

Atlas Home Support Limited

Woodlands Court

Inspection report

Woodland Care Centre
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Cambridge
Cambridgeshire
CB4 2RD

Tel: 01223321115

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Woodlands Court is registered to provide personal care. The service provides care and support to people living in their own flats in one building, so that they can live in their own home as independently as possible. At the time of the inspection there was only one person receiving the regulated activity of personal care.

This unannounced inspection took place on 9 October 2017. At the last inspection on 16 April 2015 the service was rated as 'good'. At this inspection we found overall the service remained 'good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of how to reduce risks to people to try and keep them safe. Staff were only recruited after the necessary pre-employment checks had been completed. There were enough staff working in the service to meet people's needs.

Staff received the training and support they required to carry out their roles effectively. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received the support they needed to ensure they had adequate food and drink that they enjoyed. People were referred to the relevant healthcare professionals whenever this was needed.

Staff supported people in a kind and caring manner which promoted their dignity and privacy. If needed people were supported to make decisions about their care.

Care plans provided staff with the current information they required to meet people's needs. People were supported to take part in activities that promoted their emotional, physical and spiritual well-being. People were encouraged to raise any concerns they had and felt that they would be dealt with appropriately.

There was an effective quality assurance system in place to identify any areas for improvement. Staff and people who used the service were encouraged to be involved in the running of the service and give their views on any improvements needed.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Woodlands Court

Detailed findings

Background to this inspection

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

This inspection took place on 9 October 2017 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the home, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the home, what the home does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the home that the provider is required by law to tell us about. We contacted local authority commissioners that had contact with the home to obtain their views. We reviewed the information to assist us with our planning of the inspection. We reviewed the notifications received by the Care Quality Commission (CQC) and other information we hold about the service. A notification is information about important events which the service is required to send us by law.

During our inspections we spoke with the person who used the service and observed how staff interacted with them. We used observations as a way of viewing the care and support provided by staff. This was used to help us understand the experience of people who were present on the day of the inspection, but could not talk to us.

We spoke with the registered manager, a senior support worker, and one support worker.

We looked at records in relation to the person's care. These records related to the management of risk, minutes of meetings, staff support sessions, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People were supported by staff who knew what action to take if they suspected anyone was at risk of harm. Staff told us, and records we saw, confirmed that staff had received training in safeguarding and protecting people from harm. Staff were able to tell us the correct procedure to follow if they suspected anyone had suffered any harm, including what outside agencies they would contact with any concerns. The contact numbers for reporting any safeguarding concerns were displayed in the staff room and communal areas of the supported living building. The registered manager told us that staff discussed any safeguarding issues with people who use the service during their regular meetings. Staff also used this time to ensure that people who use the service were aware of what they should do if they thought they or anyone else may have been harmed in anyway. Records showed that safeguarding issues were discussed during team meetings to promote staff awareness and understanding.

Risk assessments had been completed so that staff were aware of how to reduce risks to people when possible. Staff tried to find ways of reducing risks to people so they could still do the things they wanted to. For example, one person liked to smoke but was not aware of the fire risk it would cause if they had access to the lighter and cigarettes at all times. The person had agreed for staff to store the items and they had regular supervised access to them. This meant that the person could still smoke but the risk of them being harmed was reduced.

The registered manager stated that as well as having enough staff to cover the amount of hours of support that people using the service were currently funded for, they also employed extra staff. This meant that when staff were absent they had not had to use staff from other agencies for 18 months as they could cover the shifts from the existing staff. The registered manager also confirmed that before new people moved into the supported living service new staff were recruited to ensure that the extra hours could be provided without a reduction in the hours of support offered to other people using the service. The registered manager also informed us that the number of senior support workers had increased to four so that there was always at least one on shift.

The registered manager stated that prospective employees had completed an application form, attended interviews and supplied criminal records checks and references before being deemed suitable to work in the service. Staff confirmed that recruitment procedures had been followed before they started working for the service.

At the time of the inspection there were no people who were receiving the regulated activity of personal care who were also having their medication administered by the staff. However the staff team had completed training and competency assessments in the administration of medication. This meant that if anyone needed medication to be administered it would be carried out by competent staff. There was also a system in place to audit the medication records.

Is the service effective?

Our findings

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 Mental Capacity Act (MCA). We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments had been completed.

The assessments showed that the staff member completing the assessments with people did their best to include people's decisions as much as possible. For example they used gestures, objects of reference and simple language. When best interest decisions had been made these had been recorded. Staff were aware of the requirements of the MCA and the relevant codes of practice. This meant that people were only having decisions made on their behalf or their liberty restricted after following the correct procedures.

People received the support they required with eating and drinking. People had been provided with a key ring to remind them when out food shopping if the food they were choosing was a healthy option. People were supported to plan their meals for the week, to purchase the food and with preparation of the meals. Staff were aware what extra support people needed at meal times. For example, one person needed staff to remain with them at meal times otherwise they would dispose of the food. One person's support plan stated, "Staff should help [name of person] to explore and try foods that are healthy and nutritious."

People told us and records confirmed that they accessed a range of health services. When needed people had been referred to the GP, dentist and optician and other healthcare professionals such as a psychiatrist.

Staff confirmed that they received the training and support they required to meet people's needs. Staff were able to tell us what people's individual needs were and how the training they received helped them to support people in the way they preferred. New staff completed a 12 week induction with courses including safeguarding, equality and diversity, dementia, health and safety and fire safety. Staff confirmed that they felt supported by their managers and received regular supervisions and an annual appraisal where they could discuss any issues or support they needed. The registered manager told us that they were also carrying out observations of staff working with people so any issues or good practice could be highlighted.

Is the service caring?

Our findings

We found that people's care was provided with kindness and their dignity and independence was promoted. For example, we saw one support worker helping a person to hang their washing out to dry. They gently encouraged and guided them when they were not sure how to do it. Staff told us that they helped people to make choices. For example, they showed them a choice of clothes so that they could choose what to wear. One support worker told us that they "treat people how I would want my family to be treated."

Staff were knowledgeable about the things that were important to people. For example, they knew that the person liked to spend their time going out for walks and their favourite programmes to watch on television. People's likes and dislikes were also recorded in their support plans so that staff had the information they needed.

Support plans had been written in a way that promoted people's privacy, dignity and independence. For example, staff were reminded to knock on people's doors and wait to be invited in before entering their flats. We saw staff doing this and waiting for an answer before entering a flat.

Although at time of our visit no one required an advocate the information was available if needed. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

Care plans gave the staff the information about people's life history, what they could do for themselves and the support they required from staff. We discussed with the registered manager that some areas of the care plans would benefit from more details. Support staff told us that they had access to an additional computer so that they could update the care plans to reflect any changes. They stated that this had been an improvement as they would have had to request the registered manager to do this in the past. The support plans had been reviewed monthly or as needs changed to ensure that the information was current.

Each person had a regular link meeting with a member of staff. This was to discuss the support they had received, any issues that needed highlighting or action to be taken and any wishes for the future.

Each person also had a health action plan which listed any medical issues and appointments with the relevant professionals. This document helped staff to monitor people's health and well-being. Hospital passports were also in place. The passport documented any information that would help hospital staff support the person if they were admitted. For example, it explained what support the person needed with their communication.

People were supported by staff to take part in various activities according to their interest, likes and hobbies. Staff continued to source new and interesting activities for people to try. Group activities for people living in the same supported living building were also organised. For example, everyone living in the building had been invited to special events organised by the staff, such as Halloween and Christmas parties. The registered manager stated that when possible people could choose which staff they would like to accompany them during activities. On the day of the inspection we saw that one person had been supported to go shopping for new clothes, out for lunch and then returned and was supported with domestic tasks. One person told us that staff helped them to do things they enjoyed, like going for walks.

There was a complaints process in place. An easy read complaints procedure was given to people and displayed in communal areas of the supported living building. The registered manager stated that people were also asked if they had any complaints they would like to raise during their regular link meeting with staff. The records showed that there had been no complaints received since the previous inspection. The registered manager confirmed that this was correct and so had tried other means of obtaining people's views. The registered manager had placed a complaints and suggestions box in the communal area of the supported living building. The box was opened by the registered manager and an independent person to show that all of the suggestions were dealt with.

Is the service well-led?

Our findings

A registered manager was in post. 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. The registered manager had notified us of incidents as required such as those about people's injuries if this was required. The registered manager was dedicated to providing a good service and was constantly looking at ways the support provided could be improved. The registered manager told us that the service encourages people who use the service that, "If you believe in yourself anything is possible."

There was an effective quality assurance system in place to ensure that, where needed, improvements were made in the service. Staff members had been given the task of looking at the areas of safe, effective, caring, responsive and well led and trying to, "Think outside of the box" about ways they could improve the service in these areas.

Surveys had been completed by people who used the service and/or their families about the quality of the support being provided. All of the results had been positive and a report of the findings had been made available to people.

Meetings for people who used the service took place. People were encouraged to raise any issues they may have or offer any suggestions for improvements. One person had requested that more fire drills be carried out and this has been actioned.

Staff understood their role and were motivated in their work. One member of staff told us, "I enjoy making a difference (to people's day)." Regular staff meetings were held and staff were encouraged to raise any issues or ideas they may have had. One member of staff told us, "There is an open door policy, we can come and talk to [name of registered manager and senior carers]." The registered manager told us, "I'm very fortunate to have the team I have."

Staff were aware of the whistle blowing policy and felt confident to question colleagues practice if they had any concerns.

The registered manager and staff supported working with other organisations. For example, the registered manager had designed flash cards about each person who used the service, which included key facts such as communication skills. In the event of a fire or police incident the fire or police officers could use the information to help them work with people in an informed way.