

Woodleigh Healthcare Limited

# Woodleigh Healthcare (Surrey Branch)

## 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Woodleigh Healthcare is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides care to children and older people with physical and learning difficulties, frailty and dementia. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection the service was providing personal care support to 43 people.

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

Staff were knowledgeable about people's needs and supported them in a way which made them feel safe. Infection control measures were in place to keep people safe and prevent the spread of Covid-19 and other infections. Medicines were managed well.

The service assessed people's needs in a holistic way, which included likes and dislikes, preferences and their background so that they could support people in a person-centred way. Prompt referrals were made to other health professionals when required for their advice and expertise.

People told us staff were kind and caring in nature, and those that had live-in care and support told us that staff felt like a part of their family. People were involved in planning their care and had regular opportunities to review their arrangements.

The provider was proactive in seeking feedback from people and staff and used this feedback to improve the service. People felt able to raise concerns with the office, and staff told us there was an open-door policy and they would not hesitate to report concerns or make suggestions for change.

The provider had a positive culture with an approachable management team. The registered manager and senior staff supported staff at their calls to provide expertise and mentoring. The registered manager had good oversight of the service and audits had been carried out regularly to check the quality of care.

People had been 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 16 March 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Woodleigh Healthcare (Surrey Branch)

## **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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 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 24 hours' notice of the inspection to ensure that staff would be available at their office location. Inspection activity started on 6 September 2021 and ended on 14 September 2021. We visited the office location on 8 September 2021.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, care co-ordinator and carers. We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures was reviewed.

#### After the inspection

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 were cared for safely. Staff were knowledgeable about abuse and felt confident to raise their concerns, one staff member said, "If I saw that someone was being abused, I would speak up. If I needed to, I would go higher, to the local authority."
- Relatives and people we spoke with told us they felt safety was given a high priority in the service. The registered manager encouraged people to raise any concerns, and people said they felt able to do so. Posters had been displayed in the office with information about whistleblowing as a reminder for staff.
- The provider ensured there was good oversight of care practices by carrying out regular unannounced checks on staff and their safe practice.

Assessing risk, safety monitoring and management

- Appropriate risk assessments had been carried out for people, which encouraged participation and activity whilst keeping people as safe as possible. One staff member told us, "They are in the client's home and give us clear advice to follow."
- The provider used an on-call service which enabled staff to contact a senior member of staff out of hours in case of emergency or more support was needed.
- Staff used the detailed guidance in people's care plans to minimise risks. One care plan guided staff to observe a person's skin for any changes, as they were at considerable risk of pressure sores. A picture chart showed signs they may notice, and what action to take as a result. Another stated how to respond if a person had a seizure. It included the types of seizure the person may experience, the triggers, and signs to look for.

Staffing and recruitment

- People told us staff were reliable and consistent. One person said, "They always turn up on time – and sometimes stay for longer." Staff told us they were given enough time to support people well. One staff member said, "There is always time to do the call, there are times when you go over if someone wants a chat."
- The provider had robust recruitment procedures in place to ensure suitable staff were employed to work with people. They checked experience, character, and performance in earlier roles. The service had a continuous recruitment initiative to ensure that staffing levels were adequate. Staffing levels were good, and the service had capacity to take on more packages of care.
- The registered manager and support team were able to cover care visits as and when necessary to reduce pressure on staff in times of sickness or absence.

Using medicines safely

- The provider's medicines policy detailed the support they were able to give people with their medicines and the procedures staff needed to follow in line with best practice guidance.
- Staff received initial training in administering medicines, followed by an in-depth competency assessment. They needed to consider scenarios, and describe how they would respond, saw giving medicines in practice, and were then signed off as competent by a senior member of staff.
- Care plans included the level of support people needed with their medicines. The person responsible for the ordering and disposal of medicines had also been recorded. In some cases, people had relatives who had taken on this responsibility. This helped to ensure the provider was able to contact them if there were any medicines-related issues.
- The registered manager had carried out regular checks on medicine records. Monthly audits showed any areas of concern and actions were put in place to address these. Where staff had made errors, a reflection meeting had been held and more competency checks carried out.

### Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices when providing care and support throughout Covid-19. One staff told us, "They make sure we have enough PPE (personal protective equipment). I felt safe during that time, they sent us regular messages and we could talk about it [Covid-19]."
- People told us that staff were careful with infection control practices. One person said, "They wear a mask and they are careful to wash their hands."
- The provider had a robust infection control policy which included procedures for handwashing, putting on and taking off PPE, disposal of waste and care of uniform. There was information for staff on how their religious or cultural beliefs may be affected by the guidance. One example said, "any Sikh staff wearing a Kara bracelet may be asked to ensure it is pushed up the arm and secured in place for effective hand washing." Other guidance about alcohol gel gave staff of Muslim faith more information that a synthetic alcohol was the ingredient and did not fall within the Muslim prohibition.

### Learning lessons when things go wrong

- The registered manager investigated incidents thoroughly and looked for themes and trends. Outcomes had been recorded and action taken to prevent re-occurrence. Any lessons learned from incidents had been shared with staff during supervisions and staff meetings.
- Records showed that where issues had been found during spot checks, they had been addressed at once with the member of staff, and they had been supported to improve their practice.



# 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 had been assessed prior to care commencing. Managers met people to discuss their support preferences and reviewed assessments from health and social care professionals.
- Support plans included detailed information about people's cultural and religious preferences in relation to care. The provider had sought further information about Wudhu cleansing procedures and guided the staff on its importance to the person and how they should support them with this.
- The provider's policies and procedures had been developed in line with legislation, standards and guidance from the government and other professional bodies.

Staff support: induction, training, skills, and experience

- People and relatives told us staff had been trained well. One family member told us, "Our main carer is very experienced – new carers trained alongside them by doing shadow shifts." Another told us, "They move him so carefully using a slide sheet and they keep an eye on his head. Their handling of him is delicate, they always send two carers for that."
- Staff had access to specialist training such as training to provide them with skills for positive behaviour support. This helped them to identify people's behavioural triggers and reduce their likelihood. One staff member said, "We have had some great training – one was about supporting people emotionally, about kindness and patience, smiling and asking if they want anything else."
- The registered manager identified training needs through supervisions, meetings, and requests. These were recorded on a matrix which highlighted when refreshers were due and once they had been completed. All staff received training in basic life support, moving and handling, safeguarding, infection control, lone working, dementia, and record-keeping.
- Staff had been supported in their role with regular one to one supervision meetings. Discussions at the meetings had included training needs and wishes of staff, any concerns about clients they supported, and how they were feeling. One staff member told us, "The manager pops out to see us regularly, she is very proactive – I am so happy working for this company." Another said, "The company want to develop their carers."

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

- Care plans provided guidance to staff on how to support people with their eating and drinking where there were risks identified. One staff member told us, "I look after a person who is at risk of losing weight. I encourage them to eat well and make regular appointments at the surgery for their weight to be monitored and I then follow their advice and guidance."
- Records showed referrals had been made where there were concerns around eating and drinking to the

speech and language therapy (SALT) service for assessment and advice.

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

- The registered manager worked effectively with other services to ensure people received ongoing care and support. Appropriate referrals had been made for specialist support. One staff member had raised concerns a person's recliner chair was no longer suitable, and the office staff had promptly arranged for an occupational therapy assessment.
- People had been encouraged and supported to continue with interests and activities to support their wellbeing and health. Records showed people had been taken out to day centres, sporting activities, and hydrotherapy sessions.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The registered manager understood their responsibilities in seeking consent and acting in line with the principles of the MCA. Where people had been assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to act on people's behalf.
- People told us staff asked for their permission before carrying out a task. Staff told us if someone declined their support, they would try again with a different approach. One staff said, "We try to persuade the person, maybe have a cup of tea and then try again. If they still insist then I would call the office for their advice." The care co-ordinator confirmed they would try to find out why care had been declined, and adapt the process if possible, to accommodate their wishes.

# 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

- People told us staff were kind and compassionate. Some comments included, "They are very friendly." and, "Always happy and ready to help." A relative said the carer was, "Like a member of the family, and came back early from their annual leave as they missed Mum."
- The provider ensured staff were aware and knowledgeable about people's cultural and religious backgrounds and provided them with the skills and understanding to support people in the way they preferred.

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

- People's views had been given importance when decisions had been made. Regular reviews of care had been carried out by management and people had been invited to change their support plan. One person told us, "They review the care with me and check that I am happy. They would change things if I wanted them to."
- Records showed people had expressed preferences for male carers, and this had been adhered to. Another care plan showed a person liked to have music played and sometimes to be sung to, and the carer had done this and recorded it in their daily notes.

Respecting and promoting people's privacy, dignity, and independence

- People were supported in a way that maintained their privacy and dignity. Staff asked people how they would like things done and encouraged people to be independent wherever possible.
- Care plans included detail of how people preferred to be supported with their personal hygiene and staff followed the guidance closely.
- The register manager reminded staff at team meetings and at supervisions about confidentiality and privacy. Records of spot checks and feedback forms completed by people about their care confirmed staff were respectful when supporting them.

# 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.

### 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.

- People had been provided with information in a way to support their communication needs. Where people had poor sight, the service provided information in large print and asked carers to leave a magnifying glass within reach. One person had been supported to understand the plan for their day, using a brightly coloured picture poster with the main events planned.

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

- Staff supported people to engage with interest groups and activities that were important to them. One person had been supported to attend a hydrotherapy pool and day activity centres.
- Families we spoke with told us the live-in care provided was excellent and they felt very well supported. One family member said, "Kind and enthusiastic carers make a great big difference to our lives, and that's what we get from Woodleigh." One family had been supported to take a holiday and two carers accompanied them to provide the care required. Due to its success, they were planning to take another break.

### Improving care quality in response to complaints or concerns

- People told us they would not hesitate to raise issues or make a complaint about the service if necessary. They said they were given opportunities often to raise concerns and felt issues were addressed quickly. One person told us, "They have an open-door policy, so when there are trivial things like timetabling issues, we can speak to the manager, they listen and react very quickly."
- Records showed complaints had been recorded, and themes identified. Action plans were implemented to address shortcomings. One example we saw showed face to face training had been arranged for staff in moving and handling, as staff had lost confidence in some practical skills through Covid-19 when training had been available online only.
- The culture was one of openness and transparency with complaints, and actions to improve shared at team meetings with staff.

### End of life care and support

- People had been invited to express their wishes and preferences for end of life care and support at the

initial needs assessment meeting and the plan developed over time. The service had useful links with the palliative care support team from the hospice and worked with them to form end of life support plans.

# 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

- Staff told us they enjoyed working for the company and they felt supported and listened to. One staff member who had recently joined Woodleigh said, "I have noticed that they listen to me – our needs are listened to." Another said, "I know I can call her [registered manager] any time for advice."
- People had been encouraged to give their views through feedback surveys. Some comments received said, "Always on time and they treat her [mum] well." And, "Everybody efficient, cheerful and very vigilant in picking up issues."
- The registered manager acted on ideas and suggestions raised by staff. One had suggested recruiting another driver, and they had been told it was a good idea and were given adverts to put out in the area.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We received consistently positive feedback in relation to how the service was run from relatives and staff. The registered manager and provider had oversight and knowledge of the day to day management of the service. They provided strong leadership and staff understood their roles and responsibilities.
- The registered manager had good oversight of quality in the service and had put systems in place to measure this. Regular feedback from people, staff and relatives had been collated and analysed to inform improvement plans.
- Where standards fell short, the registered manager took firm and prompt action. Staff had been given clear expectations in the role and had been supported to improve when issues were found. One audit had shown that daily notes were not recorded with enough detail. Management spoke with the staff concerned, showed them the standard they expected, and raised the issue at the next team meeting. One staff member said, "She was firm and said it mustn't happen again, but very fair. People are pulled up if they get things wrong."

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 provider understood their responsibility to be open and honest with people. We saw people were involved and included in discussions relating to incidents.
- Incidents and accidents had been reviewed regularly and measures put in place to improve the quality of

care.

#### Working in partnership with others

- The service worked well with other organisations and partners to support the delivery of quality care. Healthcare professionals had been approached and involved when required to give their advice and guidance.
- District nurses had been approached to provide skills and support to care staff and nutritionists had supported the service in meeting a person's nutritional needs. Where people had trouble with their mobility, the service had worked closely with occupational therapists to improve outcomes.