Tracs Limited

# Woodlands

## Inspection report

435 Shirley Road
Acocks Green
Birmingham
West Midlands
B27 7NX

Tel: 01217785718
Website: www.tracscare.co.uk

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

We inspected this home on 28 April 2016. This was an unannounced Inspection. The home was registered to provide residential care and accommodation for up to six people who have mental health needs. At the time of our inspection five people were living at the home and one person was in hospital. We last inspected this home in December 2013 and found it was meeting the regulations.

A registered manager was in post but they had recently moved to manage another location on a temporary basis. A temporary manager had been appointed to cover their absence. 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.

Two people using this service told us they felt safe, one person told us they had experienced some behaviours from another person that had at times made them feel unsafe. These incidents had been reported to the local authority by the registered manager and risk assessments put in place to help reduce the likelihood of similar occurences. Staff understood their roles and responsibilities to protect people from the risk of potential harm. Staff were aware of the provider's processes for reporting any concerns. There were enough staff to support people safely and recruitment checks were in place to help ensure staff that were employed were safe to work with people.

We found that staff were trained to support people effectively and received opportunities to further develop their skills. Staff told us that they received regular supervision and that senior staff were always available for them to seek advice and guidance.

People had access to a variety of food and drink which they enjoyed. People were supported when necessary to access a range of health care professionals.

We observed staff seeking people's consent before providing any care and support. Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be unable to make their own decisions.

People we spoke with told us that staff were caring and kind towards them. We saw and people told us they felt involved in decisions about how they were communicated with and cared for. People told us they were encouraged to remain as independent as possible by staff. We observed staff ensuring people's privacy and dignity was maintained.

Processes were in place which supported people to express their opinions in developing their care plans. People knew how to raise complaints. Where complaints had been raised the registered manager had taken prompt and appropriate action.

Staff understood the needs of the people they supported. We saw that staff communicated well with each other and spoke highly of the management and leadership they received. There were systems in place to monitor the quality and safety of the home and to improve the life for people at the home.

## 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.

Most people told us that they felt safe living at the home. Where people had not felt safe action had been taken. Staff in the home knew how to recognise and report potential risks of abuse.

There were sufficient numbers of staff available to meet people's individual needs.

Appropriate systems were in place for the management and administration of medicines.

### Is the service effective?

Good

The service was effective.

Staff had received training relevant to the care needs of people in the service.

The staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People were involved in decisions about what they wanted to eat and drink. People had access to healthcare professionals when required.

### Is the service caring?

Good

The service was caring.

Staff had positive, caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support and their dignity and privacy had been promoted and respected.

### Is the service responsive?

Good

The service was responsive.

People had been involved in the planning of their care.

Procedures were in place for people and their relatives to make complaints and raise concerns.

## Is the service well-led?

Good

The service was well-led.

Views and opinions of people who used the service and staff had been captured to help inform developments and improvements in the home.

People, relatives and staff said the managers were approachable and available to speak with if they had any concerns.

# Woodlands

**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 28 April 2016 and was unannounced. The inspection team comprised of one inspector and an expert-by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection.

During our inspection we spoke with three people, some people at the home declined to speak with us. We observed how staff supported people throughout the day. We spoke with the deputy manager, and two care staff. We also spoke with the temporary manager on the telephone. We looked at the care records of two people, the medicine management processes and at records maintained by the home about staffing, training and the quality of the service. We spoke with the relatives of two people and with two care professionals.

Good

# Is the service safe?

## Our findings

People told us confidently that if they had any concerns or did not feel safe they would inform a member of staff. One person told us another person living in the home had at times made them feel unsafe. These incidents had been reported to the local authority by the registered manager and risk assessments put in place to help reduce the likelihood of similar occurences. Arrangements were in place to check that people felt safe living at the home. Staff checked this at monthly meetings and people were also asked as part of the annual quality questionnaire.

Relatives of people living at the home did not raise any concerns about r safety however one relative was concerned about medication errors that had occurred previously. The relevant authorities had been informed by the registered provider when medication errors had occurred. One relative told us, "I have no concerns regarding safety."

Information was available about how to report abuse and had been discussed at a recent 'residents' meeting. A poster on display included the various telephone numbers of the different agencies who staff and people could contact in the event of abuse occurring or being suspected.

There were clear procedures in place to help staff to keep people safe from abuse and harm. We spoke with staff about the home's procedures for protecting people from potential harm. Staff we spoke with confirmed that they had received training and were able to describe different signs of abuse and their responsibilities and roles in how to protect people from abuse. Staff understood how to report concerns and told us they were confident these were acted upon.

Risk assessments identified individual risks specific to people using the service and the staff who supported them. These included the risks associated with people's physical and mental health conditions and activities that they undertook. During our visit we saw that an item had been left in the lounge that could pose a risk if a person's mental health deteriorated. This was removed when we brought this to the attention of the staff on duty. There were regular checks of health and safety arrangements within the service, such as on the fire detection system and emergency lighting to make sure it was in good working order. One person told us they had recently had a fall on the stairs, we saw this had been recorded in the accident records and included evidence that the cause of the accident had been considered to reduce similar incidents occurring. The service had a system to record accidents and incidents. These were then assessed to identify patterns and trends.

People told us there were enough staff to support them when they needed it. The registered manager told us that the usual staff numbers varied between three and four staff during the day depending on the activities and appointments that were planned. We were informed that since a person had been in hospital there had been a reduction in the numbers of staff on duty but that this would be increased once the person returned home. The staff we spoke with confirmed that the current staffing arrangements were safe.

We asked the service manager about the recruitment process that would be followed for potential new staff

and they described a safe process that included seeking references and a Disclosure and Barring Service (DBS) check before the staff started working with people. A recently employed member of staff confirmed that recruitment checks had been completed before they started working in the home. We sampled the recruitment files of two staff and these confirmed that recruitment checks had been completed.

We looked at the systems in place to enable people to receive their prescribed medicines safely. People told us that staff supported them so that they received their medicines as prescribed. Where assessed as safe to do so, people administered their own medication.

Medicines were stored correctly to ensure they were safe and maintained their effectiveness. People's care records contained details of the medicines they were prescribed and any side effects. Where people were prescribed medicines to be taken on an "as required" basis there were details in their files about when they should be used. Records of the administration of medicines were completed by staff to show that prescribed doses had been given to people.

One person requested painkillers during our visit. Staff checked their medication record to make sure they had not been given recently by another member of staff before these were administered to the person.

Staff told us that they had received training to administer medication and had been observed to ensure they were able to administer medicines safely. When medication errors had occurred these had been reported to the relevant authorities and medical advice had been sought to ensure the person was not at risk of any ill effects.

Good

# Is the service effective?

## Our findings

People were being supported by some staff who had worked at the home for a number of years and who had got to know people's needs well. A care professional told us that in relation to a person who they visited, that staff were fully aware of the person's needs.

We were informed that all new staff completed a two day induction before starting work in the home and that initially they worked alongside more experienced staff. Staff who were new to the care sector had the opportunity to complete the 'Care Certificate'. The care certificate is a nationally recognised induction course which aims to provide staff with a general knowledge of good care practice. A member of staff told us that the induction they had received was enjoyable. They told us, "It was very deep, it was not superficial, things were covered in-depth."

All the staff we spoke with told us they received opportunities to undertake training to enable them to provide effective care and support. This included mental health awareness, managing medicines, fire safety and safeguarding vulnerable adults. One member of staff told us that the provider was always looking to develop the training on offer to make it more enjoyable.

We asked staff if they received regular supervision and they confirmed that supervision was usually regular. Supervision is an important tool which helps to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. Staff told us they felt well supported by their managers and other team members. There were staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The deputy manager told us that they had applied for a DoLS for two people in the home and approval for one of these applications had been received the week of our visit. All of the staff we spoke with confirmed this was the case. During our visit we saw staff seeking consent from people for everyday decisions, for example if staff needed to enter their bedrooms. One person had made a decision to refuse medication for a specific health condition. Staff had worked with other healthcare professionals to ensure the person had capacity to understand the implications of their decision.

People were able to enjoy a balanced and healthy diet if they chose to. We observed a variety of meals being

provided to people. People told us they enjoyed the food. We ate lunch with one person at the home, the meal was what they had requested and they told us they had enjoyed this.

The evening meal on the day of our visit was pasta bake and this was home made. One person confirmed if they did not like what was on the menu then alternatives were available. One person had some particular preferences regarding food and we saw them being asked what foods they wanted on the weekly shopping list. Staff told us that as several people had different food preferences they had a weekly food budget that enabled them to choose individual foods. One person's relative told us, "The food is fantastic." The staff we spoke with were aware of people's individual preferences and needs in regards to nutrition.

People had access to a range of health and social care professionals both within the community and those that visited the home. This included general practitioners and community nurses. Records were kept of appointments or contact with health and social care professionals. People were encouraged to attend health appointments outside of the home and staff were available to accompany people if needed. Written records of the outcomes of these had been kept to enable staff to keep track of people's health needs. Staff had a good understanding of the mental health needs of the people using the service. They were able to tell us what may trigger a person's mental health to deteriorate and the warning signs of this. However we brought to the attention of the deputy manager that one member of staff was not aware of one person's specific health condition. They told us they would ensure all staff were made aware of this.

Good

# Is the service caring?

## Our findings

All of the people and a relative we spoke with confirmed that staff were kind and caring in their approach to people. A person at the home told us, "The staff are nice, none of them are bad." A relative of a person at the home told us, "Staff are very good, they are all kind and caring." A care professional told us, Staff have been kind and caring." People said that family and friends were able to visit whenever they wanted to. One relative told us, "We are always made welcome when we visit."

The home was informal, calm and relaxed. Staff were respectful in the way they spoke about people at the home. We saw that people were comfortable approaching and chatting with staff openly. We heard staff speaking with people in a calm and kind manner; they demonstrated their patience and understanding when supporting people. Staff that we spoke with told us they enjoyed supporting people.

Staff encouraged people to do things for themselves where they were able, for example making their own breakfast and doing their own shopping and laundry. Where assessed as safe, people administered their own medication. We saw people making their own drinks and lunch during our visit. Staff gave examples of how they encouraged independence. One staff told us, "We would never choose people's clothes for them, we get them to choose their own. We are here to support people, not to make people's choices for them."

People's privacy, dignity and personal beliefs were respected. Staff told us that they ensured people who required a special diet due to religious or cultural needs were provided with this. We observed all staff knocking before entering people's rooms and they waited for permission before entering. We saw staff respected people's personal information to help promote their privacy and dignity. People's records were kept in a locked cupboard and staff did not talk about people's personal information in front of other people.

Good

# Is the service responsive?

## Our findings

People we spoke with told us they had been involved in the planning of their care. One person told us, "All decisions have been made with me, we have worked together." We saw care plans included people's personal history, individual preferences and interests. Staff we spoke with were responsive to the needs of people because they knew people well. Staff could describe people's life histories, things that were of importance to individual people or what had mattered to people throughout their lives.

One person told us, "I can visit my friends when I want and I can have visitors here when I want. I can also use the telephone to ring my relative." One relative told us that their family member had been supported to remain in contact with them and this had included staff supporting the person to visit them. Staff kept a record of the dates of the birthdays of people's close family so that they could support them to send birthday cards.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. People had a choice of whether to participate in activities or not. One person told us that sometimes they were bored. One relative told us that their family member was difficult to motivate but that staff had tried to engage them in things they enjoyed and had offered the opportunity to attend college but the person had declined this.

During our visit one person went out to their work placement but we did not see other people participating in leisure activities. Staff told us that these had been offered but that people had declined. One member of staff told us that it was often a challenge trying to persuade people to become involved in an activity. A care professional told that often when they visited the home that people were often in their bedrooms and felt that more interaction was needed from staff to motivate people. We spoke with the registered manager about the need to offer alternative leisure opportunities for people to try and engage them in more things that they may enjoy doing.

Records showed that people took part in activities such as shopping, going out for lunch and to garden centres. Some care records did not show that people were offered the opportunity to participate in regular activities. Staff told us that people were offered opportunities on a daily basis but acknowledged the records of this could be improved.

Staff had regular meetings with people living in the home. This provided an opportunity for them to raise issues and discuss plans such as the meals people preferred and the activities they wanted to undertake. Staff checked if people had any complaints during these meetings.

People told us that they would let the staff know if there was something that they were not happy about, but everyone we spoke with said they were currently happy and had no complaints. A relative told us that managers and staff were approachable if they were not happy or had a complaint. One relative told us, "I am very confident to raise any concerns but I have not had to raise anything."

The registered provider had a formal procedure for receiving and handling complaints. Two recent complaints had been received and action had been taken in response to these. This showed that people could be confident they would be listened to if they had a complaint.

Good

# Is the service well-led?

## Our findings

The provider had a clear leadership structure which staff understood. Each person at the home had a key worker to help ensure they received continuity of care and each shift was led by a designated member of staff. A registered manager was in post but they had recently moved to manage another location on a temporary basis. A temporary manager had been appointed to cover their absence. Staff did not raise any concerns about the new management arrangements. One staff told us, "It has not had any negative impact, everything had gone very smoothly."

Staff confirmed that both of the managers were approachable. Staff confirmed if they did have any concerns they would feel able to raise these. One member of staff told us, "The acting manager is very approachable. You can raise issues and they will do their best to find solutions."

Regular staff meetings gave staff the opportunity to comment on any areas they felt would benefit people. Staff we spoke with and minutes of staff meetings showed that incidents, outcomes of audits and complaints received were shared with staff so that practice could be improved. One staff told us, "We always get feedback about how we can improve. I like constructive criticism, it's important so I know how to improve."

A system was in place to help staff feel valued. Each month staff could be nominated as 'employee of the month.' We were informed that people living at the home, their relatives and other staff were all able to make a nomination if they wanted to.

People were given the opportunity to share their views on the service being provided. Each year the provider sent questionnaires to people living at the home, relatives, the staff team and health care professionals to identify how the service could be improved. Feedback was mainly positive and we saw an action plan had been developed in response to the comments raised. In each report the provider gave an update on the action taken since the last survey. This ensured people could see the impact their feedback had made on service development.

There were systems in place to monitor the quality and safety of the home. The provider audited key areas of the home to ensure it was safe and that it was meeting people's needs. Action was taken to make improvements where they were identified as needed and follow up audits were completed to make sure the improvements needed had been made.

The provider was actively looking at how it could improve the involvement of people who used their services in the auditing process. The provider's website gave details of a new initiative that was in its early stages of employing 'Quality Checkers.' These would be people who lived in the provider's services who would assist in checking quality. This had not been introduced into the home at the time of the inspection.