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Woodmancote Manor

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Woodmancote Manor is registered with the Care Quality Commission (CQC) to provide accommodation and personal care for up to two people. At the time of our inspection two people with learning disabilities were using the service.

This inspection took place on 7 October 2016. Our last inspection of the service was in November 2014. At that time we rated the service as 'good' and found no breaches of regulation. This inspection was carried out as a result of concerns shared with us by health and social care professionals. This inspection was focussed, meaning we looked at, and have reported on, whether the service was safe, effective and well-led. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Woodmancote Manor on our website at www.cqc.org.uk.

There was a registered manager 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.

The two people using the service were siblings. The registered manager of the service was foster sibling to the two people. The registered manager told us that Woodmancote Manor was the family home for all of them and had been for a number of years. Our inspection showed that, although this arrangement was an unusual way of providing a health and social care service, both people led active lives surrounded by family and friends in a service regulated by CQC.

People received a service that was safe. The registered manager and staff understood their role and responsibilities in keeping people safe from harm and, knew how to raise any concerns. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Medicines were well managed and people received their medicines as prescribed. Infection control measures were in place.

Staff received regular training and the support needed to meet people's needs. People were supported to make choices and decisions. People had enough to eat and drink. Arrangements were made for people to see their GP and other healthcare professionals when required. People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

People benefitted from receiving a service that was well-led. The registered manager provided effective leadership and management and understood their responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They were aware of the complexities involved in the service being both registered as a care home and, family home to the two people and themselves. Quality monitoring systems were used to further improve the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks were assessed and plans put in place to keep people safe.

Staff understood their role and responsibilities in keeping people safe from harm and knew how to raise any concerns.

There was enough staff to safely provide care and support to people.

Medicines were well managed and people received their medicines as prescribed.

Infection control measures were in place, with staff following good practice guidelines.

Is the service effective?

Good ●

Staff received the training and support needed to meet people's needs.

People were supported to make choices and decisions.

People had enough to eat and drink and their intake was monitored in accordance with their individual needs.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

Is the service well-led?

Good ●

The service was well-led.

The registered manager provided effective leadership and management.

The registered manager understood, and complied with, their responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality monitoring systems were used to plan further

improvements.

Woodmancote Manor

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We last inspected this service in November 2014. At that time we found no breaches of regulation and rated the service as 'good'.

This inspection was carried out in response to concerns shared with us by health and social care professionals. This was a focussed inspection to look at whether the service provided was safe, effective and well-led.

Our inspection took place on 7 October 2016 and was announced. The provider was given 48 hours' notice because we wanted to make sure the two people using the service and the registered manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

Prior to this inspection, we looked at the information we had about the service. This information included the statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We spent time with both people. One person was able to speak with us about their care and support and their life in general. We spoke with the registered manager and two care staff. We looked at people's care records, three staff recruitment files, training records and other records relating to the management of the service.

Is the service safe?

Our findings

We saw people were comfortable spending time with the registered manager, deputy and care staff. They were relaxed in their company and relationships were respectful. One person was able to tell us they felt safe. They said, "Yes, I feel safe. We're both happy here".

People were protected against the risks of potential abuse. The registered manager and staff had a good understanding of their role in keeping people safe. They understood their responsibilities for reporting accidents, incidents or concerns. Staff told us they would report any concerns to the registered manager or senior staff. They said if they were not available they would report directly to the local authority, the Care Quality Commission (CQC) or the Police. Easy read information was on display giving contact information for the local authority, Police and CQC, for people and staff to refer to if they had concerns. There had not been any safeguarding alerts regarding the service in the 12 months prior to our visit.

Risk assessments to keep people safe were in place. Where specific action to keep people safe was required a risk management plan had been put in place. These identified how potential risks or hazards were to be minimised and gave guidance for staff on how to keep them safe. Risk management plans also highlighted how people were to be supported retain their independence whilst any known hazards were minimised to prevent harm. These covered daily activities involving risks, such as cooking and, specific risks arising from people's needs and activities they were involved in. Staff had a good understanding of these risk assessments and management plans.

At the rear of the home the family maintained an 'urban smallholding'. In addition to growing fruit and vegetables, animals including, goats, chickens, ducks and a pigs, were reared. People were keen to show us the animals and how they cared for them. Risk assessments were in place to keep people safe when providing animal care and working in the smallholding.

Systems were in place to ensure people's monies and valuables were kept safe. These included expenditure books detailing money spent, receipts for items bought and, clear regular reconciliation to ensure all money could be accounted for.

People told us there was enough staff to meet their needs. A small staff team consisting of the registered manager, a manager and two care staff provided care and support. Each had worked with the two people for many years. The registered manager and deputy lived at the home and were available from 5.00 pm and before 10.00 am on week days and all weekend. The two care staff were available from 10.00 am to 5.00 pm each day. The registered manager said the staffing arrangements could be flexible to cover for sickness and any leave. For example, the registered manager and deputy were a couple and, if they went on holiday one of the care staff would move in to the home whilst they were away. People told us there was enough staff. Care staff said the staffing arrangements were sufficient to provide safe care and support.

Checks had been carried out before staff started work to assess their suitability to work with vulnerable people. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers

to check an applicant's police record for convictions that may prevent them from working with vulnerable people. References had been obtained from previous employers. People were kept safe from the risk of unsuitable staff being employed.

People were kept safe from the risks associated with the administration of medicines. Staff administered medicines safely to people. Staff responsible for administering medicines had received training. The registered manager carried out regular checks on staff to ensure they were competent to administer medicines. People received their medicines as prescribed. Information on medicines people were prescribed was in place, this identified possible side effects. Staff had a good understanding of the side effects and risks associated with medicines. Medicines were stored appropriately.

Accidents and incidents were clearly recorded. These identified action that had been taken to keep people safe. Accident and incident records were reviewed by the registered manager to identify any themes or trends.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. There was guidance on how people would be evacuated in the event of a fire. People and staff had undertaken fire training together. Weekly checks and regular evacuation drills were carried out and recorded. Each person had medical emergency information that could be taken by them or their care staff if they required hospitalisation. This gave basic care information, a summary of people's needs and contact information. A business continuity plan had been written in May 2016, this identified how care and support would be provided in the event of a variety of emergency situations.

The home was clean, well maintained and odour free. The house was characterful and the garden had slopes and some steps. Consideration had been given to ensure the home was safe for people both inside and out. Care staff had received training in infection control. They told us they had access to all the equipment they needed to prevent and control infection. They said this included protective gloves and aprons. People showed us how they used hand washing facilities after touching the animals.

Is the service effective?

Our findings

People's needs were met by the service. One person told us they were happy with the care and support they were provided with. They said, "We both get any help we need". Staff provided the care and support people required and had a good understanding of people's needs.

People were cared for by staff who had received training to meet people's needs. We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. In addition to the more general training, people's needs meant staff needed skills in providing care for people with epilepsy and mental health conditions. This had been provided and staff had a good understanding of these areas. Staff said the training they had received equipped them to meet people's needs. They also confirmed any requests for additional training would be listened to and acted upon by the registered manager.

Staff received regular individual supervision. These were one to one meetings each staff member had with the registered manager. Staff members told us they received regular supervision. Staff records showed these were held regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff said they found their individual meetings helpful.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had received training on MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. Staff we spoke with understood the main principles of the MCA.

The provider had not submitted any applications for DoLS authorisations. This was because people did not face any restrictions on their freedom for which they could not give their consent. The registered manager was able to describe to us the action they would take make an application for a DoLS authorisation if it was to be required.

People chose what they wanted to eat. Menus were planned with the involvement of people. These were varied and included a range of choices throughout the week. People were involved in all aspects of cooking. One person told us they very much enjoyed this. The food was varied, healthy and made good use of home grown and reared produce. People had free access to the kitchen areas and were able to help themselves, or ask for, food and drink when they wanted it. Records were kept to ensure people received sufficient food and drink.

Each person had a care plan and individual learning plan in place. These were regularly reviewed with people's involvement. These plans were person centred and built entirely around the individual and their needs, wishes, hobbies, interests, likes and dislikes. Staff had a good understanding of people's care plans and learning plans. Daily diaries were also kept. These gave an overview of what people had done and how they had been supported on a daily basis.

Care plans contained detailed assessments of people's needs and clear plans on how their needs were to be met. Guidance was in place on how to help people when experiencing mental ill health. This detailed how staff were to help by providing 'talking therapy' and other diversionary assistance. One person showed us how they kept a copy of this guidance on the inside of their bedroom door to assist them when they needed it.

Learning plans contained detailed information on areas where each wanted to learn and develop. For example, one person had plans in place to gain further skills in cooking which included teaching at home and attending a college for classes. One person had plans in place for learning skills required for shopping and road safety.

The care records kept showed relevant health and social care professionals were involved with people's care. This included their GP, opticians, dentists, social workers, psychologists and other professionals. There were detailed communication records in place and records of hospital appointments.

People were involved in a range of activities based upon their individual interests. They told us about a recent garden party to celebrate their birthdays. They had been supported to arrange this themselves with the help of staff and other family members. They were supported to decorate the garden with bunting, hay bales, gazebos and balloons and choose table ware, food and drink. The party was well attended and people had clearly enjoyed the occasion. People were actively involved in their local community and attended local churches, colleges and leisure facilities.

The environment met people's needs. Both people were keen to show us around their home and the small holding. People's bedrooms were personalised, roomy, bright and colourful. One person had en-suite facilities. The other person had their own bathroom. Spending time with people it was clear they viewed Woodmancote Manor as their home. Staff clearly supported this by ensuring people were able to make their own choices and decisions wherever possible. Staff also treated people with dignity and respect by ensuring they knocked on bedroom doors and waited before entering. We saw staff asked if people wanted assistance before providing it, listened to them when they needed to talk and supported them to maintain their privacy through closing shutters and curtains.

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. Throughout our inspection we found the registered manager demonstrated a commitment to providing a loving service that aimed for people to grow and develop. There was a 'family feel' to the home. This was underlined by the terminology used verbally and in writing where people were always referred to either by name or as 'family member'.

People were cared for in a person centred manner. People received good care and support when they wanted it and were encouraged to be as independent as possible. This showed the vision and values of the service were being achieved.

During our inspection we were made to feel welcome by people and staff. Information we requested was provided promptly and efficiently. We were able to meet with people and staff privately to talk about their experience of the care and support provided.

People spoke positively about the leadership and management of the service. Comments included; "(Registered manager's name) is always available and we get on well". Staff also spoke positively about the leadership and management of the service. Comments included, "It's a family home but (Registered manager's name) is still the person who is responsible and we all respect that".

Accidents, incidents and complaints or safeguarding alerts were reported by the service. The registered manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments. They had an appropriate management qualification for their role. The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

The policies and procedures we looked at were comprehensive and had been regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Quality assurance systems were in place to monitor the quality of service being delivered. The process used to audit the service involved asking people's views and opinions, looking at written records and seeking the views of others involved with the service. Where this audit had identified areas for improvement, these had been written into action plans which were monitored. People were involved in the regular health and safety checks of the environment.

Regular house meetings were held and attended by people and staff. These were an opportunity for all to

talk about the running of the family home and make plans for future activities.

At the end of our inspection feedback was given to the registered manager and deputy. They listened to our feedback and were clearly committed to providing a high quality service valued by people and professionals.