences and decisions. We also saw staff used meetings with people living at the home to check they were happy with care planned.

Staff we spoke with recognised people's rights to dignity, privacy and independence. Staff gave us examples of the actions they took so people's privacy and dignity needs would be met. These included ensuring people were supported discreetly during personal care, and people were comfortable to make the decision to spend time in the privacy of their rooms. One staff member told us how thrilled they had been when one person had developed the confidence and skills to recognise when they wanted to ask for personal care. Another staff member explained how some people at the home maintained their independence by helping staff order food on line, and other people liked to assist with preparing to make drinks for everyone to enjoy.

Is the service responsive?

Our findings

People were comfortable to ask for support when they needed it, and let staff know how they wanted their day to day care to be delivered. Relatives we spoke with told us they were involved in deciding the best way for their family member to be cared for. One relative explained they contacted staff if they had any suggestions about the best way for care to be given. Another relative said, "I get involved in care reviews. They [staff] are very good at asking me for advice and applying it to the help [person's name] gets."

Staff told us their knowledge of people's preferences was taken into account when people's care was planned. One staff member said, "It means a lot to people if you follow their [preferred] routines, they are happier." Staff told us they were encouraged to reflect on the care planned for people. One staff member said, "It's about how do we support [person's name] to have a comfortable life."

Relatives told us staff supported their family members to enjoy trips out, holidays, attendance at college and to keep in touch with people who were important to them. Staff knew how people liked to spend their time, and built in opportunities for people to use their favourite transport so their enjoyment would be increased. One staff member said, "You build in chances for enjoyment in everyday things." We saw staff took into account people's preferences when caring for them, and supported people promptly if they needed reassurance.

People's care plans and risk assessments provided staff with the information they needed to care for people so their individual needs were met and risks to their well-being reduced. People's care plans reflected their health needs, preferences and unique histories. Staff took into account advice provided by people's relatives, health and social care professionals when planning people's care. By doing this staff were helping to ensure people would enjoy the best well-being possible. Staff told us there were regular opportunities for them to communicate information so people would receive the care they required as their needs changed.

Relatives told us they were able to visit their family members at any time. One relative told us staff supported their family member so they were able to enjoy visits to their family home. The relative told us their family member enjoyed their time with their family, but looked forward to returning to Wood Way Lodge to see their friends there.

No complaints had been received since our last inspection. Relatives we spoke with knew how to raise any concerns, make suggestions and complaints. One relative told us they had not needed to raise any complaints as staff listened and took action when they made suggestions about their family member's care, when they first moved in to the home. The relative told us, "Staff understand [person's name] has the right to ask for help and to refuse things."

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. 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.

People showed us they felt included in life at the home by communicating their views with staff on planned trips and by letting staff know where they wanted to be in the home. One relative told us the way the home was run meant, "I have not had to make any major suggestions as I am happy how they [staff] are meeting [person's name] needs. [Person's name] is happy and we always feel welcomed."

Staff told us they found the senior staff and the registered manager to be approachable. One staff member said, "You can see [senior staff members and registered manager's name] want everyone to be happy."

One relative said senior staff and the registered manager were, "Open and friendly", and this encouraged them to make suggestions about their family member's care. Both relatives we spoke with told us staff had not always benefited from having continuity of senior staff. One relative told us this had not had any direct effect on the care their family received. The relative said this was because the staff who regularly supported their family member took the actions needed to support them. The registered manager had recently appointed a new deputy, who had already become familiar with people living at the home. The new deputy had used this knowledge to help to make sure people were receiving the care they needed in ways which promoted their safety.

The registered manager told us, "Staff know what's expected of them because we train them and discuss people's needs. You see their passion when they talk about people, and they know them well." One staff member we spoke with gave us an example of how staff had communicated a person's changing needs at staff meetings. The staff member told us the registered manager had listened to their suggestions and taken action to involve other health and social care professionals. The staff member said as a result of this, the person's well-being had been increased.

The registered manager told us they kept up to date with best practice through meetings with other providers and other health and social care professionals, so they could be sure people were receiving the best care possible.

The registered manager checked the quality of the care offered through meetings with people, relatives and questionnaires. We saw feedback was positive. The registered manager and senior staff also undertook regular checks so they could be assured people were receiving the care they needed. These included making sure there were plans for dealing with any unexpected events which might affect people living at the home. In addition checks were made so the registered manager could be sure risks to people's safety were reduced and people had opportunities to do things they enjoyed.