

J C Care Limited

Woodhouse Cottage

Inspection report

5 Woodhouse Lane
East Ardsley
Wakefield
West Yorkshire
WF3 2JS

Tel: 01924824119

Website: www.craegmoor.co.uk

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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

This inspection took place on 24 February 2016 and was announced.

Our last inspection took place on 7 January 2015, at that time we found the service was not meeting the regulations relating to consent. The registered person did not have suitable arrangements in place to show they were acting in accordance with the Mental Capacity Act (MCA) 2005. At the last inspection on 7 January 2015, we asked the provider to take action to make improvements for ensure consent, and this action has been completed.

Woodhouse Cottage is registered to provide accommodation for up to six people who have a learning disability. The home has a kitchen, dining area and two lounge areas on the ground floor. There are six single en-suite rooms with showers on the first floor. There is one bathroom on the ground floor. The home has a well maintained garden area and is within easy walking distance to local amenities. At the time of inspection there were five people living at Woodhouse Cottage.

At the time of this inspection the home had a registered manager. 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.

At this inspection we found people were happy with the care they received. People felt staff were caring. We saw people received good support during the inspection and enjoyed the company of staff.

People told us they felt safe and did not have any concerns about the care they received.

We found the provider was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff understood how to help people make day-to-day decisions and were aware of their responsibilities under the MCA and Deprivation of Liberty Safeguards (DoLS).

We found that staff had training throughout their induction and also received refresher training in areas such as dementia care, MCA, DoLS, safeguarding, health and safety, fire safety, first aid and infection control. This meant people living at the home could be assured that staff caring for them had up to date skills they required for their role.

Medicines were administered to people by trained staff and people received their prescribed medication when they needed it. Appropriate arrangements were in place for the ordering, storage and disposal of medicines. At the time of inspection a visiting pharmacist was at the home completing their six monthly checks of the homes medication.

People enjoyed a range of social activities and had good experiences at mealtimes. People's health needs were met.

People told us the food was good and that they had enough to eat and drink. People chose to eat in the home or out in the community.

Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff felt supported and had regular supervisions and appraisals

We saw the provider had a system in place for the purpose of assessing and monitoring the quality of the service. This showed through audits that this was an effective system.

People told us they would feel comfortable raising concerns or complaints. People provided positive feedback about the registered manager.

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.

We saw robust safeguarding procedures were in place and staff understood how to safeguard people they supported. There were effective systems in place to manage risks to the people who used the service which also encouraged and promoted their independence.

People's medicines were stored safely and they received them as prescribed.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

Is the service effective?

Good ●

The service was effective.

Staff told us they received good training and support which helped them carry out their role properly.

Staff could describe how they supported people to make decisions, to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Health, care and support needs were assessed with people who used the service and met by regular contact with health professionals.

Is the service caring?

Good ●

The service was caring

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff and people who used the service had a good rapport and had developed meaningful relationships.

People told us they were happy with the support they received and that their needs were met.

Is the service responsive?

Good ●

The service was responsive

People's needs were fully assessed and reviewed when any changes to needs and wishes were identified.

People had good access to activities in the community and their home. They were also supported to maintain family contact.

There were systems in place to ensure complaints and concerns were responded to. People were given information on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led

There were effective systems in place to assess and monitor the quality of the service.

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement.

Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified and acted upon.

Woodhouse Cottage

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 inspection took place on 24 February 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector and an expert by experience with experience in mental health and learning disabilities. 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 reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted health professionals and the local authority. We did not ask 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.

During our visit we spoke with three people who lived at Woodhouse cottage, one relative by phone, a visiting pharmacist, three members of staff, the registered manager and the general multisite manager. We observed how people were being cared for. We looked at areas of the home including some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and to the management of the home. We looked at four people's support plans.

Is the service safe?

Our findings

People who used the service said they felt safe and well looked after. One person said "I am safe and happy." One person when asked what they liked about the home said they enjoyed going out to different places. They told us, "We can go out into the community on our own or with our support worker." A relative told us; "I feel [name of person] is well looked after, I have no concerns at all about his care."

We saw very positive interactions with staff and the people who use the service throughout our visit and people who used the service were happy and comfortable with the staff. There was an excellent rapport between people who used the service and the staff. Staff said they treated people who used the service well and that any untoward practices would not be tolerated and reported promptly. They said they would have no hesitation in reporting any concerns and felt confident to do so if needed.

There were procedures in place in relation to safeguarding to make sure that any concerns about the safety of people who used the service were appropriately reported. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. This is known as whistle blowing. Staff were familiar with the provider's safeguarding and whistle blowing procedures. Staff said they had received training in the safeguarding of vulnerable adults and the staff training records confirmed this.

Staff spoke of their training in managing behaviours that could challenge the service. They said they were trained in de-escalation techniques and felt confident that these techniques prevented incidents of behaviour that could challenge others. Staff told us they received an annual update of this training and the records we looked at confirmed this. Staff told us they knew people well and were aware if people became agitated how to best support them. One member of staff told us, "We have all the guidelines of how to support people and to ensure we give them space if needed."

Risks to people who used the service were appropriately assessed, managed and reviewed. We saw risk assessments had been carried out to minimise the risk of harm to people who used the service, while also maintaining and promoting independence. For example, going on the bus. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take.

Records we looked at showed gas and electrical safety tests were carried out at the correct intervals.

Records also showed that any firefighting equipment had been serviced.

Through our observations and discussions with the general multi-site manager and staff we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. On the day of our visit there were enough staff on duty providing support for the four people who were at the service at that time. The staff we spoke with said that they had a good staff team and they did not have concerns about staffing levels. We saw rotas were worked flexibly to meet the needs of people who used the service. People who received one to one staff support were clearly marked on the rota. The service did not use any agency staff at the time of our inspection.

People who used the service said they were enough staff available to them. A relative of a person who used the service said there was always enough staff. They also said there was sufficient staff to make sure people went out regularly.

We spoke with staff about the recruitment process. We saw that effective recruitment and selection processes were in place. Relevant checks had been completed before staff worked unsupervised at the home.

which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

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We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safe keeping, reviewing and disposing of medicines. Medicines were stored securely and there were adequate stocks of each person's medicines available with no excess stock. Staff who administered medication had been trained to do so and we saw their competency was checked regularly. We looked at the medication administration records (MAR) for the people who used the service and no gaps in recording were seen which showed they had been given correctly. During the inspection there was a visiting pharmacist on site. The pharmacist visited the home twice a year. There had been no issues identified from the visit in August 2015 or February 2016. The pharmacist told us that she had never had any issues regarding medication at the home.

Is the service effective?

Our findings

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People were asked if they wanted to go out or how they wanted to spend their time. One person was given the option of going out with or without their support worker in to the town centre.

We saw people were asked for their consent before any support interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS)

We were told that one people who used the service were subject to authorised DoLS. Our review of people's care records demonstrated that all relevant documentation was completed clearly to ensure it was lawful.

We saw policies and procedures were in place for the Mental Capacity Act and the DoLS.

We spoke with staff about the MCA. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions such as making every day decisions and choices. Staff said they could speak verbally to the people they supported to assist them to make their own decisions. Staff we spoke with confirmed they had received training on the MCA and our review of records confirmed this.

Support plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests. For example, this was applied for one person around finances and medication.

Records showed that arrangements were in place that made sure people's health needs were met. Each person had a support plan which included details of their medication, details of visits to or visits by professionals which demonstrated that people had regular check- ups with GPs, dentists and consultants. Staff were aware of the systems in place for people to be reassessed should their needs change.

People had support plans in relation to their preferred food and drink, and details of any dietary requirements were included. Information about allergies was clearly recorded. We saw food and drinks were available for people throughout the day and we observed staff encouraged people to eat and drink and have snacks to maintain their hydration and nutritional needs. We saw people took their meals as they liked them. People were very familiar with the kitchen and made drinks for each other in the home.

Is the service caring?

Our findings

People told us they were treated with dignity and respect. One person told us, "They are all really nice; we can have a laugh with them all." Another person told us, "If I need any money I just go into the office with my key worker."

The home provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs. People looked very well cared for. They were tidy and clean in their appearance which is achieved through good standards of care.

People were very comfortable in their home and decided where to spend their time. People told us their rooms were their own personal space and staff respected this. People held keys to their room. During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. Staff spent time chatting with people and it was evident from the discussions they knew the people they supported very well. Staff were allocated to work with people on a one to one basis and had planned activities so everyone was clear about what was happening. Everyone we spoke with told us they were happy with their key worker.

All the staff we spoke with were confident people received good care. Staff provided good examples of how they understood their work place was also the home of the people they supported. One member of staff said, "Everyone receives really good care, it's a great job." Another member of staff said, "We support people to do what they want to do everyone gets on really well."

Systems were in place to help people understand what they could expect from the service. There was information displayed to help inform people. This included a service user guide and information about Leeds advocacy services. At a recent 'Your voice' meeting people had discussed a blue ray player for the communal area of the home. Outcomes from this were clearly identified and funds had been requested for the blue ray player for everyone to use in the home. We also saw where people did not have family members or others who could support them, advocates had been involved.

We observed staff attending to people's needs in a discreet way which maintained their dignity. Staff knocked on people's doors also before entering the person's room.

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One member of staff said, "I always knock on the door before entering someone's room." Another member of staff said, "I knock on the door to ask if they are ready to get up, if not I will go up half an hour later to ask again." We saw in people's support plan that they had consented to staff knocking on the door every half hour.

Is the service responsive?

Our findings

Activity was arranged to suit the needs and interests of the people who used the service. Staff said they offered and encouraged activity based on the person's known likes and dislikes. Records showed people who used the service were involved in a wide range of activities. This included; trips out into the community, pub, colleges, cycling.

People were supported in promoting their independence and community involvement. People told us they took part in a range of activities which included accessing the local and wider community. They talked to us about how they planned their day and consistently said they were involved in this. Everyone had an individual programme and said they were happy with the activities they did. People went out daily and engaged in varied activities such as visiting Leeds and other town centres, playing football and walking. We spoke to one relative who told us they were very happy with what their son was doing. "He is always out, you can't keep him in. Staff have supported [name of person] in his hobby and provided him a cabinet to display these in."

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. We looked at the support plans for four people who used the service. The support plans were written in an individual way, which included likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with accessing the community. Staff had an in-depth knowledge and understanding of people's care, support needs and routines.

People who used the service were encouraged and supported to keep in contact with family. The relative we spoke with said they felt welcome whenever they visited and could visit anytime.

We saw the complaint's policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any complaints.

Staff knew how to respond to complaints and understood the complaint's procedure. They said they would always try to resolve matters verbally with people who raised any complaints. They were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner.

There was a complaint's file in the service with all information and documents available should any complaints be made. The general multisite manager said, "Any complaints would be dealt with accordingly, we take these very seriously." At the time of the inspection there had been one complaint by two of the people who used the service around noise on a night. The staff had arranged a meeting with everyone in the home. It was agreed by everyone people would vacate each other's rooms by 11pm and televisions would be turned down to a lower level so other people could get to sleep if they wanted to. It was evidenced on the day of inspection that everyone had signed to say they had agreed with this.

Is the service well-led?

Our findings

At the time of our inspection the registered manager had been registered with the Care Quality Commission. The registered manager worked alongside the general multi-site manager and staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them. On the day of inspection we spoke mostly to the multisite manager due to other work commitments from the registered manager.

Our discussions with people who lived at the home and our observations during our inspection showed there was a positive culture and atmosphere, which was person centred and inclusive.

People talked to us about 'Your Voice' meetings which were held monthly. They said these were good meetings where they discussed the home and could put forward suggestions to help improve the service. We looked at some of the meeting minutes which showed people's feedback influenced what happened at the service. For example, at a meeting people had discussed holidays, new car and general areas of the home. At the meeting discussions around safeguarding and different types of abuse were also discussed.

A satisfaction survey for people in the home had been completed for the home in June 2015. This included, support, choice, feeling safe, cleanliness of the home and do I feel listened to. The results showed were positive showing 'always' or 'mostly always' responses. Comments included, 'Mostly happy with everything', 'I like the staff and they would change nothing about the service'. The general multi-site manager told us they used this as a tool to continuously improve the service. At the time of inspection the service did not have a survey in place for the relatives of the people in the home. The registered manager said they would look at introducing this to continue to quality assess the service.

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the management team were aware of issues that affected the service. Staff said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. Staff said there was a good emphasis on team work and they felt they had a 'really good team'. We also saw monthly keyworker meetings which were being held in the home.

Staff spoke positively about the registered manager and the general onsite manager. One staff member said, "I get on well with the management team. They are firm but fair." Another staff member said, "The registered manager is very receptive, I really enjoy my job, best one I have had." Another staff member told us, "We all support each other we work as a team it's a really nice job to have." A relative of a person told us that they were confident the home would respond to any issues raised.

There was a system for auditing and these were completed weekly and monthly depending on the area of the service being reviewed. The audits included medication, finances, housekeeping and the environment. We saw the regional manager's review visit report for January 2016 which included premises, complaints

and staff training and safeguarding. Records included the action to be taken where issues had been identified; and the person responsible for completing the task and when it should be completed.

Any accidents and incidents were monitored by the management team to ensure any trends were identified and acted upon. The general multisite manager and registered manager confirmed there were no identifiable trends or patterns in the last 12 months. They also said that a record of any incident or accident was kept in people's support plan and any actions taken to prevent re-occurrence were documented and communicated to staff.