

# Avon Autistic Foundation Limited

## Woodwell House

### Inspection report

227-229 Nibley Road  
Shirehampton  
Bristol  
BS11 9EQ

Tel: 01179381942

Website: [www.avon-autistic.co.uk](http://www.avon-autistic.co.uk)

Date of inspection visit:  
07 March 2017

Date of publication:  
25 April 2017

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We undertook an unannounced inspection of Woodwell House on 7 March 2017. When the service was last inspected in January 2015, no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified.

Woodwell House provides accommodation and personal care for up to 12 people with learning disabilities. At the time of our inspection, there were seven people living at the service.

A registered manager was in post at the time of our inspection. 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 home is run.

The Deprivation of Liberty Safeguards (DoLS) is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment or need protecting from harm. Appropriate applications had been made for people. However, we found that conditions attached to three people's DoLS authorisations were not being fully met. Mental capacity assessments and related best interest decisions were not decision specific in regards to any restrictions in place.

Quality audits required improvement as they did not identify the shortfalls we identified such as DoLS conditions not being met, mental capacity assessments not being decision specific and where language used in people's care records was not always person centred.

People had assessments in place to minimise risks and there was suitable guidance for staff in risk management. Staffing levels were safe and consistent. Appropriate recruitment procedures were in place. Staff were knowledgeable in regards to identifying signs of abuse and the procedures to follow. Medicines were stored and administered safely.

Staff completed an induction programme when they started at the service. Staff were supported to be effective in their roles through regular training and supervision. People had good access to healthcare. We saw people were referred for support from health and social care professionals where appropriate.

We observed good relationships between people and staff. Staff knew people well and how they preferred their care and support delivered. Staff ensured there was a positive and calm atmosphere within the service. Positive comments were made by relatives about the staff's kind and caring approach.

Staff were responsive to people's care and support needs. Care records described people's personal preferences and individual support needs. Staff supported people to be fully involved in a wide range of activities. Staff and relatives told us how people benefited from the programme of activities and how important it was to them.

We received positive feedback about the registered manager. Staff felt valued and supported in their roles. Positive comments were made by staff and relatives about the calm and happy atmosphere of the service. Feedback was sought from people and staff.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also made a recommendation in regards to working in accordance with the Mental Capacity Act 2005 Code of Practice. You can see what action we told the provider to take at the back of this report.

## 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.

Staff knew how to identify and report safeguarding concerns.

Risk assessments were in place to help keep people safe.

There were sufficient staffing levels to meet people's needs.

The administration of medicines was safe.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

The requirements of the Deprivation of Liberty Safeguards were not always being met in regards to conditions attached to people's DoLS authorisations.

The service was not always working within the Mental Capacity Act 2005 guidelines.

Staff received effective induction, supervision and training.

People's nutrition, hydration and healthcare needs were met.

### Is the service caring?

Good ●

The service was caring.

Positive feedback was received about the staff at the service.

Staff had good relationships with people and spoke to people with kindness and respect.

People's visitors were welcomed at the service.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised and described people's

preferences.

A full activity programme was available to people.

The service responded to complaints.

### **Is the service well-led?**

The service was not consistently well led.

Systems in place to monitor the quality of care and support provided to people were not always effective.

Positive comments were made about the registered manager. Staff felt supported in their roles.

Feedback was sought from people and staff.

Effective communication systems were in place for staff and relatives

**Requires Improvement** ●

# Woodwell House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was carried out on 7 March 2017. The inspection was carried out by one inspector and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the home is legally required to send us.

Some people at the service were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home, such as undertaking observations. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with five members of staff. After the inspection we spoke with two relatives. We looked at six people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies and audits.

# Is the service safe?

## Our findings

The service was safe. We observed that people were safe in the environment. Relatives commented positively about the service, telling us that it was maintained to a high standard. One relative said, "They are mindful about [Name of person's] safety."

The provider had policies and procedures in place for safeguarding vulnerable adults. This contained guidance on what staff should do in response to any concerns identified. Staff received training in safeguarding vulnerable adults and were knowledgeable about the correct action to take if they had any concerns. One member of staff said, "I would refer anything to a manager."

Individual risk assessments identified potential risks to people and gave guidance to staff on how to support people safely. Assessments included risks such as road safety, mealtimes and being left unsupervised. We saw where people's behaviour may place themselves or others at risk, this was described. Assessments explained potential triggers to people, for example noisy places or being around too many people. Staff were guided by positive support strategies to assist the person. For example one strategy said, 'A 1:1 walk can aid mood when unsettled.'

The service followed appropriate recruitment processes before new staff started working. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. We did note one staff member who had two references on file but one was not from the most recent care employer. A senior staff member said this would be addressed by following up this reference.

Accident or incidents were recorded and reported. We reviewed incident and accident records and saw a description of what had occurred, any injuries and the immediate action taken. We saw when a serious injury had occurred the relevant organisations had been notified and a full investigation conducted into the cause and actions taken to reduce reoccurrence.

Staff and family members told us that staffing levels were safe. We reviewed previous rotas and saw that staffing levels were kept at the specified level by the service. One staff member said, "Staffing is consistent."

Medicines were received at the service every four weeks and stored in two secure cabinets. These were checked and signed in by a senior staff member. Medicines Administration Records (MARs) were completed and we found no recording omissions. Daily temperatures of the medicines cabinets were taken to ensure medicines were stored correctly. Weekly and monthly checks were in place to check stock balances were correct and to ensure that medicines were given as prescribed.

We reviewed records which showed that regular checking and testing of equipment and the environment had been conducted. This ensured equipment was maintained and safe for the intended purpose. Staff had regular training in fire safety and performed practice drills. Systems were in place to regularly test fire safety

equipment such as emergency lighting, alarms and extinguishers. People had an up to date individual emergency evacuation plan in place. This showed the support needed for each person to remain safe during an emergency evacuation. The service also had an emergency plan in place. This outlined the procedures staff should take to keep people safe within an emergency situation, such as a water leak or severe weather conditions.



# Is the service effective?

## Our findings

The Deprivation of Liberty Safeguards (DoLS) is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). 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 were being met.

The service had applied and had authorisations granted for six people. Four of these people had conditions attached to their DoLS. Conditions specify particular points that the service must arrange or facilitate for the person. Conditions are attached to ensure that a DoLS is in the best interests of the person. Whilst the provider had met some conditions for example, in relation to health appointments. We found four conditions were not fully met for three people's DoLS, despite the provider taking steps to try and meet them. These were mainly in regards to the service conducting mental capacity assessments and associated best interest decisions in regards to significant decisions and restrictions. For example these included restrictions around a person's light source in their bedroom, keeping a person safe in the community and medicine administration.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Staff were knowledgeable about how people indicated choice and made decisions in their day to day lives. People's capacity had been assessed. However, this had been completed in one overall mental capacity assessment to consent to care and one associated best interest decision. These were not decision specific as directed in people's DoLS authorisations. There were no records of specific capacity assessments around medicines, 1:1 support or restrictions in place, for example around a person's diet. The service had made decisions in the person's best interest but had not correctly followed the Mental Capacity Act 2005 Code of Practice on how this process should be completed.

We recommend the service refers to guidance in the Mental Capacity Act 2005 Code of Practice in reference to undertaking mental capacity assessments and recording specific best interest decisions.

Staff confirmed they had received an induction when they started employment at the service and shadowed a more experienced member of staff. The induction consisted of mandatory training, orientation to the service, getting to know people and how they preferred their care and support to be delivered and how to

effectively support people with autism. One staff member said, "We went through everything on the induction." The induction was not yet aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. The provider was considering how to implement this.

Staff said they received regular training and this was supported by the records we reviewed. We saw that staff had received training in fire safety, first aid and infection control. One staff member said, "My training needs are met. I can always ask for additional training if needed." However, we did note that key senior staff members had not received further training in MCA and DoLS that would be relevant to their role.

Staff said they received regular supervision. Supervision is where staff meet one to one with their line manager. One staff member said, "Supervision is very important." Another staff member said, "I can raise any concerns or discuss anything in my supervision." We saw from supervision records that staff members training needs and personal development were discussed.

People's nutrition and hydration needs were monitored. We saw that people were regularly weighed and appropriate advice sought when needed. Menus were displayed and individual needs and preferences were catered for, for example a gluten free diet.

People had a health action plan. People's appointments or contact with health professionals were recorded. This included with the person's GP, dentist or chiropodist. Guidance was given to staff members on how to support people effectively around their health needs or in regards to a specific medical condition.

## Is the service caring?

### Our findings

People were supported by staff that were kind and caring. One relative said, "The staff are brilliant. [Name of person] is well cared for." Another family member said, "Staff have always been good. There has always been a high standard of care."

We observed a mealtime. People were comfortable in the presence of staff. Staff knew people well and how they preferred particular arrangements. For example, staff knew where people wished to sit and how they felt around other people. Staff spoke with people in a friendly and chatty way. One staff member said, "All staff have been here a long time. Staff have good relationships with people."

We observed people being treated with dignity and respect. We saw staff give people personal space when in a communal area. We observed staff asking people if they were comfortable or if they wanted a drink. Staff members discussed the arrangements with people for the day. This reassured people about what was happening and when.

Staff and relatives described the service as having a positive atmosphere. One relative said, "There is always a good atmosphere. It is always very calm." Another relative said, "There is a sense of peace and happiness, there are no tensions. It is relaxed." One staff member said, "People are happy here."

Staff told us that people's privacy was respected. People could choose where they wished to spend their time, in communal areas of the service or in their own rooms. One staff member said, "We always knock on people's doors." Staff were knowledgeable about maintaining confidentiality within their role.

The service had received seven compliments about the care and support provided to people since January 2016. One compliment read, 'Thank-you so much for the care you have given [Name of person] all year round.' Another compliment said, 'I would like to take this opportunity to thank-you and his carers for all you have done for him. He has accomplished so much since living there.'

Family and friends could visit whenever they wished. Staff and relatives told us there were no limitations on when family members could visit. However, due to the needs of people living at the service most visits were planned. One relative said, "There are no restrictions on when we visit, and all the family are welcomed."

People had an allocated keyworker. The keyworker oversaw care and support and ensured areas people had identified in their care plan were being facilitated. People had meetings with their keyworker to ensure they were happy with the service or if there was anything they needed or wanted. For example, this included if they needed to purchase new clothes or undertake an activity they wished to do.

## Is the service responsive?

### Our findings

Staff and relatives told us that the care and support was responsive to people's needs. One relative said, "They [the service] go out of their way to provide everything he needs." Another relative said, "It is a wonderful place. He is very happy there."

Care records contained an up to date photograph, contact information for family members, health professionals and significant medical information. Care plans described people's personal preferences' and gave guidance to staff about how people wished to be supported. This included people's usual routines. For example, one record read, 'Likes to go to bed between 9.30pm-10.30pm.' People's like and dislikes were recorded. For example a record showed, 'Likes a daily walk,' and dislikes, 'Pickle.'

People's support needs around communication were described in their care plan. This gave staff guidance on how to communicate effectively with people in their preferred way. For example, through signs or gestures. We highlighted to a senior staff member several care plans which used language which was not person centred or demonstrating the principles of the Mental Capacity Act 2005. The senior staff member said these would be addressed. Care plans were regularly reviewed and family members said they were involved in this process. One relative said, "I attend reviews." However, many monthly reviews stated, 'Remains unchanged,' without giving any further detail. A senior staff member they would ensure that care reviews were meaningful.

Strategies were in place to support people with particular behaviours when they felt anxious or distressed. For example, we observed staff supported one person who preferred to have their meal after others as they did not feel comfortable with other people around. Staff were attentive to details that were important to people. For example, having a door closed or sitting in a particular seat.

We saw that people's rooms were personalised and decorated how people wished. People had their own furniture, ornaments and individual items. Relatives commented how the building had been designed and maintained with thought and care which made it responsive to the needs of people living there.

Relatives and staff spoke positively about the activities on offer at the home. People were engaged with a daily activity programme which was enjoyable and stimulating. Activities included swimming, walks, shopping, bowling and basketball. We observed people going out to take part in these activities. If people did not wish to engage in the day's activities, alternative provision was made. Relatives said how important the activities were to people's well-being. It also provided a structured routine which benefited people living at the service. One relative said, "He has a very active programme, which he loves."

People were also engaged with personal goals and development, which enhanced their individual skills and independence. People chose these goals with their keyworker and they were regularly reviewed. We saw that people were working towards individual goals in cookery and using technology. One relative said, "They [the service] have done wonders for him. He has really progressed. He has learnt to send emails and this is a lovely way to have contact."

The home had received one complaint since January 2016. We reviewed how the complaint had been fully investigated and a satisfactory outcome found. Actions had been taken to prevent re-occurrence and this was recorded. Relatives said they would be happy to raise any concerns or issues if necessary.

## Is the service well-led?

### Our findings

The service was not consistently well-led. Systems to monitor, review and improve the quality of care provided required improvement. We saw some systems the service had in place. These included meetings held between senior staff members and the registered manager. We reviewed minutes and saw that discussions took place to communicate items that had been completed. Keyworkers undertook a weekly check and a monthly summary which detailed what people had been doing, any appointments they had and any issues or concerns. Also, checks of the fire equipment, medicine stock and bedrooms were completed. However, existing quality audits meant that other areas were not monitored. This meant that shortfalls such as DoLS conditions not being met, mental capacity assessments not being decision specific and language not always being person centred in people's care records were not identified.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives and staff spoke positively about how the service was run and managed. Staff said they felt well supported in their roles by the registered manager. One member of staff said, "The registered manager is absolutely fantastic." A relative said, "The registered manager has always cared for people to a high standard."

Staff told us that information was communicated effectively to them through a variety of systems. For example, through a diary containing appointments, a handover at the beginning of each shift and a communication book with important messages.

Relatives said staff kept them well informed. A relative said, "I am kept well informed." Relatives told us how people had a communication book, which they took with them on home visits. This enabled staff and families to communicate information about how the person had spent their time and give one another any important messages. Another relative said, "I ring regularly and they give me feedback."

Staff said that Woodwell House was a positive place to work with a good ethos and culture. One member of staff said, "I am proud to work here. What they [the providers] have achieved here is fantastic." Staff said they worked well together as a team and this was important as it provided consistent care. One staff member told us, "We are a close knit team."

People and staff had been invited to complete a feedback survey in August 2016. This was provided in an accessible format. The results of both surveys overall were positive. Staff had provided some useful feedback into the training they had received and the provider was investigating alternatives.

Senior staff understood their legal obligations in relating to submitting notifications to the Care Quality Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The registered manager had completed and returned the Provider Information Return (PIR) within the specified timeframe allocated and explained thoroughly what

the service was doing well and the areas it planned to improve upon.

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	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had not met the conditions set out within some Deprivation of Liberty Authorisations.  Regulation 13(4)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems to assess, monitor and review the quality and safety of the service.  Regulation 17 (2)(a)