

Heathcotes Care Limited

# Woodseats and Norton

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Woodseats and Norton is a residential care home providing accommodation for people requiring personal and nursing care to 16 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 16 people living at the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

**Right Support:** People's independence was promoted by the provider and staff. The provider had maintained a consistency in staff who worked with people and this meant people were supported by staff who knew them well. People were encouraged and supported to express their choices and we observed people being supported to access the community and activities. We observed staff skillfully managing situations where people expressed anxiety or periods of time where they felt upset.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** People received kind and compassionate care. People and relatives told us support was provided safely. Staff understood how to protect and promote people's privacy and dignity. Staff varied their approach to working and communicating with people and demonstrated an understanding of people's preferred way of communication. People's medicines were managed safely and we observed peoples as required (PRN) medication was reviewed regularly. When accidents and incidents occurred information was recorded accurately and later analysed by registered managers to identify any trends or areas of staff practice which could develop.

**Right Culture:** Staff feedback on working in partnership with the provider was positive and staff felt they were supported by a strong management team. Two registered managers were in post one [registered manager 1] to oversee the management of the Woodseats service and the other [registered manager 2] to oversee the management of the Norton service. They told us they tried to arrange absences from work to ensure there was always a registered manager across both services. The provider had a robust auditing system in place and registered managers evidenced consistent checks and oversight of practice in all areas. In some areas this had not always been captured in an audit template; however, we reviewed evidence of data being collected and analysed and checks being completed.

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

#### Rating at last inspection and update

The last rating for this service was good (published 30 July 2019)

#### Why we inspected

We received concerns in relation to safeguarding, closed cultures and staffing. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained as good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodseats and Norton on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Woodseats and Norton

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 3 inspectors and a Specialist Advisor.

#### Service and service type

Woodseats and Norton is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Woodseats and Norton is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 April and ended on 28 April 2023. We visited the location's service on 4 and 14 April.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We spoke with 5 people and 5 relatives to understand their experience of care provided. We spoke with 11 staff including the operations manager, the 2 registered managers, team leaders and support workers. We reviewed a range of records including 5 people's care plans, risk assessments and records relating to the provision of people's care and support. We looked at 3 staff files including recruitment checks, supervisions and appraisals; we looked at the wider staff teams training records and compliance. We also looked at records relating to the management of the service including audits and policies and procedures. Following the inspection, we spoke with 2 professionals who had worked with the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt care and support was provided safely by staff who knew people well.
- The provider had robust systems in place to record accidents and incidents and assess whether safeguarding incidents had occurred. When safeguarding incidents had occurred, the provider acted openly and transparently.
- Staff demonstrated a good understanding of the different types of abuse which could occur and how to report safeguarding concerns. One staff said, "I have access to the safeguarding policies and I've received safeguarding training. It taught us how to keep service users safe. I would report any form of abuse of service users and staff as well. I will report to my manager and if nothing is done, I can escalate it to the safeguarding team."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had robust risk assessments in place. Risk associated with the provision of people's care and support were clearly recorded and guidance was provided to staff on how to manage and mitigate risk.
- The provider had robust systems in place for the recording, analysis and review of accidents when they had occurred. The provider identified any trends and themes through root cause analysis which helped them prevent accident and incidents in the future.
- Safety certificates relating to the environment such as fire safety, legionella and electrical appliance testing were in place and in date.

Staffing and recruitment

- The provider had robust recruitment systems in place. The provider ensured staff were deployed to provide support in accordance with people's care plans. There were sufficient numbers of staff to meet people's needs.
- Generally appropriate recruitment checks were carried out and staff had appropriate checks on their suitability to work with vulnerable people. This included references and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We identified for some staff there were minor gaps in their employment histories. We discussed this with registered manager 2 who explained and evidenced a new system had been implemented since the staff members recruitment which ensures employment gaps are followed in an appropriate manner.
- The provider had implemented incentives to manage the risk of being impacted by the social care staffing crisis. The provider advised they had increased the wages of support staff and team leaders and following monthly monitoring of staffing levels they identified retention of staff had improved .

### Using medicines safely

- The management, storing and administration of people's medicines was carried out safely.
- We observed staff practice while administering people's medicines and found staff demonstrated an understanding of good practice. We found no gaps in people's medication administration records (MAR) and appropriate checks were carried out to ensure people had the correct stock of medication.
- Staff carried out daily checks to ensure the safe storage of people's medicines including checks on fridge and room temperatures.
- Where people required as required medication (PRN) appropriate guidance and planning was in place. The provider ensured protocols were in place for staff to follow in the event people required PRN medicines.
- We identified some people required body maps for prescribed creams; we discussed with both registered managers who addressed this immediately and evidenced this by providing records which had been implemented.

### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The provider promoted visiting for people's relatives and friends. One relative said, "There are no issues at all. [The provider] encourages contact and they'll help [person] message me on their phone and let me know what's happening."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and protected characteristics such as age, religion and sexuality were considered at the initial assessment stage. The provider obtained information from relatives and external professionals involved in people's care to ensure they had a good understanding of people's needs.
- Reviews were carried out regularly and the provider demonstrated a strong understanding of how to meet people's changing needs and choices. Where needed the provider had responded by adjusting support accordingly.
- Feedback relating to reviews was positive. Relatives told us they felt involved in people's care and praised the provider for how well they understood people's needs and preferences. One relative said, "[The provider] involves us in everything. [Staff] seem to really know (person) and understand them which is really good. It's important for [person] to have staff who understand them and support them in the right way. We're really pleased."

Staff support: induction, training, skills and experience

- People were supported by skilled staff who received appropriate training and supervision from both registered managers.
- We observed multiple interactions between people and staff which demonstrated staff's skill in adjusting their approach dependent on who they were supporting. We saw staff support people to manage periods of time where they felt distressed or anxious and other occasions where staff supported people with care, warmth and humour to ensure people felt engaged.
- The providers training records showed mixed levels of compliance relating to courses completed by some staff; however, we found staff with lower levels of compliance with training were newly recruited and overall compliance had consistently improved over recent months.
- Staff were supported with regular supervisions and reported feeling supported by both registered managers. One staff said, "I've had so much training during my time with the provider. I have supervision every 12 weeks. I feel completely supported by [registered manager 1] even when they're not in the service."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were supported to eat meals in line with their preferences and choices.
- We observed staff supporting people to choose their meals by promoting people's choices and providing them with various options to choose from.
- Staff had received training in supporting people who may be at risk of choking and understood where to find information relevant to people's dietary support needs. One staff said, "We've had training to support people who are at risk of choking. I'm aware of people's dietary needs and wishes, they are recorded in their

care plan."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked closely with people, relatives and external professionals and promoted a multi-disciplinary approach to planning, assessing and carrying out people's support.
- We reviewed multiple records which evidenced the provider working in partnership to ensure people's needs were met in a person-centred way. The provider sought support from external professionals where necessary and ensured any changing support needs were assessed in a timely manner.
- The specialist advisor who supported our inspection stated, '[People's] physical, mental [wellbeing] and social needs are holistically assessed and care, treatment and support is delivered in line with legislation, standards and evidence based guidance.'

Adapting service, design, decoration to meet people's needs

- The provider ensured the environment was tailored to the individual needs of the people living at the service.
- Where required the provider had made referrals to external professionals to source equipment to ensure people's needs were met. This included equipment for support needs such as safe moving and handling.
- The design of the service was spacious and light. The provider had promoted people's choices and decorated areas of each service in line with people's choices, this included a game's room, a sensory area and a communal cinema room. Additionally, people personalised their rooms with pictures, preferred décor and personal belongings.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The providers understanding of supporting people in line with the MCA was robust and in line with legislation and guidance.
- Where people required a mental capacity assessment the provider had ensured these were decision and time specific; this ensured any decisions made in people's best interests were carried out in the least restrictive way possible.
- The provider had experienced a delay in receiving DoL's authorisations; however, this was not due to the provider not submitting applications in a timely manner and the provider was able to evidence they consistently followed up DoL's applications they had submitted.

# Is the service well-led?

## Our findings

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

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

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

- The provider promoted a person-centred approach throughout the service. Registered managers also promoted this culture in each service and this was evidenced in their practice, staff practice and within people's care records.
- Staff were motivated by both registered managers to support people as individuals, in line with their choices and preferences. Registered manager 2 said, "We try to involve people as much as we can and as much as they want to be. Each person has a key worker and we make sure they have a good rapport with the staff member so they feel comfortable raising things and telling them how they want things to be."
- Staff feedback evidenced a staff team who prioritised people's experience of care and support, valued their role and enjoyed working at Woodseats and Norton. One staff said, "When you walk around and you hear staff singing you know they are happy, this has such a positive impact on the people we support. I can make suggestions and (the registered managers) tell me not to assume I'm wrong. I love my job, I love the team I work with."

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

- The registered managers were aware of their obligations in relation to reporting accidents and incidents to the relevant parties. Relatives were updated when accidents and incidents occurred.
- The registered managers maintained a log of all safeguarding incidents and accidents. This was reviewed by the provider regularly to ensure these referrals and notifications were submitted appropriately and in accordance with legislation and guidance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had robust auditing and quality assurance systems in place.
- Both registered managers carried out regular checks on all areas of the service; however, sometimes this wasn't recorded in a template to demonstrate their findings. We discussed this with both registered managers who offered assurances this would be addressed. Due to clear evidence of checks being carried out and overall auditing systems being robust, we felt this was an administration oversight and were confident this would be addressed quickly.
- The provider analysed and reviewed findings from audits, checks and collected data to identify any trends; this was then used to inform improvement in people's support and staff practice.

- The registered managers both stated areas they wanted to continue developing. In both cases improvements identified were focused around people's experience and support; this demonstrated a commitment to continue developing the service. Registered manager 2 said, "I think for (people) who might want to work, I think we could do better on that, we have been able to do it for some people but I would like to develop that further."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider was praised for the support people received and how they involved and worked in partnership with people, relatives, staff and external professionals.
- A professional who worked closely with the service during one person's admission to the service told us they appreciated how closely the provider had worked with them throughout the process. They said, "I was pleased with how they (developed) support plans, they were very responsive. They were very good about keeping in contact and listening to family."
- People told us they enjoyed living at the service. One person said, "I like living here, I like my staff" before jokingly pointing at a member of staff and adding, "apart from this one, (staff member) is trouble." This was one of multiple examples observed throughout the inspection of people feeling comfortable, empowered and safe with the staff who supported them.