

Woodleigh Healthcare Limited

The Big House

Inspection report

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Date of inspection visit:

07 July 2021

08 July 2021

12 July 2021

Date of publication:

13 August 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Big House is a respite service, providing personal care and support from the age of 13 into adulthood for up to 3 young people with a learning disability and autism. The accommodation is provided over two floors, access to the first floor is via a stairwell. There are two bedrooms on the first floor, and one on the ground floor. Communal facilities include a lounge. The dining room, kitchen and courtyard are shared with people who attend a day care service. CQC does not regulate the day care provision.

Not everyone who used the service received personal care. CQC only inspects where people received personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider, and wider social care provided. At the time of the inspection the service had two people in residence, of which one person was receiving support with personal care.

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

People's safety, health and welfare was placed at risk. Documents detailing people's care and how to minimise potential risk were not signed, dated or reviewed. In some instances, contained inaccurate information. Potential safeguarding concerns had not been shared consistent with local safeguarding protocols. The medication policy was not implemented. Medication administration records were not signed and information to support why medication, which was prescribed to be given as and when required, was not documented. Infection prevention control procedures were not consistently followed in line with government guidance for COVID-19.

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.

The service was not able to fully demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. Care records detailing people's care needs were not always written in everyday language, or in a respectful way with consideration to people's dignity. Records written by staff about the care and support they provided did not always reflect that they had understood or followed the person's care plan, which meant people may not have received person centred care.

We have recommended that the provider reviews best practice guidance for supporting people with distressed behaviours.

People were supported to have maximum choice and control of their lives, as people's independence to make day to day decisions were supported. However, staff did not always support them in the least restrictive way possible or in their best interests; as an application to deprive people of their liberty known as

a Deprivation of Liberty Safeguard had not been applied for. The policies and systems in the service had not been implemented to support this practice.

A lack of governance and oversight by the provider and registered manager had meant some policies and procedures had not been followed. This had put people's safety and care at risk, with opportunities to improve and develop the service being missed. Audits which had been undertaken were not always effective, as areas where improvement was required had not been identified. The oversight of staff training was ineffective as the staff training matrix showed not all staff had undertaken training to enable them to meet people's needs and keep them safe.

The service provided respite care, which meant personalisation of bedrooms in terms of décor and furnishing was limited. People if they wished brought with them small items to personalise their room. The service supported up to 3 people and was set amongst similar residential properties in the area.

People were encouraged to use local community activities, and to maintain contact with family and friends. There were sufficient staff to support people within the service and the community. People shared the dining room, kitchen and courtyard with people who used the day care facility.

People's views and that of family members and staff employed had been sought through a questionnaire. All questionnaires indicated people were happy with the service provided. Staff told us they felt supported by the registered manager.

The registered manager worked with local commissioners, and other organisations involved in people's care, to share information for the benefit of those using the service. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 23/02/2020 and this is the first inspection.

Why we inspected

This was a scheduled inspection following the services registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to promoting people's safety as potential risks were not accurately assessed or kept under review, and local safeguarding protocols were not followed. Medication systems and practices were unsafe, and improvements were needed to promote consistent infection prevention measures. Governance and oversight of the service was not effective, policies and procedures were not

followed, and a lack of auditing and analysing of accidents and incidents meant opportunities to develop and improve the service were missed.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

The Big House

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 Care Act 2014.

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

The inspection was carried out by one inspector.

Service and service type

The Big House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service a short notice period of the inspection. We telephoned and spoke with the registered manager and informed them of our inspection 30 minutes prior to entering the service. This was because it is a small service and we needed to ensure that the provider or registered manager would be on site to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority who commissioned with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and two team leaders. We reviewed a range of records. This included a person's care records and medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including audits, the staff training matrix, along with policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Inadequate. This meant people were not safe and were at risk of avoidable harm.

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

- People were placed at unnecessary risk as systems and processes to assess and reduce risk were ineffective or not executed well. For example, the level of risk had been determined without reference to a risk assessment tool to calculate the risk level. The registered manager advised us they had calculated the level of risk based on their own judgement.
- Risk assessments were inaccurate. For example, a person had a risk assessment which referred the use of an epi pen in response to anaphylactic shock. When we asked the registered manager about the use of the epi pen, they told us the person had no allergies that they were aware of, which would result in the person experiencing anaphylaxis. They told us the person did not have an epi pen.
- Risk assessments in most instances were not signed. All were undated and there was no evidence they had been reviewed or updated. This meant potential changes in people's needs maybe missed putting them at increased risk by not having their needs met.
- Processes to review and learn from incidents and accidents were inconsistent and ineffective, which placed people at risk of unsafe care and avoidable harm. For example, care records had recorded how a person had expressed their anxiety and distress, which could place themselves or others living in the service at risk. The incidents had not been analysed or used to review and update risk assessments and care plans.

The provider had failed to ensure potential risks to people were competently and accurately assessed and kept under review. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Using medicines safely

- People's health safety and welfare were at risk as the provider's medicine policy was not implemented. For example, a person's initial assessment had not recorded the name, dosage or instructions for use of medication they had been prescribed.
- Medication administration records (MARs) did not include sufficient or consistent information as to the medication people were prescribed, which included the dosage and time it was to be administered. This meant people were at risk of not receiving the correct medication, or dosage at the right time.
- There were multiple MARs for the same period of time and medication. The lack of accurate and reliable documentation to record medication administration put people using the service at risk.
- Medication administration records had not been signed on multiple occasions so staff could not confirm if people had received the prescribed medications to maintain their health, or monitor for any adverse side effects to medication. This put people at risk of harm.
- Medication to be given as and when required did not have a protocol providing guidance for staff as to its use. The prescribing information on the packaging stated, 'one tablet up to twice daily for agitation.' The

medication had been administered on one occasion; however, this was not recorded on the MAR, and care records did not record that the person had been agitated prior to its administration.

The provider had failed to ensure the proper and safe use of medicine. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Preventing and controlling infection

- We were not assured that the provider was using PPE (personal protective equipment) effectively and safely. Staff had not received training on the correct procedure for putting on and taking off of PPE. Staff did not in all instances wear the appropriate masks or wear them correctly.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. Records showed visitors, including family and friends were tested for COVID-19 by taking a lateral flow test before entering the service. However, we were not asked to provide the result of the lateral flow test we had taken prior to visiting the service, on two out of the three days we visited.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The registered manager revised the cleaning schedule following our feedback, to provide greater detail for staff to follow. An area of the kitchen wall and bathroom floor on the first-floor required repair to promote effective cleaning.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. People using the service would not be able to follow social distance guidance, or self-isolation. Staff worked closely with people, which included two staff supporting one person. The staff training matrix recorded some staff had not received training in infection control.

The provider had failed to implement effective infection and prevention control measures. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People's safety was not always assured. Incidents involving people using the service where physical altercations had been recorded had not been appropriately referred, as required by local safeguarding arrangements.
- A person who was not receiving support with personal care who was accessing the service for respite care told us they had been physically assaulted by another person using the service. They told us staff had provided reassurance and made sure they were unharmed.

The provider had failed to ensure people were protected from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Commissioners who had organised the placement at the service and family members had been informed about incidents of anxiety and distress, which had resulted in a physical altercation.
- Staff had undertaken training in safeguarding. Staff spoken with were aware of their role and

responsibilities in reporting concerns and told us they would raise concerns with the registered manager. Staff were aware of external agencies they could contact to raise safeguarding concerns.

Staffing and recruitment

- Staff underwent an effective recruitment process. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- There were sufficient staff employed to meet the needs of people.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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. 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.

- The provider had not acted in accordance with the MCA. A DoLS application had not been made for the person using the service. The registered manager told us the person using the service would, if they attempted to do so, be prevented from leaving the service without the support of staff.
- People were placed at risk of receiving care and support which restricted them. Risk assessments did not include information or guidance as to any physical interventions which had been identified for staff to use when a person became agitated or distressed. However, staff spoke of techniques which they had used.

The provider had failed to act in accordance with the Mental Capacity Act 2005 ~Deprivation of Liberty Safeguards: Code of Practice and the Mental Capacity Act 2005 Code of Practice. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment)

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care;

- The assessment process required improvement to ensure people's needs were fully assessed prior to admission, and their needs were kept under review.
- An assessment of need had not fully explored all areas to enable the service to support the person upon admission. For example, information about the person's medication had not been determined.
- The assessment had considered communication needs, underlying medical and health conditions and leisure interests. Information from the assessment had been used to develop a care plan.
- The registered manager had sought information from services which had previously supported the person. This included information as to how to support the person when they became anxious, information as to their hobbies and interests, dietary preferences and communication needs.

Staff support: induction, training, skills and experience

- Staff accessed training in a range of topics. However, the training matrix showed staff had not undertaken training in key areas to promote people's safety, health and well-being.
- Staff received support through supervision and appraisal. A schedule of supervision and appraisals was in place.

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

- People had access to their own bedroom and shared communal facilities, which included a courtyard for people to enjoy activities, which included a trampoline and jacuzzi.
- The environment was decorated to meet the needs of people. However, a bedroom did not have a wardrobe or chest of drawers. Whilst this was appropriate for some people who accessed the respite service, the lack of storage facilities meant others had nowhere to store their clothes or possessions.

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

- Care records provided information as to the person's likes and dislikes and food preferences, which included information about food allergies.
- Information as to the person's dietary intake was included in their daily notes, which included when they had eaten whilst out in the community.

Supporting people to live healthier lives, access healthcare services and support

- A summary of the person's needs, which included information about their medication, food likes and dislikes, allergies, and interests was in place. This provided an overview of the person's needs to support health care professionals if the person needed emergency health care.
- Health care support and advice had been sought when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff recordings of people experiencing distress was not caring. It did not focus on the cause of the distress and what staff had tried to do to minimise that distress in line with the person's preferences.

We recommend that the provider reviews best practice around positive behaviour support for people with distressed behaviours.

- Staff were aware of the personal history and background of the person they were supporting, and were aware of their likes and dislikes, and their interests, which staff encouraged the person to engage in.
- Staff interpreted what the person expressed to them through gestures and responded to their requests in a timely way. For example, when the person indicated they wished to go on the trampoline in the courtyard of the service, staff accompanied them.
- Staff supported the person in gaining independence and developing skills, which meant the person was now able to go out into the community for greater periods of time, without the support of a wheelchair.
- Staffing schedules and rotas meant the person was able to be supported by a consistent team of staff, who supported them with activities both in the service and the community.
- The care plan provided information as to the importance of intense support by staff, and the positive impact this had of providing reassurance to the person.
- People's privacy and dignity were maintained when being supported with personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A care plan had been developed from information gathered from the initial assessment and from information obtained from other agencies who had previously been involved in the person's care and support.
- Care plans provided information as to how staff were to divert the person during periods of anxiety. However, records detailing staff response at such times did not show that all strategies or approaches for diversion were used, or those used were the least restrictive. This limited identifying which strategies were most effective to promote good outcomes for the person.

We recommend that the provider reviews best practice around positive behaviour support for people with distressed behaviours.

- The care plan provided information as to the person's family history, activities and the leisure interests they enjoyed and information as to their day to day lives. This included information to maintain and promote independence. For example, choosing clothing or what they wished to eat.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Support plans provided information as to how the person communicated.
- Staff we spoke with had a good understanding as to how the person communicated their needs and provided examples as to how they expressed their wishes and choices. For example, by using gestures.
- Staff told us the person's verbal vocabulary had increased since staying at the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Opportunities were provided to take part in activities in the service and the community. The person visited local parks and took part in activities such as trampoline parks and sessions when lighting and noise were controlled, which met their needs.
- Staff had supported the person to maintain contact with family members, by meeting socially within the community.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure.
- The registered manager told us they had not received any concerns or complaints about the service.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A lack of governance and oversight by the provider and registered manager had meant some policies and procedures had not been followed. This had put people's safety and care at risk, with opportunities to improve and develop the service being missed. For example, the quality and quality assurance policy, and medicine policy.
- Guidance, and external policies, were not consistently implemented. For example, infection prevention control measures were not consistently adopted, and safeguarding concerns had not been referred as per local policy.
- Audits which had been undertaken were ineffective. An action plan to bring about improvement had not been developed or followed, or audits had not identified shortfalls. For example, medication audits had failed to identify that medication administration records had not been signed.
- Accidents and incidents were not consistently recorded, or an analysis undertaken to identify themes and trends. This meant opportunities to review a person's needs and develop alternative staff approaches towards people's care were missed.
- Risk assessments and care plans were often not an accurate reflection of the person's needs, and had not been dated, signed, reviewed. This meant the provider could not be assured people were receiving safe care, based on their current needs.
- The oversight of staff training was ineffective. The staff training matrix showed not all staff had undertaken training to enable them to meet people's needs and keep them safe.

The provider had failed to ensure systems and processes to ensure compliance and monitor the quality of the service were effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Systems were in place to monitor staff performance through supervision and annual appraisal and staff meetings were held to share information.
- Staff spoke positively of the support they received from by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views, or that of their family members had been sought. Questionnaires showed family members

were happy with the care and support provided to their relative. A family member had written 'The service has been keen to learn how they can best support [person's name] and have taken on board any advice and suggestions we have offered. We get some lovely photos of the activities [person's name] has taken part in.'

- Staff views had been sought through questionnaires. All had responded positively to the leadership and management of the service.

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

- A policy and procedure detailed how the provider would meet its obligations. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

Working in partnership with others

- The registered manager liaised with commissioners to support people to access respite care. This included seeking information from other organisations, such as educational services to gather information of people's needs.
- The registered manager had kept in contact, sharing information with external agencies including the local authority and family members throughout the COVID-19 pandemic.
- The registered manager had shared key information with commissioners of people's wellbeing whilst having respite care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Incidents of potential abuse had not been referred as required by local safeguarding arrangements.</p> <p>The provider had failed to act in accordance with the Mental Capacity Act 2005. A referral for a Deprivation of Liberty Safeguard had not been made.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure potential risks to people were competently and accurately assessed and kept under review.</p> <p>The provider had failed to ensure the proper and safe use of medicine. The medication policy was not implemented. Systems to record medication administration were ineffective.</p> <p>The provider had failed to implement effective infection and prevention control measures. Visitors were not always required to provide evidence of a negative lateral flow test result for COVID-19.</p> <p>Environmental improvements were required in some areas to support effective infection prevention and cleaning</p>

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems and processes to ensure compliance with the regulations were implemented.</p> <p>Policies and procedures were not implemented.</p> <p>Audits to monitor the quality of the service had not identified areas where improvements were required.</p> <p>Accidents and incidents were not analysed to</p>

identify themes or trends. Systems to develop the service or review people's needs to improve quality were not effective.

The enforcement action we took:

Warning Notice