

# Sunderland City Council

# Woodland View

## Inspection report

Sea View  
Ryhope  
Sunderland  
Tyne and Wear  
SR2 0GW

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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

We inspected Woodland View on 29 June 2017. We informed the provider the day before our inspection. We did this because the service is a small care home and people who use the service are often out and we needed to be sure somebody was in. Woodland View is an established service, which had been previously registered under a different provider. This is a first inspection of a newly registered service.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not present for our inspection.

Woodland View is a six bedroomed purpose-built bungalow providing personal care for adults with learning disabilities. The home does not provide nursing care. At the time of our inspection six people were using the service.

There were systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MAR's) were completed correctly with no gaps or anomalies.

We asked what information was available to support staff handling medicines to be given 'as required'. Although as required medicines were documented on the MAR there wasn't a separate protocol that provided staff with the additional guidance needed to support the administration of these medicines. In addition the temperature of the room in which medicines were stored was not taken and recorded to ensure that medicines were stored within the recommended temperature ranges. The manager contacted us after the inspection and informed us they had taken immediate action to address our findings.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Appropriate checks of the building and maintenance systems had taken place to ensure health and safety was maintained.

There were sufficient staff on duty to meet the needs of people who used the service. Staff were available to provide one to one support and with visits out in the community. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff told us they felt well supported and received regular supervision and an annual appraisal.

Staff had an understanding of the Mental Capacity Act 2005 and acted in the best interests of people they supported. Staff clearly understood their role in supporting people with communication to help them make as many of their own decisions as possible. Staff told us about people's care preferences, which were also recorded in their care plans. However, at the time of the inspection, processes had not been followed to formally record this. Information was supplied to us after the inspection to confirm that this process had commenced. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The majority of staff were up to date with their training and any gaps in training had been identified and addressed by the manager.

People were provided with a choice of healthy food and drink, which helped to ensure that their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Staff were kind, caring and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs.

Activities, outings and social occasions were organised for people who used the service.

Care plans detailed people's needs and preferences and were personalised . Care plans were reviewed on a regular basis to ensure they contained up to date information to meet people's care needs. The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the manager. Quality assurance processes were in place and regularly carried out by the manager and support co-ordinator to monitor and improve the quality of the service.

## 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 told us they felt safe. Staff were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

There were enough staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Systems were in place for the management and administration of medicines.

Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good 

### Is the service effective?

The service was effective.

Staff had an understanding of the Mental Capacity Act (MCA) 2005 and acted in the best interest of people they supported; however at the time of the inspection, processes had not been followed to formally record this. Information was supplied to us after the inspection to confirm that this process had commenced.

Staff had the knowledge and skills to support people who used the service. The majority of staff training was up to date and where there were gaps this had been identified by the manager. Staff had received regular supervision and an annual appraisal.

People were provided with a choice of food and drink. People were supported to maintain good health and had access to healthcare professionals and services.

Good 

### Is the service caring?

This service was caring.

Good 

Relatives and friends told us people were well cared for. Staff took time to speak with people and to engage positively with them.

People were treated with respect and their privacy and dignity were promoted. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

People had access to advocacy services. This enabled others who to speak up on their behalf.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a range of activities and outings of their choice.

Relatives were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

### **Is the service well-led?**

**Good** ●

The service was well led.

People received a reliable, well organised service and expressed a high level of satisfaction with the standard of their care.

Staff were supported by the manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

# Woodland View

## **Detailed findings**

### Background to this inspection

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

We inspected Woodland View on 29 June 2017. We informed the provider the day before our inspection. We did this because the service is a small care home and people who use the service are often out and we needed to be sure somebody was in. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. We did not ask the provider to complete 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 sat in communal areas and observed how staff interacted with people. We spent time with all the people who used the service. Communication with people was limited because of their learning disability so we spoke with two friends and three relatives of people who used the service to gain their views and opinions.

The manager was not present on the day of the inspection. During the inspection we spoke with two support co-ordinators, a senior support worker and two support workers. The manager sent us information by e-mail after our inspection in response to our inspection findings.

During the inspection we reviewed a range of records. These included two people's care records, including care planning documentation and medicine records. We also looked at three staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

## Our findings

We asked friends and relatives about safety, one relative told us, "[Name of person] certainly is in safe hands. We [family] haven't seen one blemish on [name of person]. The staff are so kind and caring." Another relative said, "We [family] feel [name of person] is very safe." During the inspection we observed staff interaction with people and saw staff were friendly in their approach and people were happy spending time with staff.

People were protected from the risk of abuse. Staff knew the various forms of abuse, signs to recognise them and what actions they would take to protect people. Staff understood their responsibility to report any concern should they suspect someone had been abused. They told us they would raise their concerns with the manager and they believed prompt action would be taken to protect people. Staff also understood how to 'whistle blow' if necessary to protect people.

We were told the provider promoted positive risk taking. Risks to people's safety had been assessed by staff and included areas such as taking people swimming, going out in the car, accessing the community and health. Staff told us how control measures had been developed to ensure they managed any identified risks in a safe and consistent manner. We spoke with staff who were able to tell us clear triggers to people's behaviour that challenged and actions they took to minimise the identified risk.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. The staff recruitment process included completion of an application form, a formal interview, a previous employer reference and a Disclosure and Barring Service check which was carried out before staff started work at the service. A Disclosure and Barring Service check were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with people.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MAR's) that we look at were completed correctly with no gaps or anomalies.

We asked what information was available to support staff handling medicines to be given 'as required'. Although as required medicines were documented on the MAR there was not a separate protocol that provided staff with the additional guidance needed to support the administration of these medicines. In addition the temperature of the room in which medicines were stored was not taken and recorded to ensure

that medicines were stored within the recommended temperature ranges. The manager contacted us after the inspection and informed us they had taken immediate action to address our findings.

There was enough staff to support people's needs, with a minimum of five care staff on duty during the day and evening and two staff at night. The number of staff on duty varied as some people who used the service received additional one to one support from staff for social activities and outings. At the time of the inspection there was a vacancy for a full time support worker, however these hours were being covered by regular agency staff.

Accidents and incidents were minimal, as such analysis was not needed to identify any patterns or trends to put measures put in place to avoid re-occurrence.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety was maintained. The fire alarm was tested on a weekly basis to make sure it was in working order. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. Documentation and certificates were available to show that relevant checks had been carried out on the fire extinguishers and fire alarm.

Personal emergency evacuation plans (PEEP's) were in place for people who used the service. PEEP's provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken.

## Our findings

We spoke with relatives and friends who told us staff provided a very good quality of care. One relative said, "The staff are brilliant and they know [name of person] better than me." Another relative said, "The improvement in [name of person] since they moved in has been unbelievable. [Name of person] has got back some of their independence and is much happier."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty 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. At the time of the inspection six people were subject to a DoLS authorisation with no conditions attached.

Staff demonstrated a good understanding of MCA, including their role in supporting people with communication to help them make as many of their own decisions as possible. Staff told us about people's care preferences, which were also recorded in their care plans. People had 'communication passports' to help staff understand what people were communicating in certain situations. The communication passports detailed expressions, vocal sounds and appearance people would make to communicate if they were happy or sad. Communication passports and care plans also described how people would communicate yes or no. For example one person would turn their head away if they didn't want anything more to eat or drink. Although best interest decisions were recorded within care plans there was not decision specific MCA assessments or a formal record of the best interest decision to be made. We pointed this out to senior staff during the inspection. The manager contacted us after the inspection who told us people's social workers had been contacted and this process had commenced.

Records we looked at showed care staff had received the training they needed to meet the needs of the people using the service. This training included health and safety, safeguarding, first aid, infection control, moving and handling, medication and fire training. Staff confirmed they had enough training to enable them

to support people and meet their needs. Minor gaps in training had been identified and action taken to address this. Staff complimented their training. One staff member said, "All my mandatory training is up to date. Our training is very good. The moving and handling training goes through all the slings, movements and hoists as they [people who used the service] all have their own slings."

Staff told us they felt well supported and they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, "We [staff] get lots of support and regular supervision. I'm due supervision this month."

Staff understood the importance for people to be encouraged to eat healthy meals in accordance with their care plan and also to take regular drinks to keep them hydrated. People required specialist input from dieticians and speech and language therapists (SALT) to support them with their nutrition and guidance on special diets and nutritional supplements. On the day of the inspection a SALT visited to provide guidance and support to staff on how to feed a person. The support from the SALT had been provided over a period of time to ensure the person received adequate nutrition.

We observed the lunch time of people who used the service. When one person became agitated staff brought them their food first and they were seen to quickly settle. This person finished their meal and their communication with staff informed they wanted second helpings, which they were provided with. People were provided with the assistance they needed and for those people who needed assistance with feeding this support was provided in an unhurried and relaxed manner. Lunch time was relaxed and people enjoyed the food provided. Staff chatted with people throughout the lunchtime.

We looked at the menu plan, which provided a varied selection of meals and choice. Staff told us they knew people very well and the food they liked and disliked. Staff told us how all food was home cooked and they supported people to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this. A relative said, "[Name of person] always clears the plate and the Sunday dinners look beautiful."

We saw records to confirm that people had access to the dentist, optician, chiropodist, dietician, speech and language therapy, their doctor and other health and social care professionals as needed. Staff told us they had good relationships with the doctors and that they would visit people at home whenever they needed. We saw that people had a hospital passport; however these had not been updated for some time. We pointed this out to senior staff. After the inspection the manager contacted us to inform a new format for hospital passports had been introduced and these were now in place for people who used the service.



## Our findings

Relatives and friends spoke very positively about the care and support people received, and described staff as kind and caring. They said, "The staff are wonderful. You can tell [name of person] is happy because they smile here to here." They pointed to each side of their mouth to demonstrate a wide smile. Another comment included, "The staff are absolutely fantastic." Another comment included, "This is a brilliant home. It has all the facilities needed and each and every one of the staff are fantastic. I [relative] call them my friends even though they are carers as they are so caring."

We observed that staff and people had developed strong and meaningful relationships, staff were able to tell us about people's backgrounds, preferences and interests. Care records had information about people's histories and background including education, family, social network, culture and individual preferences. Staff understood people's preferences and respected them. We heard staff address people by their preferred names and we saw staff supporting people the way they wanted. Staff understood people's communication needs. These were detailed in their care records and communication passports. We saw staff communicate with people very well using facial expressions and body language.

Staff respected people's privacy and dignity and promoted confidentiality. Staff ensured people had their personal space and were able to enjoy quiet time as they wished. For example, one person was supported to lie on the bed in the sensory room. On another occasion staff adjusted a person's clothing to preserve their dignity.

We found staff were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. We saw that staff were able to understand the needs of those people who had limited communication and respectfully helped us to communicate with people and understand their views.

Throughout the day we saw staff interacting with people in a very caring and friendly way. Staff provided people with reassuring touches and used friendly facial expressions and smiled at them.

One relative told us when the person who used the service was first admitted to the service they had lost a lot of their independence and skills. They complimented staff for spending time with the person and helping them to regain their independence and skills. They told us the person's speech had improved and they were now able to feed themselves again. However the relative told us the biggest improvement was,

"[Name of person] had a wicked sense of humour which they lost, but this has come back." They told us how fantastic it was to see the person laughing and joking again. We saw how this person laughed and joked with staff throughout the inspection.

At the time of the inspection people who used the service did not require an advocate, however if this was needed staff were aware of who they should contact. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

## Our findings

Relatives and friends told us they felt the service provided personalised care. One relative said, "[Name of person] is well looked after. [Name of person] likes the sensory room and listening to music. When [name of person] goes to bed on an afternoon for pressure relief, staff always put the music and flashing lights on for them."

We saw people received person centred care. This meant the service putting people at the centre of all decisions whilst working alongside other professionals to achieve the best possible outcome. During discussion, staff told us how they carefully considered what people wanted, their values, family, lifestyle and treating the person as an individual. During our visit we reviewed the care records of two people. We saw people's needs had been individually assessed and plans of care drawn up. The care plans included people's personal preferences, likes and dislikes. For example, the care plan for one person described the activities they liked to do such as swimming and had actual photographs of the person swimming with staff. Another care plan detailed how a person needed to be supported when dressing to ensure ease and comfort. The care plan detailed how staff needed to support the person to always put their left arm first into the sleeve on their clothing. In addition it detailed how clothing needed to be checked to ensure it was crease free to maintain the person's good skin integrity. This meant staff were provided with the written guidance to ensure people's needs were met.

Care plans were reviewed on a regular basis to ensure they accurately reflected people's current support needs. Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care.

People were supported with social activities and their hobbies. On the day of the inspection we saw how one person enjoyed playing Connect Four with staff. They showed excitement and laughed when they beat staff at the game. The same person liked to draw and staff encouraged them to do so. One person liked to spend time in the garden, another swimming and some people liked to go to pubs and restaurants to eat out. Staff told us as some people needed a soft diet they were always careful with the eating places they chose to ensure they could accommodate people who used the service. Staff told us people liked to go out for walks and they also had a minibus if people wanted to go further afield.

Two people who used the service had enjoyed a recent holiday to Blackpool. During their stay they had enjoyed a visit to the Pleasure Beach, the zoo and Madame Tussauds.

We spent some time in the soundbeam room with staff and one person who used the service. Soundbeam is sensory technology that translates body movement into music and sounds. This person was positioned on a comfortable mattress / cushion and their movement made sounds and vibrations. We could see that when the person stopped moving they realised that the sound stopped and started to move again. The sounds could be changed by staff to replicate different musical instruments and different notes. We could see that this person enjoyed the experience and was so relaxed that they eventually fell asleep. The staff member we spoke with was extremely knowledgeable about the different sounds, instruments and music different people liked. They also kept a written record of the person's experience each time they spent time in the room. Relatives confirmed that people enjoyed the soundbeam room. One relative said, "[Person who used the service] loves the sensory room and all the lights and music." Another relative said, "The sound room can settle [person who used the service] down."

Staff told us people who used the service had complex needs and would not be able to understand the complaints procedure. They told us relatives were given a copy of the complaints procedure when people moved into the service. We looked at the complaint procedure, which informed how and who to make a complaint to. The procedure gave timescales for action. Relatives we spoke with did not raise any concerns, but told us they felt comfortable in speaking with staff and the manager if they had any concerns. One relative said, "I've got no worries, but if I did I would certainly speak to [name of manager]." Another relative said, "If I was unhappy with anything I would definitely tell them [staff]."

## Our findings

The home had a manager who registered with the Care Quality Commission in May 2016. Relatives told us the service was well led and they liked the manager and they were very approachable. One relative said, "I get on very well with [name of manager] and [they] are very much approachable." Another relative said, "[Name of manager] is brilliant. I know [they] are very busy but [they] always make time to speak with you." Another relative said, "Yes the service is well led and the staff are brilliant."

Staff spoke positively about the manager, describing them as approachable and supportive. In addition they told us support co-ordinators were employed to support the manager in the effective day to day management of the service.

Staff had a clear sense of the culture and values of the service, which they described as providing good quality care and treating people as individuals. One member of staff said, "I've worked here 11 years and I love it. I love everybody and everything about it." Another staff member said, "The customers [people who used the service] always come first. Everything is centred on them."

A number of quality assurance checks were carried out to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The manager and support co-ordinator carried out regular audits of medicines, finances, records and health and safety. Following these checks an action plan was developed if there were any areas for improvement.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes within the service and to provide feedback on recent inspections or compliance visits. Meetings for people who used the service had also taken place. These were used to discuss activities, birthdays, staff and holidays.

Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for.

Feedback was sought from relatives and friends. We looked at the results of recent surveys which were very positive.

The manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission. The manager had sent notifications to us in a timely manner.