

The Brandon Trust

Woodview

Inspection report

97 Wantage Road
Didcot
Oxfordshire
OX11 0AF

Tel: 01235814939

Website: www.brandontrust.org

Date of inspection visit:
15 October 2019

Date of publication:
02 December 2019

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

About the service

Woodview is a respite service run by the Brandon Trust. It is registered to provide accommodation and personal care for up to five adults with a range of needs including, physical and learning disabilities. People could have support from a few hours a day or for longer periods. At the time of the inspection there were four people using the service for varying periods of time. The service can also provide emergency placements if required.

The service has been developed and designed in line with the principles and values that underpin the Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way.

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

Brandon Trust had vision and values that put people at the heart of the service. We saw that people and staff were engaged with in meaningful ways and their views valued. These were used to drive up quality in the organisational services. We found that staff at Woodview were highly motivated and proud of the service. They enjoyed their work and spoke positively about the people they cared for.

There was a strong organisational commitment from the provider to ensure equality and inclusion across the workforce. The registered manager had developed their leadership skills and other staff had opportunities to develop their skills.

The service had worked in partnership with external professionals to improve care outcomes and positive feedback was received reflecting this. There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements.

People were safe and protected from avoidable harm. There were enough competent staff on duty and

recruitment systems were robust. The service was clear about its responsibilities and role in relation to medicines and people received their medicines as prescribed. The service managed the control and prevention of infection well. If something went wrong, there was an appropriate thorough review, so lessons could be learnt.

Care and support were planned and delivered in line with best practice and assessments of needs were comprehensive. Staff had the training before they worked unsupervised and were supported by regular supervision and appraisal meetings to develop their skills and review their practice. People had choice and sufficient access to food and drink throughout the day.

Staff worked collaboratively across services to understand and meet people's needs. Health needs were identified and action taken to address any concerns.

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

People were treated with kindness from staff who knew them well. We observed staff spending time with people and listening to them. People were treated with dignity, respect and kindness during interactions with staff. Staff enjoyed their roles and spoke positively about those they supported. People's right to privacy and confidentiality was respected.

People and their families were involved in developing their care and support. Their needs were identified, and their choices and preferences and how these are met were regularly reviewed. People were engaged in meaningful activities and consulted about what they wanted to do. People's communication needs were identified and recorded. There was information about how to express concerns or a complaint.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice, independence and inclusion.

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 16/10/2018 and this is the first inspection. The last rating for this service was Good (published 22 May 2018). Since this rating was awarded the registered provider of the service had changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected: This was a planned inspection in line with our newly registered inspection programme.

You can read the report from the service's last comprehensive inspection, by selecting the 'all reports' link for Dimensions Woodview 97 Wantage Road on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Good ●

Woodview

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.

Inspection team: The inspection was carried out by one inspector.

Service and service type

Woodview is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 48 hours' notice of the inspection. As Woodview is a respite centre, the service is not open at all times and we needed to be sure the service was open and staffed on the day of the inspection. We also needed to ensure the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed our ongoing monitoring of the service including information received such as statutory notifications or contact from the public. 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.

During the inspection

We met three people who used the service. People had complex needs and not all people in the service were

able to fully communicate with us about their views of the service. We spoke with four members of staff including the registered manager, team leader and support workers. We reviewed a range of records. This included two people's care records and a variety of records relating to the management of the service. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

Following the inspection, we sought feedback from the local authority and professionals who work with the service. We contacted six relatives by email and received feedback from three of them about the service.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were not able to tell us if they felt safe. However, throughout the inspection we observed them to be relaxed and calm, smiling and enjoying positive interactions with staff.
- Relatives told us their family members were cared for in a safe way. Their comments included, "Our [relative] is always keen to go on his visits and we believe by this that he is quite happy when his respite visits take place." An external professional commented on a recent safeguarding issue, "I can only comment that it was clear to me that the manager was acutely aware of the need to protect individuals from abuse and avoidable harm. She frequently raised the issue of risk to all of the service users using the service at that time and contributed actively to risk mitigation discussions."
- The provider had a safeguarding policy and procedure, and staff were aware of these. The manager showed us evidence they referred concerns to the local authority as needed and worked with them to investigate safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's support had been recorded and measures put in place to reduce these risks. This was in areas such as trips and falls, financial abuse and risks when bathing. These were regularly reviewed.
- Staff understood what support people required to reduce the risk of avoidable harm. Care plans contained explanations of the measures staff needed to follow to keep people safe.
- The environment and systems associated with the safety of the premises, such as fire, had been assessed, recorded and monitored on an ongoing basis.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. The number of staff on duty varied according to the number of people using the service. If agency staff were used, the registered manager ensured these were regular staff who knew people well.
- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity.

Using medicines safely

- People received their medicines, safely and as prescribed. There were procedures for the safe handling of medicines and staff had received training in these.
- The registered manager regularly assessed staff skills and competencies to ensure medicines were managed in a safe way. A relative told us, "Medications have always been managed in a safe manner."

Preventing and controlling infection

- All staff received training in infection control and had access to personal protective equipment such as gloves and aprons. The premises appeared clean and hygienic on the day of our visit.
- The service had been visited by the Food Standards Agency and had been awarded a 5 rating. The kitchens were tidy and clean and staff had received food hygiene training.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. For example, a person tried to leave the service and when staff intervened the person became aggressive. The police were called and additional staffing was agreed. Learning from this incident was used to inform improved management of potential similar incidents.

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed and delivered in line with good practice. People were referred to the service by the local authority who provided initial information. The registered manager then built upon this information to assess people, including their physical and emotional needs.
- The assessment also involved the person having visits to the service which gradually increased to ensure they were comfortable in the setting. People's choice was ultimately respected whether they chose to stay at the service or not.

Staff support: induction, training, skills and experience

- Staff received a thorough induction before they delivered care and support to people who used the service. New staff were supported to undertake the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff received training the provider identified as mandatory. This included fire awareness, first aid, food hygiene, infection control, medicines and safeguarding. They also received training specific to the needs of people who used the service, such as epilepsy.
- People were supported by staff who were regularly supervised and appraised. There was a procedure in place to evidence that appropriate action was taken in line with the provider's disciplinary procedures.

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

- People who used the service mainly visited for short stays and we were told people were given a choice whether to join in with the cooking. Some people saw their stay as a holiday and were happy to let staff prepare food and this choice was respected.
- Menus were planned around people's preferences and they always had choice. People's dietary needs were recorded in their care plans and displayed in the kitchen. These included any allergies. Staff were making improvements such as producing photographs of regular meals to ensure people were able to make meaningful choices if they could not verbally communicate.
- Where concerns were identified associated with eating safely such as risk of choking, referrals were made to relevant healthcare professionals such as a speech and language therapist (SALT). Where people required particular support, there were detailed guidelines for staff to follow, to help ensure they supported the person safely and as advised.

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

- People's healthcare needs were recorded and met. The staff liaised closely with healthcare professionals,

such as GPs. We received feedback from a healthcare professional who stated, "Staff communicated and worked with the health team, they found ways to make the person we worked with feel secure in a difficult situation."

- Staff worked well together. Staff worked in the provider's other respite services so they were familiar with them if they needed to work there. This flexibility meant that deployment of staff was more effective and provided sufficient staff for all services.

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

- The service had recently been decorated and was clean with no unpleasant odours. The home had been decorated for someone's birthday just prior to the inspection with balloons and banners. Bedrooms and communal rooms were large and light. The garden had been improved with new plants and tidied up. More work was planned for the garden.
- The premises were tailored to help meet the needs of people with a physical disability. Bathrooms and toilets were large enough to accommodate wheelchairs and hoists and were equipped with specialist baths and handrails for people to use. Certain bedrooms had ceiling hoists to facilitate the moving and handling of people who needed this support.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent was obtained from people or their representative in all areas of their care and support. Mental capacity assessments and best interest decisions had been carried out for areas deemed as necessary.
- The registered manager had consulted with the local DoLS team about the need to put in applications. This team had advised that due to the nature of the respite service, with most people staying for just an overnight stay DoLS applications did not need to be submitted. The service had a checklist entitled, 'Potentially Restrictive Support Practice' which was completed to ensure this was fully considered for each person.

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 Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Although people were unable to tell us if staff treated them in a kind and caring way we noted they seemed happy and relaxed in the company of the staff, who cared for them in a respectful way.
- We received positive comments from relatives about the staff and service; these included, "[Person] has always been well looked after at Woodview, which has been run in a family home type environment" and "[Person] gets on well with the Woodview staff and is able to let staff know if he is not happy with a situation."
- Staff enjoyed supporting people and reflected this with comments including, "So much time to spend with people. It's very different to working in a care home where you didn't have time to spend with people" and "We are like a family here. I go home happy and come back happy."
- We received feedback from a social care professional who said, "Colleagues commented on how well the staff team took on board their recommended strategies to support someone with significant emotional difficulties."

Supporting people to express their views and be involved in making decisions about their care

- People's views were considered during the assessment period about whether they were happy staying at the service. The transition period also enabled people to be involved in expressing their preferences so these could be incorporated into their care plans. People's relatives were also included in contributing their views to ensure their knowledge of the person was incorporated. People's views and choices were sought on a continual basis by staff in line with the principles of the MCA.
- Each care record included a profile, which highlighted the person's likes, dislikes and personal wishes. We saw in one person's records that they did not like to be touched unless they initiated it. There was also information about the person not liking loud noises such as balloons popping. This meant people's preferences were known by staff and situations could be avoided that may distress the person.

Respecting and promoting people's privacy, dignity and independence

- When possible, people were supported to remain as independent as they could. For example, we saw a care record which stated, 'Independent in day to day living but requires supervision and verbal prompts including personal care and meal preparation.'
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.

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 Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were written in a person-centred format and included a one-page profile so essential information was seen at a glance. This included information about people's likes and dislikes, how much they could do independently and about things they enjoyed such as singing and karaoke. An external professional commented, "Staff put a lot of effort into ensuring client that we worked with was well and kindly supported."
- All records had been reviewed to ensure they were up to date and relevant. This meant all staff had access to people's most current records. A relative said, "We are able to meet with managers to discuss our views and point out any changes that need to be made regarding our son's wellbeing."

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.

- We saw people's care plans clearly stated how each person was able to communicate, and the importance of staff being aware of this. Information was given about giving people time to process the information. It also stated whether the person needed glasses or hearing aids to aid communication.
- A relative said, "[Person] needs a great deal of support from the staff at Woodview as he has very little speech and the few words he does say usually have no bearing on what is being asked of him. [We] are quite confident that the staff at Woodview deal with this situation well and encourage [person] to express his wishes to them by answering questions by nods or shakes."

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

- All the people who used the service lived with their relatives. When they stayed at the service, they were supported to continue their daily activities such as attending the day centre, where they had social contact with other people. The registered manager told us they promoted an inclusive environment, where people could spend time together, get to know each other and make friendships.
- A range of activities were organised at the service, which included trips out to cafes or shops, bingo and discos. Activities were also arranged in the service such as arts and crafts, cooking, bowling, celebrating occasions such as birthdays. A relative commented, "[Person] is involved with deciding what activities he wishes to participate in during his visits."

- Staff said they felt people were involved in meaningful activities during their stays. Comments included, "There is more going on now. If we request something [for activities] from [registered manager] they sort it out" and "I like to get out and about with people. I've just taken [person] to shops to get shortbread ingredients to bake."

Improving care quality in response to complaints or concerns

- There was a complaint policy and procedures and this was available to people and their relatives, including in an easy-read format. There had been no formal complaints, but we saw concerns raised had been taken seriously and properly investigated. A relative said, "We have every confidence in the staff at Woodview and find them extremely helpful with any minor concerns that occur from time to time. We occasionally visit Woodview and are very happy with the way our son and others are looked after by all the staff."

End of life care and support

- The registered manager told us nobody using the service was receiving end of their life care. People staying at Woodview lived with their families and any stays were short term. Therefore, the service would contact the families, as they would in any emergency, in the case of a sudden death.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had supported the staff team to ensure the culture of the service was positive and person centred. All staff spoke positively about the management of the service. Comments included, "I find [registered manager] so inspiring and I am so proud to call [name] my manager. She is always at the end of the phone for support. There is not a single moment where I have felt alone since [name] took over as my manager and I feel that when [name] came to Woodview with Brandon Trust that it was the best possible outcome for all our guests at Woodview", "Very supported at start. Every one of the staff are amazing" and "Everything has been absolutely brilliant. I could tell at the start just by talking to the [registered manager and care leader] that it would be great and they are always willing to help."
- Woodview was supported by a strong provider that had clear vision and values ensuring people were at the heart of the organisation. The provider had developed many initiatives to ensure their services were of a high quality and were inclusive.
- The provider had signed up to the Driving Up Quality Code. The code was developed by a group of providers to improve the quality of services and promote good practice. Providers that sign up make a commitment to listen to the people they support and support them to build lives that have meaning for them. The provider had developed events across regions to ask people what was working well and what could the provider do better. A recent event had taken place in Woodview's region and a person who attends for respite attended the event.
- Staff were fully involved in providing feedback and their views and input was valued. An 'Aspiring Leaders' task list was being piloted. The feedback from the pilot had been positive and staff said they would feel more confident applying for a role as a team leader after using this task list.
- The provider had undertaken a survey with all staff to find out what values were important to them as individuals and also values that described Brandon Trust. Feedback showed there was a positive culture but a need for more employee recognition. In response to this, the provider had set up a series of staff roadshows to gain their views on engagement. The registered manager said, "This is one of the reasons I believe Brandon is different from other providers I have worked with as they want to hear what staff have to say and to improve."
- Staff felt appreciated by the provider. We saw staff had been personally thanked by Brandon Trust's Chief Executive and Director of Operations about the level of commitment staff had shown towards supporting a person during a difficult period. We also saw emails from a social worker thanking the registered manager and staff team for their hard work supporting a person in difficult circumstances.

- Relatives were positive about the service and the staff. One relative told us, "I have always had a good relationship with Woodview managers and staff. Communication is either by email or telephone, with email messages dealt with promptly."
- The external professionals we spoke with thought the service was well-led and people were well looked after. We had feedback from a professional who had worked with the service during a particularly challenging period. Their comments included, "The manager paid attention to risk management and was willing to work outside of her usual hours to support her team."
- The provider undertook a yearly survey with people who used the service and their families. The survey was in easy read format. In response to feedback from the last survey, the provider had created an Involvement Coordinator role to involve and get feedback from people to develop services.
- There were regular staff meetings which included subjects such as people who used the service, staffing and training. Relevant information was shared with staff to help ensure they were informed about developments and felt valued.

Continuous learning and improving care; Working in partnership with others

- We heard from external professionals about how the registered manager and staff had worked well with them during a particularly distressing placement. Feedback seen evidenced external professionals including a behaviour support specialist and social worker of their appreciation. Comments included, "This was a real pulling together of all those involved - yourselves, [other professionals] at the forefront, to stabilise this complex and difficult situation you were faced with managing for [person] and other service users" and "The manager was solution focussed – and by that, I mean willing to consider a range of possibilities in a collaborative way to find the best outcomes for each individual whilst supporting her team in difficult circumstances."
- The registered manager had completed the providers leadership programme. This was developed to ensure high quality leadership qualities including inspiring trust and enabling development.
- The registered manager attended provider forums organised by the local authority and also met up with other registered managers. This provided opportunities to receive updates relevant to their field and also to share information.
- The manager liaised with other professionals to obtain advice and gain knowledge. For example, occupational therapists, social workers, intensive support team and mental health professionals. An external professional said, "The service works very well in partnership in my experience. Communication was reliable and timely, and effective." This ensured people were provided with external support as needed during their stay.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had an effective quality assurance programme. This included checks from other registered managers in the organisation visiting to check the quality of the service and put an action plan in place if needed. The checks included, 'What have you in place that makes this safe for the person'? How was the person involved in this decision? and 'What is in place, so staff know how to support the person properly?' This provided an objective overview of the service.
- We saw actions were recorded. For example, developing an improved communication folder which contained photographs and pictures of relevant objects. This had been completed and other actions were taking place such as improving choice with picture menus.
- The registered manager met with the local contracts team regularly to update them on the governance of the service.
- The service was aware of any potential risks to the service. For example, the provider had prepared a 'No Deal' scenario to ensure readiness for Brexit.

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

- The registered manager was transparent and told us they understood how important it was to be honest and open when mistakes were made or incidents happened. There been no instances of needing to act on the duty of candour since the service had registered.