

Parkcare Homes (No.2) Limited

Woodthorpe Lodge

Inspection report

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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

We inspected this service on 17 December 2018 and this was an unannounced inspection. At our last inspection in September 2016 we rated the service, good. At this inspection we found the 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 was registered to provide support for up to eight people who may have a learning disability or mental health condition. There were seven people living in the home at the time of our inspection.

Woodthorpe Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service 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.

People continued to receive safe care and there were enough staff to provide support to people to meet their needs. Staff had been suitably recruited to ensure they could work with people who used the service. People were protected from the risk of harm and received their prescribed medicines safely and were helped to take responsibility for their medicines.

The care that people received continued to be effective. People made decisions about how they wanted to be supported and they could decide what to do and how to spend their time. Where people lacked capacity, they were helped to make decisions. Where their liberty was restricted, this had been identified and action taken to ensure this was lawful. People were responsible for shopping and cooking the food they wanted to eat and supported to develop independent living skills. They received support to stay well and had access to health care services. Staff had training and professional development that they required to work effectively in their roles.

The care people received remained good. People had developed positive relationships with the staff, who treated them with respect and kindness. Staff helped people to make choices about their care and their views were respected. People were involved in the planning and review of their care and family members continued to play an important role. Where people had any concerns, they could make a complaint and this was responded to.

The service continued to be responsive. People could participate in activities that interested them and be independent. Care records were personalised and contained relevant information for staff to help them provide the care people required. Information about making a complaint was available for people and they knew how to complain if they needed to.

The service continued to be well-led. Systems were in place to assess and monitor the quality of the service. People and staff were encouraged to raise any views about the service on how improvements could be made.

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 good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Woodthorpe 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 was planned to check 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.

This inspection took place on 17 December 2018 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider and we 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 also reviewed other information about the service such as notifications they are required to submit to the Commission. This included information about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with four people who used the service, three members of care staff, and the registered manager. We also sought the views of commissioners of the service. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people who used the service. We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People were safe and were supported by staff to keep well. There were suitable numbers of staff on duty who were available for people when they wanted company or support. Where people wanted to be involved in activities and events, they told us the staffing was organised so they could continue to be supported. The staff team worked together to cover any annual leave or sickness. One member of staff told us, "It's important that there is consistency and we provide any additional cover so that people have consistency in their support and feel comfortable, as they know us."

People were supported by staff who were safe to work with them. The staff confirmed that recruitment checks were in place to ensure they were suitable to work with people. These checks included requesting and checking references of their character and suitability to work with the people who used the service. Recruitment records were available to demonstrate how these checks were completed prior to new staff starting to work in the service.

People's risk of avoidable harm associated with their care had been assessed. There were assessments in place to identify what support people needed and how to minimise any risk. Some people had complex behaviour and may harm themselves or others and there were support strategies in place to identify what may trigger any behaviour and how to support them when upset. Staff had a good understanding about how risk could be reduced and what may cause people to become anxious. Where people used personal computing equipment and social media sites, the risks associated with this was discussed with them. People told us this helped them to understand how to protect themselves and their information and reduce the risk of cyber-attacks and fraudulent activity to keep safe.

Some people went out alone or with friends and risk assessments included actions to take to keep safe. People had 'missing person' information should this be needed and information which would help people be found. One person told us, "I have a mobile phone so I can call the staff if I need them or they can call me if they are worried." Each person had a personal emergency evacuation plan for use in the event of a fire or other emergency. This considered how to safely help people to leave the home in the event of a fire or emergency and what support they would need.

The staff were responsible for ensuring that all areas of the home were kept clean and people were encouraged to be involved. We saw that staff and people had access to personal protective equipment and infection control standards were maintained. The home was clean and there were no mal odours.

There were systems in place to review the service when things go wrong to ensure that lessons were learnt and that action was taken to minimise the re-occurrence. For example, the registered manager reviewed accidents and incidents and where any safeguarding concerns had been identified. These were used to review how the service was managed and where necessary, make any improvements.

Some people were responsible for their own personal money and accessed and managed money in a personal bank account, or people could receive staff support to help them manage their money. We saw

when people wanted any money, this was accessible. One person told us, "I like buying DVD's and I ask the staff for the money when I go shopping." Where people needed support to manage their finances, this was recorded in the care records and personal finances were kept securely in the office.

People were safeguarded from harm as staff recognised potential signs of abuse or harm. The staff had undertaken training in safeguarding adults and described different forms of abuse and what they would look for. The staff explained what they would do if they had concerns about any person's safety and felt confident to raise any concerns with the registered manager or provider. Information and contact details of the safeguarding team and referral process was displayed in the office and accessible for staff to follow.

People received their medicines at the right time and staff spent time with people to ensure these were taken. People were not rushed and staff spoke with them and explained what the medicines were for. We saw the medicines were kept securely in a locked cupboard to ensure it was not accessible to unauthorised people. One person told us they like to be responsible for ordering new medicines and collecting these from the pharmacy. People could choose to be responsible for taking their own medicines and secure facilities were in each bedroom. Where people needed medicines 'as required', there was information available to support people to have this when they needed them. The staff had received training to administer this and knew when people needed it. We saw systems and records monitored whether people had their medicines and staff understood why people needed the medicines they took.

Is the service effective?

Our findings

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff knew when people had restrictions and understood the impact this had for them.

People were supported by staff who received training to develop the skills they needed to support them. Staff explained that their training was monitored and where updates were needed, they received reminders from the provider to complete any training that they felt was important. One member of staff told us, "I enjoyed the recent fire training as it explained about the different extinguishers that we have and how to use these for different emergency situations." Another member of staff told us, "I recently completed the safeguarding update. It covered all the different types of abuse and neglect. Where we have had concerns in the past, we have spoken to the manager and they have supported us to go through this so we know we are acting in the right way." New staff completed an induction to understand how the home was managed, their role and given time to get to know people who used the service.

People had a choice of what to eat and drink and told us they had enough to eat. Each week people decided what meals they wanted to eat so they could prepare a shopping list of the different foods they needed. One person told us, "We go out every Monday and get the shopping we need. I always like to go so I can read the labels." Staff explained that some people had specific dietary needs and people understood what they were able to eat to remain well. People were encouraged to participate in the preparation and cooking of the meals and could make their own drinks and snacks throughout the day and there were no restrictions. Other people enjoyed baking and were provided with support to bake the food they enjoyed eating and share with others. One person told us, "I love baking cakes, and the staff will help me with this."

People were supported with their day to day healthcare and attended appointments to get their health checked, for example, visiting the dentist. Where people needed support to manage their anxieties or mental health needs, they were supported by health care professionals and one person told us they had the telephone number to call them for support. Where people had specific health conditions they knew this diagnosis and the impact this may have on their lifestyle. The care records included details of who people wanted any information shared with and recorded their consent.

All shared environmental facilities were on the ground floor and there was a lounge and dining room. People told us they liked their home, were happy with the environmental standards and it felt 'homely'. People had

been asked how they wanted to decorate their bedroom and design this to reflect their interests.

Is the service caring?

Our findings

People were happy living in their home and told us the staff helped them. One person told us, "I am happy here. If I have any problems, the staff will talk with me and we go through anything that's bothering me." Another person told us, "The staff are fair with me and I'm fair with them. They are always around for you. I am fine here; the staff are golden."

People were treated with kindness and the staff knew each person, their personal histories and their interests well. People were comfortable and happy around staff who valued the relationships they had developed. The care records included information about their life history, family relationships and important events and religious beliefs. People's diverse needs were recognised and staff enabled people to continue to enjoy the things they liked. Staff enjoyed supporting people and one member of staff told us, "We are like a family here and I think people benefit from this as they can see how well we get on. Everyone knows each other and supports each other and I think this shows how people at home feel here." The staff were friendly and relaxed and spoke with people in a polite and respectful manner. Observations and discussions with staff showed that they knew people's needs and preferences.

People were supported to have their privacy and were treated with dignity. People had a key to their room and they told us that staff respected their bedrooms and didn't enter unless invited.

People were supported to be independent and staff recognised people's human rights. The staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality. People could choose how to dress to express themselves including growing their hair and having a beard. Staff ensured people were not discriminated against by having a clear understanding of people's diverse needs.

People could maintain relationships with family members and told us they were able to visit at any time. One person told us, "I go and stay with my family and can call them whenever I want. The staff will help me get there so there are no problems."

People had information about advocacy service should they need this to help make choices and decisions about their life. Advocates are trained professionals who support, enable and empower people to speak up.

Is the service responsive?

Our findings

People had a support plan that was personalised and contained evidence of people's likes and dislikes and how they wanted their care and support provided. The plan was reviewed with them and their key worker to ensure it reflected their support needs. People discussed their care plan with us and we saw it included detailed information about how they wanted to be supported and what they wanted to achieve. For example, how they wanted to understand how to maintain a healthy diet and maintain hygiene standards. People's support need had been agreed with them and people signed their plans and reviews to evidence their agreement with the information recorded. The staff had access to people's care records and when care or support needs changed it was discussed at each handover to ensure people continued to receive the correct care.

People were involved with a range of activities according to the interests. Some people chose to spend time alone. One person told us, "I like to spend time in my bedroom at night. I have my own television and like to watch my programmes. I have a double bed and a big bedroom." Two people showed us their bedrooms and we saw they had been able to design and decorate them according to their individual interests; some people had drink making facilities and one person told us, "It's good because I can make a drink whenever I want."

People discussed what they would like to be involved with or where to go during their monthly review meetings or at 'Residents Meetings'. One person told us at the last meeting they had discussed where they would like to go over the Christmas period. They told us, "We can let the staff know what we want to do and they will help us to arrange this. We have a minibus now so we can go to different places or we can catch the bus."

The registered manager had facilities to support people to develop their care records in an individual format. Information about the service could be provided in different formats to ensure people were aware of how the service could meet their needs. They had implemented pictorial formats of some documents to provide information in a more meaningful way to people.

People knew how to complain if they needed to and were also asked if they were happy during their review meetings. There was a copy of the complaints procedure in an easy read style available for people. One person told us, "If I'm worried about anything then the staff are there for us. I can talk about my problems or if anything is bothering me and I know they would sort it out." There had been no formal complaints made but the registered manager understood that they would need to investigate any complaints received and provide an outcome.

None of the people that used the service were receiving end of life care; however, people were supported to express their emotions and could continue to stay at the home where end of life care was being delivered. Where people had expressed any wishes, this was recorded in the support plan; this included information about whether they had and cultural beliefs and practices that they would like to be considered and whether they would like family members to be involved in their care.

Is the service well-led?

Our findings

There was a registered manager in post and people knew who they were. The registered manager demonstrated an in-depth knowledge of the team of staff and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. People told us they listened to them and they spent time together. We saw people responded positively to the registered manager when they were speaking with them. The registered manager told us, "I enjoy spending time with people here and it's important to me that we share time and experiences and they feel comfortable speaking with me and know who I am."

The registered manager was open to suggestions from the staff team and listened to what people had to say. People were given the opportunity to comment about the quality of the service during their review and within 'resident's meetings'. We saw at the last meeting, people discussed how they could be more considerate in the mornings and reduce the noise they made and having allocated times to use the washing machine to ensure everyone had an opportunity to wash their clothes. People told us that since the meeting, improvements had been made.

Staff were encouraged to contribute to the development of the service at staff meetings. During these meetings, staff told us they could discuss how to improve the service, the support provided and raise any concerns. We saw the last meeting discussed how safeguarding concerns were managed, infection control standards and the results of a recent external medicines audit. Staff had also completed a staff survey to seek their comments about the job understanding and satisfaction. We saw the results were analysed and considered against previous surveys to identify where improvements had been made. The staff worked well as a team and one member of staff told us, "One of the things that helps us work so well is the manager. She is available for us at any time. We only have to call her up. We have staff meetings, individual supervisions and handovers, so we are always kept up to date with everything and have a chance to speak."

Quality audits were completed to review whether records reflected people's actual support needs and had been amended when needs had changed. Accidents and incidents were reviewed. When incidents had occurred, these were analysed and the action plan identified the improvements that were made to reduce potential further harm. A quality 'walk around' was also completed twice a day to ensure the home was clean and there were no concerns within the environment. These audits had been used effectively to monitor service delivery and used them as a tool to drive improvements.

The registered manager had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care and support they needed.

The provider and registered manager understood the responsibilities of their registration with us. The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home in line with our requirements.