Arcare Woodlands Limited

Woodlands

Inspection report

The Promenade
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Woodlands is a residential care service providing accommodation and personal care for up to 22 people. The service provides rehabilitative care for people with severe and enduring mental health illnesses and learning disabilities. At the time of our inspection there were 16 people using the service. The service is situated in a residential area of Southport near to local amenities.

Woodlands is a 'care home'. People in 'care homes' receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

This was an unannounced inspection which took place on 21 January 2019. The last inspection was in June 2016 when the service was rated as 'Good.' At this inspection we found evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in post. A registered manager is a person who has registered with CQC 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.

We found that staff's suitability to work with vulnerable adults at the service had been checked prior to employment. For instance, previous employer references had been sought and criminal conviction checks undertaken.

Medication was managed safely and was administered by staff who were competent to do so. People who wished to self-medicate were supported by staff to do so safely, this helped to promote their independence.

Appropriate arrangements were in place for checking the environment was safe. For example, health and safety audits were completed on a regular basis and accidents and incidents were reported and recorded appropriately.

Care records contained detailed information to identify people's requirements and preferences in relation to their care. People we spoke with told us that they had a choice in how they lived their lives at the service.

Staff sought consent from people before providing support. Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) to ensure people consented to the care they received. The MCA is legislation which protects the powers of people to make their own decisions.

Staff had received training which equipped them with the knowledge and skills to ensure people received

adequate care. Staff had also received more specific training to meet the needs of people living with mental health illnesses and learning disabilities.

People were involved in their care and there was evidence in their care records to show that they had been consulted about decisions. We saw evidence that people's hobbies and interests were recorded and catered for. For example, one person enjoyed attending the gym and staff actively supported them with this.

Quality assurance processes were in place to seek the views of people using the service and their relatives.

We asked people about how they thought the service was managed and their feedback was positive.

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 remained safe.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service remained well-led.

Woodlands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 January 2019 and was unannounced. The inspection was conducted by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information we held about both the service and the service provider. We looked at any statutory notifications received and reviewed any other information we held prior to visiting. A statutory notification is information about significant events which the service is required to send us by law. A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also invited the local authority commissioners to provide us with any information they held about the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, a team leader, a senior carer, a member of care staff, the chef, a visiting professional and four people who lived at the service. We also spoke to four relatives on the telephone.

We looked at care records belonging to four of the people living at the service, four staff recruitment files, medication administration records, policies and procedures and other documents relevant to the management of the service.

We undertook general observations of the service and the care people received.

Good

Is the service safe?

Our findings

People we spoke with during the inspection told us they felt safe at the service, comments included, ''Staff are always here and that makes me feel safe'' and ''It's knowing that I am getting the help I need.''

We observed that people who were able to access the community independently, could come and go as they pleased. There was a signing in and out procedure in place so that staff knew who was out of the building at any one time.

We looked at how staff were recruited. The service carried out appropriate pre-employment checks such as disclosure and barring service (DBS) checks. This helped to ensure that staff members were safe to work with vulnerable people.

We looked at how the service was staffed. On the day of our inspection there was the registered manager, a team leader, a senior member of care staff, a carer and a chef, to support 16 people who lived at the service. People told us there was sufficient numbers of staff to provide support.

We looked at the systems in place for managing medication in the service. We saw that a medicine policy was in place to advise staff on the provider's medication procedures. We also saw that staff had access to nationally recognized best practice guidance. Staff had received training in how to administer medication safely and their competency to do so had been assessed. Medication administration recording charts (MARs) were completed without any gaps.

Medication was stored safely in a locked room and drugs trolley. The temperature of the room and medicine fridge was recorded to ensure that medicines were stored at safe temperatures. This is important as if medication is not stored at the correct temperature it may not work as effectively.

Some of the people living at the service had capacity to make their own decisions about their medication. For people who wished to self-medicate, staff supported people to manage their own medicines safely which helped to promote their independence.

A safeguarding policy was in place for staff to follow should a safeguarding incident occur. Staff we spoke with were knowledgeable about how to recognise the different types of abuse and how to report any concerns. We looked at safeguarding records for events which had occurred in the service. We saw that each event was analysed. This was a pro-active process and helped the service deliver safer care and mitigate any risk of reoccurrence of past events.

Audits were in place for checking the environment to ensure it was safe. External contracts were in place for gas, electric and fire safety. Regular internal checks were also completed, such as fire alarm checks, water temperatures and call bells.

A fire risk assessment of the building was in place and people who lived at the home had a PEEP (personal

emergency evacuation plan). This meant that staff and emergency personnel had important information on people's needs in an emergency situation and the support they required to evacuate in the event of an emergency.

The service was clean. Infection control policies and audits were in place which identified any areas of concern. We did note that some areas of the home appeared tired and worn, we spoke to the registered manager about this who confirmed that there were plans to redecorate some areas of the service.

Good

Is the service effective?

Our findings

We saw that staff knew people well and supported people in line with their preferences and needs. One person told us, ''Staff know what I like and what I don't.''

People's care records showed evidence of people and their relatives involvement in the admission process. A relative told us, ''I was involved in [person's] care plan and was asked lots of questions.'' Records also contained details of people's preferred daily routines and were drafted to include their own specific rehabilitative goals. Care records contained an action plan of how staff would support people in achieving their goals. For example, one person wished to access the community independently, we saw how the person was on their way to achieving this with support and guidance from staff.

Care records also contained detailed risk assessments with guidance for staff on the management of risk. This was good practice as it helped to promote people's independence and choice in the safest and least restrictive way possible.

People were supported by staff to attend any external healthcare appointments. This was important for people who were unable to communicate with healthcare professionals and needed an advocate to speak on their behalf.

People had access to tea, coffee and snack making facilities. Staff supported to people to go food shopping so they could purchase ingredients and make a food dish of their choice. This helped people not only develop their cooking skills but to build on their confidence. Feedback about the food was positive. All meals were home cooked on the premises. People had two menu options for their main meal and could have an alternative if they did not want either of the two options for that day.

The registered manager provided us with information on staff training. We saw that training was provided in a range of health and social care topics. Some staff had also received specialised training such as first aid training for people with mental health illnesses. One member of staff told us, ''The training is very useful.'' Most staff had completed external courses in care such as National Vocational Qualifications (NVQs). These qualifications were funded and encouraged by the service. NVQs are work based qualifications which recognises the skills and knowledge a person requires to do a job helping them to carry out the tasks associated with their job role.

Staff appraisals and supervisions were held regularly. Staff we spoke to found the process was a good way of enhancing their own personal development.

We checked whether the service was working within the principles of the MCA (The Mental Capacity Act 2005) and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We looked at people's care records and saw evidence that people's capacity to consent was assessed appropriately in relation to a range of decisions. The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people are not able to consent, they can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked that the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were. We saw that people had provided consent to a wide range of decisions such as care and treatment, medication and management of finances and the information was presented in pictorial format to make the information easier to understand.

The service was registered to provide care for people with a learning disability. This meant it had a duty under 'Registering the Right Support' Regulations to ensure that, wherever possible, people had the freedom and choice to transfer into supported living accommodation within the community. We found that the majority of people who used the service were successful in their rehabilitation and went on to live a more independent life in the community.

Good

Is the service caring?

Our findings

People told us staff were care caring and supportive, comments from people included, ''They [staff] talk to me, I've built up a close bond with the staff and they help with everything'' and ''The staff know how to look after me properly.'' A visiting professional told us, ''[Staff] are all great, [people] are always laughing.''

We observed positive interactions between staff and people using the service. There was plenty of chatter and banter. We spoke to relatives who told us, ''[Staff] are brilliant at their job and I am always made to feel welcome,'' ''I feel perfectly happy driving away knowing [relative] is cared for'' and ''[Staff] go above and beyond, it's a home from home and they treat [person] just like family.''

We observed lunchtime and saw that staff assisted people who required help in a patient and dignified manner. One person had their meal cut up into small pieces by staff and was provided with a plate guard. This helped to maintain the person's dignity. We saw one person helping to lay the tables. The atmosphere during lunchtime was relaxed with people chatting together and with staff.

We saw that the service adhered to the principles of the Equality Act 2010. This is legislation designed to preserve people's protected characteristics such as age, disability, sexuality, culture and religion. Information was presented to people in a way to ensure their understanding such as the use of pictures and large format text. These methods of communication ensured the person's inner voice was heard.

We asked staff what equality and diversity meant to them. One member of staff explained, ''We care for people as individuals, we cater for the person's choice and preference.''

Good

Is the service responsive?

Our findings

During this inspection we looked at the care records for four people. We saw that people's care records contained information about people's preferences in relation to their care and treatment. For example, people could specify whether they preferred to have a shower or bath and what foods they preferred.

Care records also contained a pre-admission assessment which helped to ensure people's care needs could be met from the day of their admission. A re-assessment of needs was undertaken on a regular basis to ensure that any changes in people's needs and care were identified. Some people were admitted for a period of respite care and were involved in setting goals they hoped to achieve during their stay. Goals were recorded and an action plan was implemented which set out the support the service would provide in helping people to achieve their goals. This ensured that care remained responsive to people's needs.

The service did not have a set daily routine and people had a choice of what activities they could participate in. Not all activities were provided in the service, this was to encourage people to engage with the local community and so aid their rehabilitation. Activities within the community included shopping trips, bowling, gym, pub lunches and the cinema. The service worked alongside a local scheme which encouraged a range of activities from participating in taking care of animals at a local farm to amateur dramatics sessions. People were also supported with the attendance of external courses specific to their health care needs such as management of anxiety and smoking cessation. Forging strong links with the community helped people to develop their confidence and self-esteem. It also helped to develop people's life skills and independence. However, some people told us they would like to go out more, comments included, ''I think I don't get enough 'one to one' time as I haven't always got the opportunity to go out'' and ''I watch TV in my room, I'd like to get out more.'' We fed this back to the registered manager.

During our inspection we saw that people could personalise their own bedrooms. One person had chosen to decorate their room to reflect the football team they supported. A relative to us, ''[Person] truly feels like it's their home.''

People had access to a complaints procedure and people we spoke with knew how to make a complaint. We found that complaints were investigated and managed appropriately.

At the time of our inspection there was no one receiving end of life care. We saw that some care records contained records of people's end of life wishes.

Good

Is the service well-led?

Our findings

During this inspection we looked at how the registered manager and provider ensured the quality and safety of the service.

We saw that audits were in place for health and safety, fire safety, infection control, medication, care plans and accidents and incidents. The audits we reviewed were up to date and identified were improvements were required.

We looked at how accidents and incidents were managed and found they were recorded appropriately. Records were analysed to identify any trends or patterns which helped to maintain people's safety.

We looked at processes in place to gather feedback from people living at the service and listen to their views. We saw that questionnaires were used to gather people's opinions and suggestions about the service. Questionnaires included images to make the format easy to understand. For example, as a result of a resident meeting, the tea time menu had been changed to provide more choice of meals. People were encouraged to chair the meetings, this gave people a sense of empowerment and gave them a say in how the service was run. One person told us, ''We get together with staff and talk about things, some things have changed because of them.''

There were also processes in place for relatives of people living at the service to feedback their views. Feedback about the service was positive. Written comments included, ''Thank you for all the wonderful work you do and kindness,'' ''[Relative] is no longer the unsure person with no confidence all because of your time and patience.''

People's feedback about the management was positive. Comments from people included, ''The manager is always there and helps us all,'' ''I know I can go to the manager and they would help me with things, [manager] is great'' and ''The manager treats me with respect.'' A member of staff told us, ''The manager is fantastic, they are always there. They are very supportive both professionally and personally.''

The registered manager held regular staff meetings so that staff could have their say. Staff we spoke to found meetings beneficial as it gave them an opportunity to make suggestions for improving the service.

The registered manager had notified CQC of incidents that had occurred in the home in accordance with registration requirements. Ratings from the last inspection were displayed within the home as required. The provider's website also reflected the current rating for the service. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.