

# Lifeways Community Care Limited

# Woodlands Cottage

## Inspection report

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Choppington  
Northumberland  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Woodlands Cottage is a residential care home providing personal care for up to four people who have learning or physical disabilities. There were two people living at the service at the time of our inspection.

### People's experience of using this service and what we found

At the previous inspection we made a recommendation to the provider around improvements to the infection and prevention control processes. At this inspection we found processes had improved and staff were following correct procedures for the use of PPE when caring for people.

People received safe care. There were systems in place to safeguard people from harm or abuse. Risk assessments were in place to support people during their care. Staff had received training on safeguarding matters.

There were arrangements in place to ensure people received their medicines safely and when required. Staff undertook training in the safe management of medicines and regularly had their competencies assessed.

The service followed safe recruitment practices. Staffing numbers were not always in line with identified care needs. Some people needed two staff to support them at times. This left the home short to support or observe other people at the home. We spoke with the Area Manager about this. We have made a recommendation the provider review staff and cover arrangements at the home.

Records were up to date but were spread across several different files. We found it difficult to find certain documents or cross reference information because of the system. The Area Manager was looking to address this matter. Quality assurance systems were in place to monitor the quality of care and support people received. The service worked in partnership with other health and social care professionals to meet people's needs.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People were supported, as far as possible to make decision about their care or had access to independent advocates. Staff had a good understanding of the support people needed and how they could assist people to live the best lives possible.

### Right support:

- Model of care and setting maximises people's choice, control and

independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 23 March 2021).

Why we inspected

We received concerns in relation to the safeguarding of people living in the home. We also followed up on previous concerns relating to infection control at the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. We have found the provider has taken the necessary steps to improve.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Woodlands Cottage

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service did not have a registered manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had appointed an interim manager to oversee the service. This person was on leave at the time of the inspection. We were supported on the inspection by the home's Area Manager.

#### Notice of inspection

We gave the provider a short period of notice on the morning of the inspection. This was so we could assess the situation with respect to COVID-19 and ensure the inspection was carried out safely for both people living at the home and staff.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information about concerns and incidents the provider must notify us about. We sought feedback from the local authority professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

People who used the service were not able to verbally communicate with us in detail, but we observed they looked happy and relaxed in the company of staff. We spoke with the Area Manager and two support workers.

We reviewed a range of records. This included two people's care and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staffing at the home needed to be further reviewed.
- There were two staff on duty to care for the two people who lived at the home. A team leader was due to be working in the office but had called in sick that morning.
- Both people living at the home required the support of two members of staff at time to assist with personal care or aid them in visiting the community. When only two staff were on duty, staff felt people's choices and range of support could be curtailed or limited.
- Staff said that when the team leader or manager were at the home then they would offer support in the short term. The Area Manager told us staff could also contact the neighbouring unit for additional short-term support, although staff stated they did not always do this.
- We spoke with the Area Manager about staffing at the home and the availability of additional support.

We recommend the provider reviews staffing numbers and support processes in conjunction with people's needs.

- Staff recruitment procedures were safe and appropriate, including additional checks such as Disclosure and Barring Service (DBS) checks and the taking up of two references.

### Preventing and controlling infection

- At the previous inspection we made a recommendation to the provider to ensure that infection prevention and control processes related to COVID-19 were fully embedded in the home and fully reflected in staff practices.
- At this inspection we found that infection control practices had improved.
- Staff wore PPE appropriately and in line with current government guidance. There were sufficient supplies of PPE available throughout the home and several points where hand gel was available.
- Procedures were in place to monitor visitors to the home and appropriate checks were carried out prior to people entering the building.
- The home was clean and tidy. Additional cleaning of frequent touch points, such as door handles and light switches, was carried out throughout the day.

### Systems and processes to safeguard people from the risk of abuse

- Systems to protect people from abuse were in place.
- There was one ongoing safeguarding matter that was being investigated. The provider was working with the authorities to investigate this and action to protect the individual had been taken. There had been no further safeguarding issues.

- Staff were aware of safeguarding and had completed training around the issues of abuse.

#### Assessing risk, safety monitoring and management

- Systems to monitor and manage risk were in place.
- People's care records contained risk assessments linked to the support they required. Care plans reflected these risks and gave staff clear information how to support people to avoid harm.
- Risks to individuals posed by the COVID-19 pandemic had been considered and action taken to minimise these.
- Checks on the environment, such as electrical system checks, and fire safety checks were carried out regularly.

#### Using medicines safely

- Medicines were managed safely.
- Medicines were stored correctly, included controlled medicines. Controlled medicines are specific items that are subject to additional legal restriction on their storage and use.
- Medicine administration records were up to date and contained no gaps.
- Staff had received training on the management of medicines and their competency had been reviewed.

#### Learning lessons when things go wrong

- The service had learned lessons from the previous inspection and changes had been made in relation to better management of infection control and prevention.
- There had been no recent serious accidents or incidents at the home.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Quality assurance systems and governance arrangements were in place to identify improvements and the actions needed to address them.
- Staff told us they were well supported by the team leader and the manager
- Staff were keen to support people to live their life to the fullest. They had a good understanding of people and their individual needs and preferences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The new manager was on leave at the time of the inspection. They had only recently taken up post, but staff felt they had the interests of the service, and the people it supported, at heart.
- The Area Manager was also recently in post. They already had a good understanding of the service and had started to identify areas for improvement and development.
- We found care records were not always easy to follow. Documents were often spread over several different folders, which made it difficult to find some information or cross check details. The Area Manager told us this was one point they had already identified as needing attention and has asked the manager to review the current system.
- A range of checks and audits were in place throughout the home.
- There was evidence in people's care records that the service worked closely with a range of professionals to support people and deliver joined up care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The Area Manager was aware of the provider's duty of candour. There had been no recent events which required the provider to exercise this legal duty.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in decisions as far as possible.
- People living at the home were not always able to express views and opinions. Individuals had allocated independent advocates to ensure their voice was heard. Records showed advocates were involved in key decisions for people.

- Staff meetings had previously taken place, although none under the most recent manager in post. Staff told us they could raise any issues or concerns with management at any time.