

Lifeways Community Care Limited

Woodbury View

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

The inspection was unannounced and took place on 9 and 10 February 2017.

Woodbury View provides accommodation and personal care for a maximum of five people who have a learning disability. There were three people who living at the home when we visited.

At the last inspection on 22 and 24 July 2015 the service was rated as good. Since the last inspection a new manager had been appointed and is in the processing of registering with the Care Quality Commission (CQC). 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 were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met. Staff supported people to take their medicines when they needed them and recorded when they were taken. Staff had received medicines training and there were arrangements in place for managing people's medication in a safe way.

Staff were available to meet people's individual needs promptly and demonstrated good knowledge about people living at the home. Staff told us training helped them meet the specific needs of the people living at the home and they attended regular training to ensure they kept their knowledge updated.

Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions. The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and had submitted the appropriate applications where they had assessed that people were potentially receiving care that restricted their liberty.

People enjoyed a good choice of meals and staff were seen to assist people to eat and drink if required. People were supported to access professional healthcare outside of the home, for example, they had regular visits with their GP. Where appointments were needed at hospital these were supported by staff and any changes to care needs recorded and implemented.

People were relaxed around the staff supporting them. We heard and saw positive communication throughout our inspection and saw people smiling and responding positively to staff. Relatives we spoke with told us staff enjoyed good relationships with people. Staff showed us that they knew the interests, likes and dislikes of people and people were supported to enjoy various activities. We saw that staff ensured that they were respectful of people's choices and decisions.

Relatives said they were involved in reviews of people's care and said staff listened to them. Relatives and staff felt confident they could raise any issues should the need arise and that action would be taken as a result.

Relatives and staff were very positive about the service and the way it was managed for the people that lived there. The manager demonstrated clear leadership and staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes. There were procedures in place for the management team and the provider to monitor and review the quality of the service and make improvements.

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.

Risks to people were assessed and staff knew how to help them stay safe. People were supported by sufficient staff to meet their needs and provide individual support in a timely way. Staff supported people to take their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff who were trained. People enjoyed meals and were supported to maintain a healthy, balanced diet. Staff supported people to access health care professionals when they needed to.

Is the service caring?

Good ●

The service was caring.

People's needs were met by staff who were caring in their roles and respected people's dignity and privacy. Relatives valued the positive relationships people had with staff. Relatives were free to visit whenever people wanted them to and felt listened to.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's care needs, their interests and preferences in order to provide a personalised service. People had their care and support needs kept under review and enjoyed a range of activities. Relatives felt supported by staff to raise any comments or concerns about the service.

Is the service well-led?

Good ●

The service was well-led.

Relatives and staff were very positive about the service and the way it was managed for the people that lived there. People were

cared for by staff that felt supported by the management team and there were procedures in place to monitor and review the quality of the service and make improvements.

Woodbury View

Detailed findings

Background to this inspection

This was an unannounced inspection which took place on 9 and 10 February 2017. The inspection team consisted of one inspector.

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 under the Care Act 2014.

As part of the inspection we reviewed information we held about the service and looked at the notifications they had sent us. A notification is 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 use 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.

During our inspection we met with people who lived at the service and used different methods to gather their experiences of what it was like to live at the home. For example, we observed support provided to people in communal areas of the home and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also contacted three relatives of people living at the home following the inspection.

We spoke to the manager, a team leader and four care staff and the senior manager. We looked at care plans for two people who lived in the home. We also looked at records relating to the management of the service such as, incident and accident records, medicine management, two staff recruitment files and staff handover information sheet. We also looked at information about how the provider and registered manager monitored the quality of the service provided and actions taken to improve the service.

Is the service safe?

Our findings

People were relaxed and smiled in response to staff supporting them, which indicated they felt comfortable with staff. Relatives we spoke with said staff kept people safe. One relative said, "[Family member] is safe because the staff know what do and they look out for them."

All staff we spoke with confirmed they had attended safeguarding training and had a good understanding of the different types of abuse. Staff stated that they had not had reason to raise concerns but would do so with the manager if they needed to. Staff said they were assured that action would be taken as a result.

Relatives told us staff took action to keep people safe. One relative commented, "[Family member] is prone to falls, they still walk around but staff make sure they stay close by to stop them falling." Staff we spoke with were clear about the help and assistance each person needed to support their safety. Staff ensured they observed people as they walked and stayed within reach of the person should they need assistance.

On the day of the inspection there were sufficient staff on duty to meet people's needs in a timely way. We saw staff supported people individually and they responded promptly to people's choices and care needs. All staff we spoke with told us there were sufficient staff to meet people's needs. The manager told us staffing was based on the support needs of people living at the home. Staff confirmed that if there was an increase in the amount of support needed then the staffing would be changed to respond to this. One member of staff said, "Staffing is increased when we support people to attend activities or medical appointments."

We checked the recruitment records of two staff and found that the staff began work after essential checks to ensure that they were suitable to carry out their roles. Staff records we looked at had a Disclosure and Barring Service (DBS) check in place. A DBS check identifies if a person has any criminal convictions or has been banned from working with people in a care setting. These checks help the provider make sure people living at the home were not placed at risk through their recruitment process.

We found people received help to take their medicines as prescribed. We saw the staff member of explain to the person about the medicine, before giving the medicine and recording that it had been taken. We saw that the member of staff was aware of the best approach to encourage the person to take their medicine. The member of staff confirmed they received medication training.

There were appropriate facilities for the storage of medicines for example, medicines that required refrigeration. We saw there was written guidance for staff on 'as required' medicines, so staff were aware of signs and symptoms to check for before giving the person the medicine. The team leader looked at people's medicine records weekly before a further monthly check was completed by the manager, this checked on medicine stock levels, storage and that records were completed accurately.

Is the service effective?

Our findings

People showed us they were happy around staff and we saw staff actively engage with people and communicate in an effective and sensitive manner. Relatives we spoke with told us staff had the knowledge to support people with their needs. One relative said, "Staff certainly know what they are doing, I have no concerns."

Staff had a good understanding of the people they supported. For example, knowing the things that were important to people and following routines that were important to them. They told us they felt training helped them meet the specific needs of the people living at the home. For example, one member of staff told us about the autism training they received had given them a greater confidence in understanding people and supporting them.

Two members of staff described to us their induction and said it prepared them for their role. One member of staff said, "The induction is really very good. You do shadow shifts to learn about the care and see how the experienced carers work." They told us they worked alongside staff who knew people well, so they could find out the best way to care for them. They told us the level of shadowing, "Makes you feel more confident."

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.

Staff explained they understood the importance of ensuring people agreed to the care and support they provided. One member of staff told us, "It's important to always check, each and every time." People were provided with choice and decisions which care staff were seen to act on. For example, we saw when one person declined the invitation to join in an activity this was respected by staff. We talked to staff and they told us that they were aware of a person's right to choose or refuse care. We saw that staff knew the best way to communicate with people so they could indicate their choices. For example, where people were unable to give verbal consent they looked for facial expressions and hand gestures to gain consent and enable people to communicate choices.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. The manager had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. All staff we spoke with were also able to tell us about best interests meetings that had previously taken place to support people in making decisions. Staff also recognised the need to continually review decisions concerning any changes and told us about

best interest meeting that was currently being arranged.

Relatives said that their family members enjoyed their meals and the choice of food was good. One relative said, "[Family member] gets what they like." Staff told us fresh food was prepared and told us what people liked and disliked. They told us where people didn't like a food they were offered an alternative. All staff we spoke with told us how they supported people to choose their meals by showing people the options available so people could choose. The manager also showed us cards that had been produced with pictures of different foods to enable people to communicate their choice.

Staff told us how they supported people with their specific dietary requirements. For example, three members of staff were able to tell us that one person required a softened diet and why they needed this following the advice of the speech and language therapy (SALT). We saw that drinks were available and offered throughout the day, with people being given a choice of the drink they would like.

Relatives told us they were happy with the actions taken by the staff in monitoring people's healthcare needs. One relative said, "They [staff] sort all their health care and go with [family member's name] to the appointments." On the day of our inspection we saw that a GP had been contacted to arrange an appointment as one person was feeling unwell.

We saw that people were supported to access a range of healthcare professionals. For example, GP, dentist and chiropodist. One relative told us, "When they [family member] need to see the doctor, it's all sorted." Another relative told us they were happy with the actions taken by the staff in monitoring their family member's on-going healthcare needs. They told us that their family member had a long term health condition and staff had supported them for ongoing treatment and to attend annual checks

Is the service caring?

Our findings

People were relaxed around the staff supporting them. We heard and saw positive communication throughout our inspection and saw people smiling and responding to staff. Relatives we spoke with told us their family members had built up and enjoyed good relationships with staff. One relative told about a member of staff who supported their family member and said they were, "Extremely caring whilst maintaining appropriate professional boundaries."

Relatives told us that in their view staff were caring. One relative said, "They [staff] are brilliant." Another relative told us, "They [staff] are a good bunch, they want what's best for [family member's name]; I know they care."

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I like working here. It's a small service where people get individual attention. You see smiles every day."

Staff were knowledgeable about the care and support people required and gave choices in a way that people could understand. We saw that staff understood the different ways that people expressed what they wanted. For example, one person pointed to a picture of a cup when they wanted a drink or made a gesture when they wanted to go for a walk. We saw staff recognise these signs and respond accordingly. We also saw staff respond to signs about how people felt. For example, staff recognised signs when one person became anxious and we saw they were able to provide reassurance to the person.

One staff member told us they had found out about one person's favourite TV programme. The staff member told us they had brought in DVD's of the programme for them to watch. They said, "It was good to see the enjoyment they got from watching them."

People's relatives were free to visit whenever people wanted them to and relatives we spoke with said they felt welcomed. Staff told us that being a small home benefited the support provided as they were able to get to know people living at the home and their families well. One member of staff said, "I feel I know all the families well too."

The privacy and dignity of people was supported by the approach of staff, we saw staff asking before entering a person's room and supporting people in a discreet way. We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs. Relatives told us staff were mindful of people's privacy

Staff supported people to retain their own levels of independence. For example, we saw staff encourage one person to walk around the home and only use their wheelchair when they became tired. This was done with gentle prompting and encouragement. One staff member said, "We encourage them but ensure we are on hand to support them to stay safe

Is the service responsive?

Our findings

Relatives told us staff were responsive to people. One relative said, "[Family member's name] needs have increased a great deal the home has embraced the necessary changes to their care plan to cater for these needs." We also saw that staff provided personalised care to people. For example, one person needed support to complete daily exercises. We saw the person was encouraged to complete the exercises and praised when they had completed them. Records were also completed showing when the exercises had been completed to show the progress achieved.

Staff understood people's individual needs and they responded when requested or when a person required support. Staff were able to tell us about the level of support people required, for example the number of staff required to support people on different activities. We saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information shared in the staff handover sheet where up to date information was given for each person living at the home. For example, we saw that where one person had been unwell a note was given staff coming onto shift so they were aware. All staff we spoke with told us that this handover of information was a good way of working but as a small team they were able to discuss all changes in peoples care together before each shift.

Relatives we spoke with told us that overall communication was good. One relative commented, "We are kept notified of all medical appointments." Another relative told us, "Staff keep me up to date, they are very good."

Relatives and staff we spoke with told us that people enjoyed a range of activities. Staff told us how people enjoyed both group and individual activities. For example, we saw that people enjoyed music and exercise sessions with an instructor visiting the home each week to work individually with people. People had also enjoyed the celebration of one person's birthday with a visit to the local pub.

All relatives we spoke with told us they were involved in reviews of their family members care. One relative commented that they, "Feel involved in decisions about [family member's name] care and consulted about any changes which would affect them." We saw that each person living at the home had an allocated keyworker. A key worker is a member of staff allocated to a person to offer them support, advice and promote the highest quality of life for people. Two relatives told us that the keyworkers knew their family members well. One relative said, "I do value the fact that [family member's name] always has a key worker with whom I can liaise closely."

Relatives told us if they had an issue or concern they were happy to raise these with staff and they were confident they would respond. One relative said, "I'm happy that if I've got something to say, then staff do listen." The manager advised us that no written complaints had been received over the previous 12 month period. The manager said they felt as a smaller service any issues could be picked up and dealt with immediately.

Staff told us that they would talk with the manager if they had any concerns and they were confident that

action would be taken in response. They told us they had not had reason to raise concerns.

Is the service well-led?

Our findings

Relatives and staff we spoke with were very positive about the service provided and felt that the home was well run for the people that lived there. One relative said, "Woodbury View is a small community and we feel that [family member name] benefits greatly from its homely atmosphere." They went on to say staff, "Provide a good home and care for the residents." Another relative told us they felt it was, "A brilliant service, can't fault it at all." All staff told us the home was well managed, one member of staff said, "We all work as a team. We [staff] know what we are doing and our role in supporting people."

Since the last inspection a new manager had been appointed. Relatives spoke very positively about the new manager, who they said was open and approachable. One relative said the manager, "Has the best interests of the residents at the core of their work and this is evident in my conversations with them." The manager had previously worked at the home and we also saw that when the manager was appointed they received a compliment note from one relative. The note said, "Congratulations to [Manager's name], I'm sure it will be good for the residents to have someone they know in charge of them and their best interests."

Staff we spoke with told us they felt the manager was person centred and led by example. Three staff told us the manager worked alongside them to support people. One member of staff said, "The manager works on the floor. They interact with people; they are really good. They used to be a carer so they know the care people need." The manager told us, "I am still hands on so I can see care. Families entrust people into our care. I want carers to be kind and for people to have choices. It's very important to me."

Staff told us they felt valued and the manager gave them opportunity to progress. One member of staff commented, "[Manager's name] has supported to do extra training. I wanted to do this for a long time and she had encouraged and supported me."

Staff we spoke with told us that they had supervisions, they advised although these could be infrequent they could always approach the manager for advice and support. One member of staff said, "They [the manager] are very approachable. If I have an issue I can ask them anything, they make time to answer my questions." Staff attended staff meetings, which they said provided a good opportunity to discuss any issues or changes and they felt involved in the running of the home. One member of staff commented, "We all contribute and have our say."

The manager felt that all staff worked well as a team. Staff confirmed this and one member of staff said, "The whole team is very supportive. I'd give the team ten out of ten."

Staff reported incidents and concerns when they happened so the provider could identify and respond to risks to the safety and welfare of both people and staff. Where there had been incidents learning had taken place and actions taken to reduce the risk of repeat incidents. For example, we saw when a medicine record concerns had been noted, staff were supported with supervision and training.

The service was regularly checked by the management team. We saw the latest checks that had been

carried out showed how issues were identified and then actions identified to make improvements. The manager spoke of the value of audits and was keen to ensure continuous learning and improvement. Audits seen reviewed areas such as health and safety, equipment and medicines.

The manager had a clear plan for developing the home. They were currently reformatting care plans to reflect more person centred approach. They were also working with the provider to look at the redecoration of the home and developing a more formal process for staff supervision to help improve the support to people living in the home.

The manager told us they felt supported by the provider. They received regular support from their senior manager who made regular visits to the home. We spoke with the senior manager; they told us they worked across five homes which allowed them to share learning and good practice. They had also arranged for the new manager and team leader to visit other homes for learning and experience. The provider also sent all managers quality emails and newsletters with updates.