

# Prikal Care Ltd

# Wood Way Lodge

## Inspection report

411 Wood Way Lane, Coventry,  
CV2 2AH  
02476 613540

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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** 

### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality

Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. There was a registered manager in place at the time of our inspection

Wood Way Lodge is a care home for up to four people. This home provides care and support to people with learning difficulties. Four people lived there at the time of our visit. We were able to see and talk with them all.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw there were policies and procedures in place in relation to the MCA and DoLS. The service had not made any applications to deprive someone of their liberty.

# Summary of findings

We saw from the records we looked at that where people lacked the capacity to make decisions, best interest meetings were held. This was for finances, medicines and other things which affected a person's safety.

The manager was involved in day to day monitoring of the standards of care and support that was provided to the people who lived at the home. This ensured that people received care and support that met their needs and enabled them to do the things they were interested in.

The home had systems in place to keep people safe. Assessments of the risk to people from a number of foreseeable hazards had been developed and reviewed. We saw that staff followed these guidelines when they supported people.

People's needs and choices had been documented in their care plans.

During our observations we saw that people were treated with kindness and compassion. People told us staff treated them with respect and dignity, and they felt safe. Staff were able to tell us about the people they supported, for example, their personal histories and their interests.

All the people we spoke with said, or indicated through sign language, that they were happy living at the home.

Relatives, people who used the service and staff were encouraged to provide feedback about Wood Way Lodge to help highlight any areas of improvement that could be made to continuously improve the quality of the service provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People who used the service told us they felt safe living at the home. People were cared for by sufficient staff .

Staff had an understanding of the Mental Capacity Act 2005, and what they were required to do if someone lacked the capacity to understand a decision that needed to be made. Staff also knew about the Deprivation of Liberty Safeguards, and what the legal requirements were if someone's freedom was to be restricted.

There were adequate numbers of staff present to meet the needs of people who used the service.

Good



### Is the service effective?

The service was effective. Staff had received the appropriate training and support to carry out their roles to ensure people received all their assessed care and support needs in an appropriate way.

People had up to date care plans which recorded information that was important to them.

Good



### Is the service caring?

The service was caring. Our observations demonstrated that staff treated people in a caring manner.

We observed staff had a good rapport with people who used the service which encouraged good communication and interaction with people. People we spoke with told us staff were respectful and kind .

Good



### Is the service responsive?

The service was responsive. Staff ensured that daily notes were completed to help with the review process and ensured they were meeting people's health needs appropriately. Care plans were regularly updated to show people's changing needs.

People's views were gathered about the service. The manager told us information from feedback was used to update the improvement plan to ensure they are providing a quality service.

Good



### Is the service well-led?

The service was well led. There were procedures in place to monitor and improve the quality of the service.

Relatives, people who used the service and staff were encouraged to provide feedback about the service to help continuously improve the quality of the service provided.

Good



# Wood Way Lodge

## Detailed findings

### Background to this inspection

This was an unannounced inspection on 29 July 2014. When we inspected the home we spoke with all of the people there. We spoke with three members of staff who were supporting people with personal care at the service. We also spoke with the manager and the provider.

We observed care and support in communal areas and also looked at the kitchen and people's bedrooms, as well as a range of records about people's care and how the home was managed. We looked at two care plans in detail of people who used the service.

This unannounced inspection was undertaken by one inspector and an Expert-by-Experience who had personal experience of this type of service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses the type of service we are inspecting.

Before the inspection we reviewed the information we held about the service. We looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed information received from relatives and other agencies involved in people's care. We also contacted the commissioners of the service who informed us there were no on-going issues of concern with Wood Way Lodge.

We reviewed staff training information to make sure staff were trained and supported to deliver care and support appropriate to each person's needs.

We looked at the results of the quality assurance checks such as audits to find out how the manager identified risks to people's health and wellbeing.

# Is the service safe?

## Our findings

People told us, or indicated to us, they felt safe living at the home. People were happy to show us around the home and their rooms. One person told us, "I have my own room and space here."

We spent time in communal areas over the course of the day and saw that the interactions between people and staff were respectful and kind. People told us they liked the staff and felt safe at Wood Way Lodge. We saw staff had an understanding of people's individual needs and ways of communicating with them. One person told us, "We do a lot of things here. I feel safe."

We saw that there was a system in place to identify risks and protect people from harm. Each person's care file had a number of risk assessments completed. The assessments detailed what the activity was and the associated risk; who could be harmed; possible triggers; and guidance for staff to take. Staff members we spoke with confirmed they used this information to help them manage and assess risks to people. One member of staff told us, "Each person has a risk assessment folder. In it are guidelines of best practice when supporting the person which we can refer to." We saw from people's care files that one person sometimes displayed behaviours that staff members needed to pro-actively manage to protect the person and other people who lived at Wood Way Lodge from harm. We reviewed the records from recent incidents. These demonstrated staff dealt effectively with the behaviours, in a manner that respected the person's rights.

During our visit we saw that, when people went out into the community, they were supported by the number of staff as detailed in the care plans and risk assessments to ensure they were safe. People told us they were able to go out into the community with staff members. This showed us that people who displayed challenging behaviours were not discriminated against, and were able to spend time in the community with support from staff. A staff member told us, "Wood Way Lodge is a very active house. It is essential that staff are well versed with safety procedures as we support people in the community."

Emergency plans were in place, for example around what to do in the event of a fire. The manager was able to show

us a emergency plan. This plan detailed the actions to take if an emergency took place that could mean the house could not be used. This meant that there were clear instructions for staff to follow, so that the disruption to people's care and support was minimised.

The manager and care staff understood their responsibilities relating to the Mental Capacity Act 2005 (MCA). Staff had completed training on the MCA and the Deprivation of Liberty (DoLS) and were able to tell us the action they would take if a persons lacked the capacity to make decisions. Following recent legal judgements the provider had reviewed each person's care needs to confirm that appropriate safeguards were in place to ensure that people were not unlawfully deprived of their liberties.

Staff told us, and records confirmed, that people received mental capacity assessments where they were not able to make decisions for themselves. Where decisions needed to be made in a person's best interests, the person, their family, advocates or healthcare professionals had been involved in the process. This meant that people, and others that where important to them, were involved in decisions around their care to make sure it was in their best interest.

The home had a safeguarding policy in place to protect people from the risk of abuse. Staff we spoke with knew the policy and told us that they had received training in safeguarding vulnerable adults. We saw training records that confirmed training had been delivered. Staff we spoke with were knowledgeable about the procedures for identifying and reporting any abuse, or potential abuse.

People were protected from the risk of abuse. We saw suitable recruitment procedures were in place which included employment, character and police checks to ensure staff were safe to work with people.

People we spoke with told us there were enough staff to meet their needs. We saw that there were adequate numbers of staff present to meet the needs of people who used the service. We saw two staff members supporting people in addition to the manager on the day of our visit. This level of staff matched the staffing levels that had been identified in people's care plans. One member of staff told us, "There are always enough staff here."

# Is the service effective?

## Our findings

People told us they were able to make everyday decisions for themselves. This included how they spent their time, and what they ate each day. Staff members told us, “People are free to choose what they like to eat. They are never rushed when eating.”

We saw the home operated an ‘open’ kitchen policy, which meant people were able to access food and drinks throughout the day, and help prepare their own meals, which helped them maintain some of their independence. One person told us their favourite food was curry. They told us, “I help with cooking at home. I also make my own packed lunches. In my lunch box I include sandwiches, crisps, yoghurt, marsh-mallows and loads more stuff that I like.”

We saw staff were on hand to support people when they needed it, including mealtimes when people were preparing food. Staff members explained how they encouraged people to make healthy choices and to vary their diet by buying a range of foods. This helped people to maintain a nutritious diet.

Staff we spoke with told us their training was kept up to date and gave them the appropriate skills they needed to support people at Wood Way Lodge. One staff member told us, “We are all confident with our roles as support workers. We all go through a two week induction process to gain in-depth knowledge.”

We saw that there was a training schedule that detailed all the training that staff had completed and when a refresher, or new training, was due. Some examples of the training that was delivered to all staff as part of their induction included safeguarding, mental capacity and medication administration. This meant staff were offered the experience and skills they needed to meet the needs of people they supported.

Staff told us regular meetings took place. We saw staff worked alongside the manager and senior staff members

who observed their working practices. The manager informed us staff were supervised using a system of supervision meetings, observations, and yearly appraisals. This monitoring of staff performance identified training requirements and areas where the quality of care could be improved. Records confirmed observations were conducted in different areas of staff practice such as medication administration. This meant the manager was confident staff were competent in areas they had been trained in.

Information regarding people’s care was shared with people involved in the care of the person affected, for example social workers and other health care professionals.

Staff explained to us how they handed over information at the end of their shift to new staff members coming in to work. They explained the daily handover was conducted by staff verbally. A written handover book was also prepared so that people had enough information to let them know about changes in a person’s health, or any special arrangements for the day. We saw a daily handover book which contained this type of information which meant staff had the information they needed to meet the needs of people at the service.

There was information available to ensure that people’s preferences and choices were known if they moved to another facility, for example a stay in hospital. Each person had a hospital passport. These detailed all the important information about the person, for example how they communicated, medication, care and support needs, and personal preferences. This meant that if a person needed to go into hospital their individual needs and preferences would be communicated on their transfer promptly to help ensure their needs were met.

People had access to regular health checks. Information was recorded in their care plans about when appointments had taken place, or were due. This meant people were able to access healthcare when required.

# Is the service caring?

## Our findings

One person described how staff respected their privacy and dignity. They said, “Staff close the shower room door when I am using shower. They keep my paperwork in the locked cupboard because it is private.”

People we spoke with told us they were comfortable with the staff at Wood Way Lodge. A staff member told us, “Wood Way Lodge has long serving staff. Staff have a close and long standing relationship with people who use the service. Staff and the people who stay here have trust and confidence with each other.”

We observed staff had a good rapport with people which encouraged good communication and interaction. People who lived at the home showed confidence and familiarity with staff and with each other. Staff spoke to people in respectful, positive ways and respected their privacy. For example, staff were seen to knock on people’s doors and wait for an answer before they entered.

People were given choices about everyday decisions. All of the people were up when we arrived, but one person was in their room working on their computer. Another person was sitting watching television in the communal lounge. We saw people made decisions about the food that they ate. We observed a lunchtime meal. We saw people chose what they wanted to eat, and they enjoyed their food.

People were supported by staff on a ‘one to one’ or ‘one to two’ ratio basis to attend events inside and outside the home where required. We saw people were involved in choosing their own interests and hobbies which were detailed on their care plans. Staff knew people’s likes and dislikes well. One person told us about a recent trip they had taken, they said, “Staff take me out on the bus to go for a drink. I will be going to London on a day trip. We do a lot of things at Wood Way. I watched a film at the cinema recently.”

Trips out encouraged people to expand their knowledge, and build confidence. We saw on the day of our visit that a garden party had been planned at another location the provider owned, so that people from both locations could mix together and interact. A member of our team attended the garden party to observe this interaction. We saw people got along well together from Wood Way Lodge and the provider’s other nearby home Eltham House. People were able to sing to Karaoke, eat buffet style food, and chat with each other. Staff mingled with people from both services, which strengthened caring relationships with staff from the nearby location who sometimes worked at Wood Way Lodge. We observed the party enabled people to build social relationships with others in a safe environment. We saw people enjoyed this.

We spent time in communal areas and saw that the interactions between people and staff were caring, respectful and there was an understanding from the staff of people’s individual needs and ways of communicating. Staff gave people time to express themselves.

We saw people had access to advocacy services, and that they could speak to an advocate when they needed to. An advocate is a designated person who works as an independent advisor in another’s best interest. Advocate information was recorded on each person’s care file.

We saw people were encouraged to clean their own rooms and take part in washing their clothes. People were treated as individuals and their independence was promoted.

People had privacy when they needed it. Everyone had their own bedroom and bathroom. There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private. For example, there was two lounge areas, and a garden area where people could meet. People we spoke with told us their relatives or friends could visit them at any time. This meant people were able to keep in contact with family members and friends at the home.



# Is the service responsive?

## Our findings

One person we spoke with told us about their hobbies and interests, and explained to us some of the things they were involved in each day. We saw each person had a 'My life' book where they recorded pictures and information about their interests and hobbies. This was important to the person to remind them of their experiences, and to share with people they cared for when they visited them at Wood Way Lodge.

People told us they knew how to raise concerns with staff members or the manager if they needed to. We saw there was information about how to make a complaint service available on the noticeboard in the communal area of the home, and in the guide that each person received when they moved to the home. At the time of our inspection the manager showed us the complaints log, and confirmed no complaints had been received. One member of staff told us, "If any of the people at the home has a complaint to make they are encouraged to inform staff or the manager straight away."

People told us they were involved in meetings at the home to discuss their care and decisions about how the home was run. One person described to us how they had been involved in a recent recruitment campaign to interview potential staff. Staff showed us a copy of notes from residents' meeting that they held once a month. We saw different things were discussed at the meeting such as trips out and about and issues to do with the running of the home that were actioned. This meant people were able to make decisions about their everyday lives.

Staff told us and records confirmed people who used the service or their relatives were involved in planning their own care. We looked at the care files for two people who lived at the home. The files included personal photographs and life histories, people's hobbies and interests. Care plans were tailored to meet the needs of each person according to their support requirements, skills and wishes. Each person had a health assessment and health action plan. The information was detailed and contained guidance for staff on how people showed they were in pain,

or needed specific assistance where they were unable to communicate verbally. Records were up to date, and regular reviews were taking place. Staff told us, "Care plans change over time in accordance to individual preferences."

Information had been provided in a number of ways. This ensured people could be actively involved in making decisions about their care and support. Easy read documents were available, as well as detailed picture books for people who could not verbally communicate. Staff had also received specific training to ensure they could meet the particular communication needs of people who lived at Wood Way Lodge. This meant that everyone living in the home had access to information in an appropriate format to meet their needs.

People were involved in mental capacity assessments where required. We saw that where a best interest decision had been needed the service had involved the person, their family, their advocate and/or appropriate health care professionals. This ensured that it was not just staff making the decision for the individual, and that the person was given the appropriate time and support to be involved in the decision making process.

We looked at the health records of the people who used the service. We saw that each person was provided with regular health checks, and they were supported to see their GP, optician, dietician, and dentist. We saw people were able to access other professionals in relation to their care such as their social worker. This meant people were supported to maintain their health and wellbeing.

We saw that people or their relatives were asked to give feedback about the service. We saw a range of different meetings took place to gather views from people, their relatives and staff. The meetings were recorded and where improvements or changes had been suggested these improvements had been written into an action plan which were implemented by the provider. The manager told us that the service ran yearly quality assurance questionnaires which were completed by people who used the service and their relatives. The manager told us information gathered from people helped to analyse the quality of the service provision, and to drive forward improvements.



# Is the service well-led?

## Our findings

People told us they were able to be involved in developing the service they received at Wood Way Lodge. This was because they were involved in house meetings and felt comfortable in providing frequent feedback to the manager and staff at the home. We saw house meetings were recorded and people's feedback was noted regarding the running of the home. For example, recent meetings documented discussions about people's interest and hobbies, forthcoming ideas for house holidays, and food menus. We saw these ideas had been actioned. This demonstrated people had the opportunity to talk about what they thought and the manager listened and took action.

We saw customer satisfaction forms were sent annually to people who lived at Wood Way Lodge, their relatives and medical professionals involved in people's care. We looked at comments people had made and found that a high percentage of people were happy with the service provided. One of the satisfaction forms we saw had been filled in by a person, and was ticked at each section to show a 'smiley face' icon, indicating their feedback was positive on all sections of the survey. This meant people were able to express their views freely about how the service was delivered.

Staff told us the manager promoted a positive culture for staff to work in. We asked the manager whether they were well supported in their role by the provider. They told us they were and added that the provider visited the home regularly. On the day of our visit the provider was visiting the home and met with us. They explained they were on hand to support the manager whenever they were required.

Our observations of how the manager interacted with people who used the service and staff showed us the manager was accessible. The staff we spoke with had a clear understanding of their responsibility for reporting poor practice, for example where abuse was suspected. They knew about the home's whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

Staff told us that the manager worked alongside staff at the home and they had the opportunity to talk with them if

they wished. We saw the service held staff meetings to gather feedback from staff regularly. Meetings were minuted and recorded feedback about the home. We saw staff had an opportunity to raise any issues, or give feedback, in the 'any other business' section of the meeting. We saw from the minutes that, where an issue had been raised, the manager had informed the staff what action they would take to resolve the issue.

Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the manager had completed an investigation to learn from incidents. This showed us that the provider made improvements, and minimised the chance of them happening again.

The manager had sent notifications to us appropriately about important events and incidents that occurred at the home. The manager shared information with the local safeguarding authority and kept us informed of the progress and the outcomes of their investigations. The manager took appropriate action to minimise the risks to people's health and wellbeing. This meant the manager understood their responsibilities.

The provider completed a number of checks to ensure they provided a good quality service. For example regular audits and regular visits to the home to speak with people, relatives and staff, and check records were completed correctly. On the day of our inspection we saw the provider was visiting the home to make their regular checks. We saw that where issues had been identified in previous checks and audits action plans had been generated to make improvements. These were monitored at follow up visits to ensure they had been completed. This ensured that the service continuously improved.

Staff told us they had access to policies and procedures about the running of the home, which documented how they should respond to risks. We were able to examine a number of policies available to staff which included safeguarding, medication administration and accident reporting. Documented policies and procedures which were accessible to all staff formed part of staff induction. We saw staff signed to say they had read and understood them. Policies were regularly updated and were reviewed yearly. These processes were to ensure a consistency of approach in the delivery of care.