

Isand Limited

Oxley Woodhouse

Inspection report

Woodhouse Hill
Fartown
Huddersfield
West Yorkshire
HD2 1DH

Date of inspection visit:
13 June 2018

Date of publication:
08 August 2018

Tel: 01484424732

Website: www.woodleigh-care.co.uk

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 inspection of Oxley Woodhouse took place on 13 June 2018 and was unannounced. The service was last inspected on 27 January 2016 and at that time the registered provider was meeting requirements.

Oxley Woodhouse is registered to provide personal care for up to 17 people with learning disabilities and other complex health needs. Accommodation at the main building of the home consists of one three-bedroom apartment and two five-bedroom apartments located over two floors which can be accessed by stairs. There is a communal kitchen/dining room, lounge and access to the secure garden. There is also a purpose-built building which houses four one-bedroom apartments with access to the secure garden. On the day of inspection there were 17 people living at the home.

At the time of registration the care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. However, the service is now working towards developing the provision in line with these principles. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection the service was rated good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Relatives of people who used the service told us their relatives were safe living at Oxley Woodhouse. Staff had received safeguarding training and knew what to do to keep people safe. Individual risks had been assessed and identified as part of the support and care planning process.

Staff were recruited safely and thorough checks were completed before staff started working at the home. We saw there were sufficient numbers of staff to ensure people's care needs were met. Staff had received training, supervision and appraisal to ensure people received effective care and this also enabled the development of good practice.

Medicines were stored and managed safely. Regular medicine audits were undertaken.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had undertaken training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Staff were able to explain how this legislation related to the people they supported, which meant people's rights were being protected. The registered providers new MCA paperwork did not evidence best practice decisions.

We have made a recommendation about the recording of best interest decisions.

People enjoyed a range of activities and were encouraged to maintain life skills and have maximum control over their lives. Staff supported people to retain their independence.

The home had good management and leadership and the registered manager was visible, working with the team, monitoring and supporting staff to ensure people received the care and support they needed. Feedback regarding the registered manager and management team was positive.

Regular quality assurance audits took place within the home to help monitor and improve.

The service had a complaints policy and process in place. Relatives told us they knew what to do if they had any concerns or complaints about the service.

The service worked in partnership with other organisations and local commissioners.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Oxley Woodhouse

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 comprehensive inspection took place on 13 June 2018 and was unannounced. An unannounced inspection is where we visit the service without prior warning. The inspection was carried out by two adult social care inspectors.

Prior to our inspection we reviewed all the information we held about the service. We contacted the local authority commissioning and monitoring team, Healthwatch Kirklees, the infection control team and reviewed all the safeguarding information regarding the service. The registered provider had completed a Provider Information Return (PIR). This form provides key information about the service, what the service does well and improvements they plan to make.

We spent time observing the support people received. On the day of inspection we spoke with two people who used the service and one relative. Following our inspection we spoke with two relatives on the telephone and one health professional. We spoke with the registered manager, two deputy managers and two support workers. During our inspection we spent time looking at three people's care and support records. We also looked at three records relating to recruitment, staff training and supervision records, incident records, maintenance records and a selection of audits.

Is the service safe?

Our findings

We asked the relatives of people who used the service whether they felt safe with the care their relative received from Oxley Woodhouse. A relative told us, "Yes, very. I am totally happy with everything." A second relative said, "Absolutely. Yes. [Name] is supervised all the time."

We were not able to communicate verbally with all the people who used the service, but were able to observe interactions between people and their support workers. We observed people appeared comfortable, happy and interested in what was happening at the home. We saw staff engage with people whilst providing support and support workers chatted with people in a relaxed and positive manner. This showed us people were safe living at Oxley Woodhouse. Systems in place meant people were protected from harm.

The service had a safeguarding and whistleblowing policy in place and staff had received safeguarding training. Staff we spoke with knew how to raise concerns, both within their organisation and local authority, should the need arise, to ensure people's rights were protected.

Risks to individual people were documented and staff understood how to support people whilst enabling them and encouraging them to keep themselves safe. Risk assessments were detailed and contained clear directions for staff to ensure risk was managed well.

A record was kept of accidents and incidents involving people who used the service. The records contained detailed information about what had happened and how staff had responded to keep the person safe. We found these had been managed and reviewed appropriately.

Positive behaviour support plans were in place for people who displayed distressed behaviour. Support plans contained detailed information for staff regarding individual behaviours that may challenge others, to help staff to prevent incidents and reduce risks to people. When we spoke with members of staff they were aware of this information and told us how they used the least restrictive alternative. This showed the service responded to changes in the behaviour of people who used the service and put plans in place to reduce future risks.

We reviewed how risks to the premises were managed. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing. We saw two weekly hot and cold water temperatures were taken and these were all within the appropriate range.

Fire safety measures were in place and people had personal emergency evacuation plans. Monthly fire drills were held at different times throughout the day and evening and staff were aware of the procedure to follow to keep people safe.

Through our observations during the inspection and reviewing staff rotas, we found there were sufficient numbers of staff to support people safely. Each person had been assessed for the number of hours they

required one to one support and the registered provider facilitated this.

We looked at the recruitment files for three members of staff and found safe recruitment practices had been followed. We saw Disclosure and Barring Service (DBS) checks had been obtained. DBS checks return information from the Police national database about any cautions, convictions, warnings or reprimands and help employers make safer recruitment decisions to help prevent unsuitable people from working with vulnerable groups.

We looked at the management of medicines and found this was safe. We observed a staff member administering medicines to six people. We found medicines were securely stored. The home was clean and odour-free and there was a good supply of personal protective equipment, which staff used to prevent the spread of infections.

The management team learned lessons when things went wrong. We saw records evidence of learning using a reflective tool. This was analysed and shared back to staff individually and as part of team meetings.

Is the service effective?

Our findings

Relatives of people who used the service thought staff had the right skills and abilities to look after people. Comments included, "Staff are well trained and know what they are doing", "Staff seem to know what to do" and "Staff are skilled to meet [Name's] needs."

Physical, mental health and social needs had been addressed and care plans included guidance and information to provide direction for staff to ensure care was provided in line with current good practice guidance.

The registered provider had a reducing restrictive practice strategy. The registered manager through complex risk management and staff training had removed the restrictions between the unit gardens and the whole garden was available for the majority of people who used the service.

Staff new to care were required to complete the Care Certificate and attend an induction programme. Staff were provided with training, supervisions and appraisal to ensure they could meet people's needs effectively. The registered manager told us they had changed the supervision schedule from April 2018 to coincide with the new staff shift patterns and recognised prior to this date not all staff had received supervision in line with organisational policy. We looked at the supervision matrix and saw from April 2018 supervisions had been held or were scheduled to be held regularly with all staff. Staff we spoke with felt well supported and were able to approach the registered manager.

We observed a fresh food delivery arrived at the home and the registered manager told us they sourced all their food and meat locally. People could choose what they liked to eat and their food preferences were recorded in their care plans. One person had a specific diet to meet their religious beliefs and we saw there was a designated kitchen oven facility along with segregated sharp knives, cutlery and crockery to support the person to prepare and cook food in keeping with their religious beliefs. A staff member told us, "[Name's] relative gives us recipes. We try and cook them." This showed how the registered provider demonstrated respect for people's religious, cultural and ethnic needs.

Records show people were supported to have access to health professionals and we saw this had included GPs, dentists, podiatrists, opticians, physiotherapists and district nurses. Care plans contained a traffic light health document which contain important healthcare information for hospital staff should the person be admitted to hospital or visit another healthcare professional. A traffic light document is based on the traffic light signals, red details 'things you must know about me', amber indicates 'things that are important to me' and green 'my likes and dislikes'.

The design and layout of the buildings was appropriate for the needs of the people who lived there and the communal areas had a homely feel. We saw lounges were simply decorated and designed to provide low levels of stimulation to support people's sensory needs. People were supported to be involved in changes to their living environment. A relative told us, "[Name's] room has been redone." They further described how

their relative had been recently involved in choosing new bedroom furniture. We looked at one bedroom and saw this was individually decorated and had posters of the person's favourite singer and music related memorabilia on the walls. People were supported to be involved in changes to their living environment.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had appropriately referred to the local authority for authorisations and notified us that 16 people had DoLS authorisations in place.

Relatives told us they had been involved in decisions about their relative. One relative said, "[Name] is happy here. I am included in decisions regarding their care." A member of staff told us, "Capacity is the ability to make decisions and understand the consequences of decisions."

We found people had their capacity assessed to determine their ability to provide lawful consent and these were kept in people's care files. However, the registered provider had recently introduced new MCA paperwork and we found these forms no longer evidenced best interest decisions. We brought this to the attention of the registered manager during our inspection who informed us they would discuss this with the registered provider.

We recommend that the service seek advice and guidance from a reputable source in relation to the recording of best interest decisions.

Is the service caring?

Our findings

A relative told us, "Staff come across as very caring." A second relative told us, "I think the majority of staff are kind." A third relative told us, "[Name] looks well cared for." These comments demonstrate relatives valued the care being provided by staff.

Staff understood how to communicate with people and information was presented in easy read formats to promote good communication. It was evident through conversation with relatives and in the care records we looked at that people and their relatives were encouraged to help shape the service and were involved in decision making.

Positive caring relationships were developed through staff understanding people's needs and preferences. It was clear from our discussion with staff they knew all about the people they supported. One staff member said, "[Name] is a lot happier if they are kept busy." They further commented they had seen a noticeable reduction in the person's anxiety levels.

People's diverse needs were catered for and equality was promoted within the service. Staff understood how to reduce the barriers for people with physical or sensory impairments, for example, one person who could not communicate verbally used Makaton sign language to communicate and we saw this was documented in their care plan.

Staff were aware of how to access advocacy services for people if the need arose. An advocate is a person who can speak on a person's behalf, when they may not be able to do so for themselves.

Staff emphasised the importance of ensuring people's privacy and dignity. One relative told us, "Staff always treat [Name] with dignity and respect." Another relative said, "Staff are respectful." We observed staff speaking with people respectfully and using different tones of voice appropriately to promote individual behaviour.

People's confidential information was securely stored in a private office. This meant people's confidentiality was maintained.

People were supported to retain their independence. A support worker told us, "Working here is about promoting people's independence." In a care plan we looked at we saw detailed instructions advising 'staff must allow me to carry out any tasks myself, for example, hair brushing, brushing my teeth, so that I know what is comfortable for me'. This showed the person's wishes for their individual support needs and independence was respected.

People had regular contact and were supported to see their family members. A relative told us, "We can visit whenever we want."

Is the service responsive?

Our findings

We looked at three people's care plans. We found care plans were very person centred and explained how people like to be supported, for example, 'Why I live at Oxley Woodhouse', 'Relationships' (with people that matter), 'when I am unwell this is what I am like' along with a breakdown of individual supported hours. This is important information as some people who used the service were not always able to communicate their preferences

People were supported to maintain their interests and a wide range of activities. On the day of inspection, we saw people were outside in the garden preparing for a barbeque. A staff member told us eating and socialising outside was a very regular event and often this involved most people who lived at the service and staff members joining in the karaoke singing. We saw a walled area of the garden had been allocated to one person to enable them to express their creativity and we saw paint and paint brushes were readily available. People could also participate in a range of outdoor activities, for example, cricket, tennis, football, basketball. We saw people were encouraged to join in team events. A staff member told us one person enjoyed camping overnight in the gardens of the home and we saw a risk assessment in place to enable the activity to be supported and managed appropriately.

People were supported to access the local community and leisure amenities. Staff told us three people regular visited the local public houses and working men's club and some people were also supported to socialise in local cafes, shops and attend local community day centres. A support worker told us local residents often stopped and spoke with people when they were 'out and about'. This meant people were supported to develop and maintain relationships in the wider community.

The registered manager told us the service was working with a behavioural therapist to secure a specific day centre placement to provide cultural enrichment to support a person's ethnic and cultural needs.

All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. This requires organisations to ask, record, flag and share information about people's communication needs and take steps to ensure people receive information which they can access and understand, and receive communication support if they need it. We spoke with the registered manager who was knowledgeable about the requirements of the standard. We found detailed information regarding people's communication needs, where appropriate, was recorded in care plans.

The service had a complaints policy which was available in an accessible information format. We looked at a complaint received in July 2017 and saw this was appropriately investigated and actions taken to address the concern raised. All relatives we spoke with told us they would have no hesitation in making a complaint and how to do this.

We found care plans contained very limited information regarding person centred end of life wishes. We saw

the service had a 'death of an individual' policy in place. We raised this with the registered manager who acknowledged there had been limited discussions regarding end of life wishes due to the average age group of the people they supported. The registered manager agreed to look at holding respectful initial discussions with relatives so person centred end of life wishes could be known and recorded appropriately within the care plans.

Is the service well-led?

Our findings

A registered manager was in post. 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.

There was a clear vision for the service which was to support people in a caring environment and our observations confirmed this happened. Regular support visits, audits and quality assurance checks took place with overview from the registered provider.

The registered manager was visible in the service and had an oversight of how the home was run. All relatives we spoke with told us they knew the management team. Staff told us the registered manager was very supportive and very approachable. One staff member said, "I feel listened to." They told us they felt able to discuss any problems or concerns and could ask for help to ensure people living at the home got the best possible service. A health professional we spoke with after our inspection provided generally positive feedback about the service. However, they felt the service could benefit from taking more professional advice to support individual people.

People who used the service and their relatives were asked to provide feedback on the service they received on an annual basis. We looked at the survey results from 2017 and found these were overall positive. We saw an action plan to address areas raised in the survey.

Residents meetings were held every two months. Minutes from the meeting held April 2018 showed eight people attended and topics discussed including 'new things like to try', 'birthdays' and 'positive things'.

A staff survey was also completed in 2017/18 and 21 staff members had responded. Most responses were positive, with some concerns noted. An action plan was then completed to address the areas for improvement, which the registered manager and deputy managers were working towards.

Staff meetings took place every month. Topics discussed at the last meeting included transition to new staff shift patterns, communication between teams, lessons learnt, food shopping and the sharing of a compliment received. Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care for people.

The management team worked in partnership with community health professionals to meet people's needs and improve the quality of the service.

The registered manager told us they were committed to continuing strong links with the local community. They gave an example whereby people who used the service had hosted a coffee morning at a local church with volunteers from the community. They further told us people were encouraged to lead a happy and fulfilled life by building trust, social skills and being supported to feel confident in the community.

The registered provider was clearly able to demonstrate how the organisation was continually striving to improve their service by partnership working at a local and national level. At service level, the registered manager told us they kept up to date with good practice through local authority events and training.

The registered provider had achieved an 'Investors in People Award' in May 2017. Investors in people is an internationally recognised accreditation scheme which aims to define what it takes to support and manage people well for sustained results.

The registered manager told us they were part of the NHS England STOMP campaign (Stopping the overmedicating of people with a learning disability and/or autism). They had begun to develop information regarding STOMP for staff and people who used the service and would be signing up to the STOMP pledge for social care.

We asked the registered manager how they intended to strengthen relationships beyond the key organisations. They told us they were supported by the registered provider to develop into their role and work with a variety of organisations. There were systems in place to ensure the registered manager was given up to date information in relation to ensuring their service was working to best practice. The registered provider held monthly management meetings and training to support them with good practice and discuss lessons learnt.