Woodlarks Workshop Trust Housing Association

The Woodlarks Centre

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 Woodlarks Centre is a residential care home for 23 people. There were 22 people living at the home at the time of inspection. The home supports people who may have complex needs and a learning disability. People also used the home for respite purposes.

People had varied communication needs and abilities. Some people were able to express themselves verbally; others used body language, gesturing, vocalisations or a few key words to communicate their needs.

The service was run by a registered manager, who was present on the day of the inspection visit. '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 and associated Regulations about how the service is run.

Risks to people were identified, but staff did not always have written information about how to manage the risks to people, although no harm came to anyone. We recommend that the registered manager to review people's risk assessments in line with current guidance to ensure that there is a clear management plan in place.

People's needs and preferences were not always recorded in people's care plans. Care plans were not always personalised. We recommend that the registered manager reviews peoples care plans in line with current guidance to ensure that they are more personalised.

There were sufficient staff to keep people safe. There were recruitment practises in place to ensure that staff were safe to work with people. However some employment records had gaps in people's employment history.

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

People's medicines were administered stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 were followed. Where people were assessed to lack capacity to make some decisions, mental capacity assessment and best interest meetings were evidenced. Staff were heard to ask peoples consent before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of

the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had sufficient to eat and drink. People were seen to be offered choice of what they would like to eat and drink.

People were supported to maintain their health and well-being. People had regular access to health and social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was a training programme in place and training to meet people's needs. Staff received regular supervision.

Positive and caring relationships had been established. Staff interacted with people in a kind and caring manner.

People and their relatives were involved in planning peoples care. People's choices and views were respected by staff. People's privacy and dignity was respected.
People enjoyed the activities on offer.

The service listened to people, staff and relative's views. The management welcomed feedback from people and acted upon this if necessary. The management promoted an open and person centred culture.

Staff told us they felt supported by the registered manager. Relatives told us they felt that the management was approachable and responsive.

There were robust procedures in place to monitor, evaluate and improve the quality of care provided. Staff were motivated and aware of their responsibilities. The registered manager understood the requirements of CQC and sent appropriate notifications.

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 identified but there was not always a robust management plan in place. Although no harm came to people.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work. There were some gaps in people's employment history.

Medicines were administered safely and people received their medicines when they should. Medicines were stored and disposed of safely.

Is the service effective?

Good

The service was effective.

Mental Capacity Assessments had been completed for people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had the knowledge and skills to support people. Staff received regular supervision.

People had choice of food and drink. People's weight, food and fluid intakes had been monitored and effectively managed.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were well cared for. They were treated with care, dignity and respect and had their privacy protected.

Staff interacted with people in a respectful, caring and positive way and used individual communication methods to interact with people.

People, relatives and appropriate health professionals were involved in their plan of care.

Is the service responsive?

Good

The service was responsive.

Care plans did not always record how to meet people's needs. Care plans were not always personalised. Care needs and plans were assessed regularly.

People enjoyed the activities on offer.

People told us they felt listened to. The registered manager was working on ways to improve the complaints process.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture.

There were effective procedures in place to monitor the quality of the service. Where issues were identified, actions plans were in place these had been addressed.

Staff said that they felt supported and that the management was approachable.

The Woodlarks Centre

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 under the Care Act 2014.

This inspection took place on 1 July 2016 and was conducted by two inspectors.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority quality assurance team to ask them for their views on the service and if they had any concerns.

Before the inspection, the provider completed 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 used a number of different methods to help us understand the experiences of people who used the service. We spoke with five people, one relative, three staff members, the registered manager, the head of care and the catering manager.

We spent time observing care and support provided throughout the day of inspection, at breakfast and lunch time and in the communal areas.

We reviewed a variety of documents which included two people's support plans, risk assessments, medicine records, four weeks of duty rotas, maintenance records, some health and safety records, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

The last CQC inspection was 24 October 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "Yes it's safe, I wouldn't have stayed here otherwise." Another person said, "Yes, staff and residents make me feel safe."

Despite people telling us they felt safe, risks to people were not always managed. For example, for one person it had been identified that they were at risk of 'falling over in the shower.' Actions had not been identified to minimise those risks, actions included; some assistance with washing, dressing and drying the person checking the water temperature in the bath. The person was also at risk of choking, the actions in place to minimise that risk was 'taking it easy and being monitored.' Another person's care plan said there is a risk of pain to the person when getting dressed, but there was no management plan in place for staff to follow. Although no harm came to people, this meant that staff did not always have the information they needed to support people to manage and reduce the risks to people. The registered manager agreed that it could be made clearer to staff as to how to manage risks to people.

We recommend that the registered manager to review people's risk assessments in line with current guidance to ensure that there is a clear management plan in place.

The head of care told us that they were implementing new moving and handling risk assessments for people. We saw copies of these, they identified the risks and there was a clear management plan in place that told staff how to keep people safe. For people who needed bed rails, there were risk assessments in place to ensure they were safe from entrapment.

People told us that they felt that their belongings were safe. People were given a hotel style token which was programmed just for them to open the lock on their door. Staff had one with a unique identifying number so the management could monitor who was going in and out of people's bedrooms.

People were safe from avoidable harm because staff had a good understanding of what types of abuse there was, how to identify it and who to report it to. One staff member told us, "My role in to protect people from harm, if I have concerns I would talk with the senior, if they didn't do anything the next level up or CQC." Staff told us that they had training in safeguarding and this was confirmed by the training records.

Staff knew there was a whistleblowing and safe guarding policy in place. The whistleblowing policy contained out of date information as to what organisations staff could contacted. Since the inspection we have seen a copy of the policy where this has been rectified. The registered manager reported safe guarding concerns to us and to the local authority safe guarding team when required.

There were systems in place to ensure that staff employed were recruited safely. Some gaps were noted in some staffs employment history. The registered manager told us that they had identified that this was an area for development and were currently in the process of working on it.

Staff recruitment records contained information to show that the provider had taken the necessary steps to

ensure they employed people who were suitable to work at the service. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

There were enough staff to meet people's needs. We saw that people's needs were met without delay and call bells were answered promptly. However, some people told us that there were not always enough staff. One person said "Sometimes there aren't, so I get frustrated because I have to wait for things. This morning I waited for an hour for them to get me up." They confirmed that this did not happen all the time. A second person told us "At times no. Most of the time there are plenty of staff, the only time I have to wait is in the dining room sometimes. I didn't have any problems with waiting for staff this morning."

The registered manager told us that there was one senior worker and four care staff morning and afternoons' and 2 staff as waking nights. The rotas confirmed that this was the case. At the end of the summer a sleep in staff will be added to enable safe evacuation should there be a fire or other emergency.

The registered manager told us that they will be reviewing the staffing levels that month to ensure that there are enough staff to meet people's needs.

Staff told us that there were enough staff to meet the needs of people. The registered manager confirmed that agency staff were used. Staff told us that they prefer to have the same agency workers to ensure consistency and that this was not always happening.

The registered manager had systems in place for continually reviewing incidents and accidents that happened within people. Actions were recorded to minimise the risks of the incident occurring again. For example, two people had fallen recently and the registered manager had ordered pendent alarms for people.

Staff told us how they would respond to an incident and accident. Staff told us that if a person had a fall they would make sure the person was safe, first aid would be given and or call the paramedics.

People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency. Staff confirmed to us what they were to do in an emergency.

People would be kept safe in the event of an emergency and their care needs would be met. The registered manager told us the service had an emergency plan in place should events stop the running of the service. We saw a copy of this plan which detailed what staff should go and where people could stay if an emergency occurred.

Medicines were stored and disposed of safely. People required staff support to enable safe administration of their medicines. There were clear guidelines in place for staff so they knew how the person needed or liked to have their medicines administered. For example, one person liked to have their medicines administered with juice. This was evidenced in their care plan.

Medicines were administered safely. People who had their medicines administered at lunch time did not always receive a personalised service. One person was given an inhaler to use whilst they were eating their lunch and another person was given an indigestion tablet with a strong mint flavour, also whilst eating their lunch. The head of care agreed to review times people were administered there medicines to ensure that people had them when they wanted and needed them.

We looked at medication administration records (MAR) and blister packs that confirmed that people were having their medicines administered.

There were guidelines in place for 'as required' (PRN) medicines such as some pain relief, which enabled staff to know how and what signs the staff should look out for as to when to administer the medicine.

One person administers their own medicines. They have their own locked cabinet in their room. The person told us "They do a monthly check when new medicines come in."

When a medicine error had occurred, for example one person had received an extra pain relief tablet, immediate action had been taken to contact the GP and to review the staff member's competencies and offer extra training if required.

Good

Is the service effective?

Our findings

People's human rights were protected as the registered manager had ensured that the requirements of the Mental Capacity Act were followed. 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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. For example, a person needed continuous supervision to ensure al their care needs were met. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

The registered manager and staff had an understanding of the MCA including the nature and types of consent. Staff understood people's right to take risks and the necessity to act in people's best interests when required. One staff member told us, "I always get consent from people; I ask 'can I wash your hair'. For people who can't say yes or no, I watch for people's body language, gesture and judge from their reaction."

People told us that staff always asked for their consent before helping with their care needs. We saw staff throughout the day asking people's consent before supporting them with needs. One person told us, "I think they would respect my decision if I refused (care)."

Where people had legal powers to manage people's finances, there was documentation in people's care files. There was evidence that those relatives were involved in people's decision making where relevant.

People and staff told us that staff had the right training and skills to meet people's needs. The registered manager told us, "We invest in people; it means that the care is improved." Training included mental capacity awareness, fire safety and epilepsy awareness. The registered manager told us that three staff members had recently completed a three day course in end of life care. This was to enable end of life care plans to be developed and implemented.

People were supported by staff that had the skills to care for people. The registered manager told us that new training had been identified for the senior workers to complete, this included pressure ulcer prevention and appraisal skills. Some staff were supported to complete the Qualifications and Credit framework in health and social care. This is a vocational qualification which enables the development of knowledge and skill in supporting people.

Management supported staff to undertake the appropriate induction and training to support their

professional development needs. The induction consisted of the Care Certificate (an induction programme that sets out standards for all health and social care workers). Prior to new staff working on their own, they had the opportunity to shadow existing staff. One staff member told us "I shadowed staff for 2-3 weeks."

The registered manager ensured that staff had regular supervision which looked at their individual training and development needs. This was confirmed by staff and the records held. The registered manager told us that they had identified that staff had not had an appraisal in the past year. There was a plan in place to complete this by Autumn 2016.

People told us that the food was good and they had a choice. One person said, "It's quite good. I get the food I like to eat. We have a choice every day." Another said, "It's good. We get to choose. I had a salad yesterday as I didn't want anything else. We have a cooked breakfast at the weekend."

The registered manager told us that meals were pre made and the catering manager heats them up and serves them. People had a choice of two main meals daily, with three different types of vegetables and potatoes. The catering manager told us that she went around each morning to ask what people wanted to eat that day, if there was nothing people wanted, they would make up an omelette or a salad.

The catering manager was knowledgeable about the dietary needs of people. They knew of people's food preferences and those people who required a special diet, such as a soft or pureed diet.

We observed a meal time. This was calm and sociable, staff interacted with people. Some people required adapted cutlery, cups and plate guards to enable them to eat independently, which we saw them use. We saw staff supported people to cut up their meals as requested by them. One person asked a staff member to help them open a sachet of sauce. The staff member showed the person how to open the packet themselves so they could try next time.

People are not allowed access to the kitchen as we were told by the catering manager it was too risky. There was a hot water machine in the dining area where people could make their own hot drinks and cold drinks were available also. We saw people make themselves hot drinks when they wanted them. The registered manager told us that there were plans to build a kitchen for people to access in the activities area. The works were due to start in the Autumn.

People were supported to maintain their health and wellbeing. When there was an identified need, people had access to a range of health professionals such a dietician, optician and chiropodist. There was a physiotherapy assistant on sire who offered people personalised exercise programmes and access to a mini gym.

Good

Is the service caring?

Our findings

People told us that they felt that they were cared for. One person said, "I am happy here and staff are caring." Another said "They are good. All the staff know me and my needs."

Staff had developed positive and caring relationships with people. Companionable, relaxed relationships were evident during the day of our inspection. One staff member told us to build up a relationship with one person; they talked to them about their interests, hobbies and past. The staff member found out they had a lot in common, such as previous work and have used this to build up their relationship. One relative said "Staff are amazing, warm and kind with a can do attitude."

Staff were attentive and supportive towards people. One person bought their mail into the activities room, the person requested that staff help them open the mail (which they did) to enable to person to read it themselves.

Staff knew people's individual communication skills, abilities and preferences. People were being supported to paint in the activities room. Some people chose to do painting with their hands. The staff member sat with the person and painted their hands with the colour of their choice. The person was seen happily painting.

Staff knew they needed to spend time with people to be caring and have concern for their wellbeing. One staff member said "I like working with the residents." Staff were aware of people's life situations and were sensitive to things that may upset them. A visitor from the local church arrived, not everyone recognised the visitor. Staff were aware of this and to make people feel more comfortable they introduced them to the visitors. Staff also assisted people in wheelchairs to move around to the table where the visitor was at, so they could take part in the conversation.

Staff offered people choice. When supporting a person to move from one table to another the staff asked them where they would like their handbag, either on their lap or on their chair. The person chose their lap, which was where the staff member placed it. Another staff member told us that they offered people choice by asking them what meals, clothes and activities they wished to engage in. For example whilst most people were painting in the activities room, one person chose to complete some puzzles which they did.

People's privacy and dignity was respected. One person had spilt something on their jumper and a staff member asked if the person wanted to change and then with their agreement supported them to do this.

We observed staff knocking on people's bedroom doors before entering. For people who liked to have their bedroom doors open whilst they were in there, there was a dignity screen available. We saw this being used. One staff member said, "When I am supporting someone with their personal care I shut the door to maintain their privacy. I always ask and talk with people during that time."

People's bedrooms were individually decorated and contain pictures and photographs of things that people

were interested in and had chosen themselves. We saw staff talk to people using their preferred names.

People told us that they were involved in their care. One person told us "I have a care plan, and was involved in it. Staff go through it with me to make sure I am happy with it." Peoples care plans had been signed by people where they could.

Staff were knowledgeable about people's likes and dislikes and could tell us about whom the person was. One staff member told us that a person did not like to use the activities room or engage in the activities, but the person enjoyed listening to their music and making themselves coffee. We saw this happen on the day.

There were no restrictions on when people could visit their relatives. Relatives told us that they were free to visit at any time. For example, staff told us that one person was supported to use an internet based programme to contact their relatives, this was done weekly.

Good

Is the service responsive?

Our findings

People received a personalised service. People told us that they contributed to their care plans. One person told us that they preferred to have female carers as opposed to men and they this always happened. However, another person told us that they like to watch motor racing and they used to do this in the past. This is written in their care plan, but they have not been supported to do this or had the opportunities explored. We spoke to the registered manager and they told us they would look into it.

Peoples care plans did not always detail what support people required. As agency staff are used regularly in the home there is a risk that people's needs and preferences may not always be met and respected. For example, one person's care plan told staff that the person (who is at risk of choking) is 'Supported during meal times and encouraged.' It does not give any information to tell staff how to support this person whilst they are eating.

Another person's care plan stated that the person '[name of person] at times appears in low mood and may show signs of frustration.' The care plan does not detail how the person would like to be supported with their low mood or how the frustration is displayed.

There was also generic information contained in people's care plans and therefore not personalised. For example, two people's care plans contained the same information regarding an overview of a person's behaviour management strategy.

People's support needs were not always reflected in their care plans. Some care plans contained a 'about me' document. This focused on the person's history, likes, dislikes, family and friends. However, not everyone had one in place.

We recommend that the registered manager reviews peoples care plans in line with current guidance to ensure that they are more personalised.

People's views about their care and support preferences were sought. There was a keyworker system in place, which supported them when planning activities and to access the community and updating their care plans.

People's needs were assessed prior to admission and there was on going assessment of people's needs. Peoples care was reviewed as required. Relatives and health professionals were involved. This was evidenced in people's care plans.

A handover occurred daily were people's support needs were discussed and any changes to them handover to the next shift of staff.

People told us there were plenty of activities to do in the home. The home had an activities space available to people. Activities ranged from keep fit, arts and crafts and gardening. One person told us, "I can do

activities; I have a rug on the go. There's stuff happening all the time in the activities area if I want to get involved. "On the day there was a ukulele band that played to people in the home. There were trips out advertised in the home. One trip was to the lavender fields. The home used volunteers to drive vehicles for trips out.

People's complaints were welcomed, responded to and used to improve people's experience of living at the home. Complaints were responded to in line with the organisations policy. For example, a professional complained that hot breakfasts were not available during the week. This was trialled and people feedback that they preferred to have this at weekends only. As a result of this feedback porridge was put on the menu. This was recorded in the complaints book. Staff told us what they would do if a person or relative made a complaint.

Despite this, the registered manager told us that people had said to her that they did not know always how to complain. As a result there is a concerns box by the front door for anyone to use. The registered manager told us that this was not always working and at a recent residents meeting people bought it up again. The registered manager told us that they were thinking of ways to improve and support people to make complaints.

Residents meetings occur monthly and are minuted. To improve the quality of care for people, the last meeting the registered manager used a white board and held a session for what is working and what is not working so well. Amongst other things, people said that the care staff and rooms were clean. Things that needed improvement were confidence to make a complaint, monthly reviews with keyworkers and commodes not being cleaned. The registered manager told us that funds for the sluice room have been agreed and quotes are being obtained for a sluice room.

The registered manager told us that there is a resident's ambassador's programme in the home. People had come forward who wished to be representatives. The purpose of this is for other people in the home to talk with the ambassadors for advice or to raise concerns. Also to raise awareness in the local community.

Good

Is the service well-led?

Our findings

The service was well led. One person said, "It's pretty good here. The manager is very nice, I see her quite a bit." Another person said, "The manager is always available to us."

There was an open and positive culture which focused on people. The management team interacted with people with kindness and care. We observed members of staff approach the registered manager during our inspection and observed an open and supportive culture. The registered manager had an open door policy; we saw people and staff regularly go in to the office and chat.

There were robust systems in place to ensure that quality care was provided and improved where identified. The registered manager completed various audits, including health and safety and first aid and welfare to improve the quality of care for people. From the audits the management had complied an action plan, which detailed what needed to be completed, who was responsible, date action to be completed which was signed off by the manager.

The registered manager told us that she was proud of the home and wanted to make various improvements to ensure that it was forward thinking. The registered manager had also commissioned an external audit to be completed. This was completed one week prior to the inspection and the registered manager had already actioned some of the recommendations. For example to review the PRN medicine guidelines (as required medicine) in line with current guidance.

People told us that they completed a feedback questionnaire, but they were not aware of the results of the feedback. The registered manager confirmed that a questionnaire was sent out in May this year but the results would not be collated until September by the trustees of the organisation.

Staff told us that they felt supported by the management of the home and that they were approachable. Staff told us they had staff meetings regularly. We saw minutes of staff meetings, items on the agenda included care practise issues and training. Staff were clear about their roles and responsibilities. Staff showed us the handover sheets and daily routine sheets which detailed which staff member was supporting whom and what else they were responsible for during their shift.

The registered manager told us that it was important to recognise staff's commitment to ensure that they felt valued. She had set up a staff recognition scheme where people and colleagues could nominate a staff member. Things that were said about staff that were nominated were, "[name of staff] is very friendly and polite, always willing to help." And, "[name of person] is very keen on his work and is a very good carer."

The compliments book had evidence from relatives, people and other visitors to the home. Examples of comments were "The level of care is excellent….family feel." And a health professional said "Some of the most motivated staff I have seen."

The registered manager had a good understanding of the requirements of CQC and ensured consistently

that the appropriate and timely notifications had been submitted when required. All care records were kept securely throughout the home. The registered manager had completed the provider information return (PIR) on time and what was stated in the return was reflected on the day. Records were stored and managed correctly.