

# Care Support and Domestic Services Limited

# Woodlea Supported Accommodation

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Good</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Woodlea is a supported living service. This service supports up to 15 people with enduring mental health needs. There were 12 people living at the service at the time of the inspection.

Woodlea is a large detached house in the Chorlton area of Greater Manchester. Woodlea is situated in a residential area, close to local shops and other amenities. People living at Woodlea have their own tenancy and receive varying degrees of support from the care provider.

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

The number of staff available during the day were sufficient to meet people's needs whilst they remained at Woodlea. Staffing levels were not adequate to offer support to people who wished to access the community or pursue other activities if they were not able to do this independently.

At night people had access to a waking night support worker if this was required. The provider operated a 24 hour on call facility in the event of an emergency.

Medicines were being managed safely. There was good detail contained within 'as required' (PRN) medicine protocols and in people's medicine files.

People told us they felt safe and well cared for at Woodlea. Staff knew people well and had developed close, caring relationships. Staff were aware of their responsibilities to safeguard people.

Recruitment practices were safe and staff received the training they required for their roles.

Communal areas of the accommodation were clean.

Risks to people's health, safety and well-being associated with their care needs were assessed and management plans were in place to ensure risks were mitigated as much as possible.

People who were independent were able to access the community and engage in meaningful leisure and social activity. There were less opportunities for people who required support from staff to do this.

People in tenancies at Woodlea were not obliged to receive care and support from this service. The tenancy stipulated that people were free to choose other care providers to provide care and support.

Care plans reflected that care was being delivered within the framework of the Mental Capacity Act 2005 and the necessary applications for Deprivation of Liberty in a Domestic Setting (DiDs) had been made where appropriate.

Audits of the service were in place and were undertaken, although these were not always used effectively to improve the quality and safety of the service.

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

The last rating for this service was Good (published 18 November 2016). Since this rating was awarded the registered provider of the service has changed the service. It was previously a residential care home but now offers supported living accommodation with elements of care and support from the provider were required. 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 based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the responsive and well led sections of this full report. We made a recommendation for the provider to better engage people in more meaningful social activities in the community.

The home met the characteristics of a rating of "Good" for 3 key questions and "Requires Improvement" for 2 key questions. Our overall rating for the home after this inspection was "Requires Improvement".

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained Good.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our Well Led findings below.

# Woodlea Supported Accommodation

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector undertook this inspection.

Service and service type:

This service provides care and support to people living in their own tenancies at Woodlea, known as a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. A registered manager 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:

This inspection was unannounced.

What we did:

Prior to the inspection, we reviewed information we held about the home including statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law. The provider completed the required Provider Information Return. This is information providers must

send us to give us key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We spoke with six people living at the home, four in a group setting and two individually. We also spoke with the registered manager, the nominated individual, a senior support worker and two support workers. We looked at the care and review records for four people who used the service. We also reviewed management records for how people were administered medicines as well as a range of records relating to the running of the service. These included incident and accident monitoring as well as complaints. We viewed three staff files and training records.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise any concerns with staff. People told us they were safe. We received the following comments, "I do feel safe and enjoy it here." Another person told us they were well supported and felt safe during the night.
- Information and training provided staff with guidance about what to do to make sure people were protected from harm or abuse. Staff were able to tell us what steps they would take if they suspected people were being abused.

Using medicines safely

- Medicines were obtained, stored, administered and disposed of safely by staff. The provider had policies in place regarding the safe management of medicines.
- There was good detail in medicine files regarding people's medical conditions, medicines taken on an 'as required' (PRN) basis and injections.

Staffing and recruitment

- We identified that on the days of inspection there were sufficient staff employed at the home to meet people's needs, providing people did not require support away from the building.
- At night there was a waking night support worker on duty if people required help during the night. We saw the provider's lone working policy and the registered manager told us in the event of an emergency night staff had access to a 24 hour on call facility.
- We looked at three personnel files during the inspection and found recruitment practices were safe. This included carrying out disclosure barring service (DBS) checks, seeking references from previous employers and the provision of mandatory training.

Preventing and controlling infection

- Measures were in place to prevent and control the spread of infection and we found the home to be clean.
- Food preparation and storage areas were clean.
- Staff had access to gloves and aprons to reduce the risk of cross infection and we saw staff wearing these during the inspection.

Assessing risk, safety monitoring and management

- Risk management plans were in place and were accessible to staff. Risk assessments contained information staff needed to manage and mitigate risk.
- Staff knew people well and described the actions they took to manage risks. For example, staff outlined the specific approaches they used to reduce people's levels of anxiety or to de-escalate a situation.
- Staff told us they knew where to access care plans and risk assessments and had time to read them. Staff

we spoke with could tell us what people liked and disliked and people's routines.

#### Learning lessons when things go wrong

- Evidence was available to show that when accidents had occurred the manager responded appropriately and used any incidents as a learning opportunity.
- We spoke with the nominated individual for the provider who was also the landlord of Woodlea and on site during part of our inspection. They told us that the transition to a supported living setting had not been smooth and that it had been a learning curve. Funding arrangements were not yet resolved for some tenants who had previously been resident in the care home.



# 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

The effectiveness of people's care, treatment and support achieved good outcomes or was consistent. Regulations were met.

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

- Woodlea previously operated as a care home. Most of the people had chosen to stay at Woodlea when it changed to a supported living setting and had signed up to a tenancy. Social workers from placing local authorities had carried out comprehensive reviews at the time of this change. We were assured that people living at Woodlea were appropriately placed, and the service could meet their needs.
- The assessment forms contained information related to people's medical, physical and emotional needs including levels of support required and any known risks.
- Prior to a person being admitted to the service multi-disciplinary meetings were held to ensure that the service could meet the person's needs. The manager told us that the needs of the people currently living in the home were considered prior to any new admissions and compatibility with proposed new residents was assessed. The registered manager and the nominated individual informed us that two prospective new tenants had been declined due to their needs and the negative impact this might have on supporting existing tenants.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- We saw people's choice was listened to.
- Where people needed to receive treatment, for example dental work, the provider could demonstrate good practice in relation to the MCA. Care plans we looked at also demonstrated people had been consulted and involved in making day to day decisions and ensuring the appropriate consent had been gained. One person had chosen not to have dental treatment because of the expense. They were judged to have capacity to make this unwise decision and were aware of the consequences.
- Restrictions of people's liberty were being managed lawfully. The necessary applications for Deprivation of Liberty in a Domestic Setting (DiDs) had been made where appropriate.
- Staff had received training in MCA and we saw they asked people for consent prior to providing care and support. Staff encouraged people to make decisions about their lives.

Staff support: induction, training, skills and experience

- Staff received the training they required to do their job which included care related topics as well as health and safety issues.

- A key member of the management team had recently left the service therefore staff had not received regular supervisions since. The supervision of staff would be the responsibility of the registered manager going forward and they said this would be a priority. We will check progress with this on our next inspection.

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

- Guidance had been sought and was being followed for those people at risk of choking due to swallowing difficulties. One person was having a soft diet following advice from Speech and Language team and staff were aware of their specific needs. One member of staff we spoke with told us, "We help by cutting up their food into smaller pieces. This means [person's name] can still be independent and remain safe."
- People were encouraged and supported to eat healthier options if this was their choice.
- People were encouraged to make their own drinks and be as independent as possible but the layout of the building did not promote this. The kitchen was a small area, accessed via a narrow corridor. We did not see people independently accessing the kitchen during our two day inspection.
- People were able to eat meals where they chose to. Staff promoted choice and knew people's preferences with regards to where they liked to eat their meals, for example in their own rooms.

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

- We reviewed care records and noted there was a multi-disciplinary approach to meeting people's individual needs. For example, we saw evidence of input from doctors, district nurses and dentists.
- Staff notified relevant professionals and family members if this was the person's choice, following any identified changes in need.

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

- Toilets and bathrooms were adapted to the needs of people with limited mobility.
- People had decorated their rooms according to their own tastes. One person had ordered a small fridge for their room.
- People had access to a large garden area to the rear of the property. Access to this however was via a set of steep steps. The provider was considering plans to extend the garden area and improve the access in the future.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People were supported by staff who knew their needs, personalities, likes and dislikes well.
- Our observations showed staff were patient, kind and friendly when attending to people. We observed staff talking to people about news items and what interested them.
- Staff knew what was important to people and respected this.

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

- People, where able and their relatives if this was the person's choice, were involved in creating and reviewing their care plans.
- People's views were sought, listened to and used to plan their care.
- Care plans included information about people's personal, cultural and religious beliefs.
- People in tenancies at Woodlea were not obliged to receive care and support from this service. The tenancy stipulated that people were free to choose other care providers to provide care and support. At the time of this inspection all received support from staff employed at Woodlea.

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

- Staff were keen to ensure people's rights were respected and not discriminated against regardless of their disability, culture or sexuality. People were encouraged to lock their doors and have their own keys.
- One member of staff told us how people's privacy was upheld. All females who required support with personal care were assisted by female members of staff. A tenant we spoke with confirmed this and told us they were always supported by female staff when assisted with personal care.
- People were supported to maintain and develop relationships with those close to them. There were no restrictions on visitors. One person told us, "A friend came at 9pm. We sat in the garden." Access to the building at the front and the back was via sets of steps but there was also an ambulift at the front of the building for people with mobility problems
- People's right to privacy and confidentiality was respected. Staff were gentle and patient in their approach, providing words of encouragement to people where necessary. If people chose not to engage then staff withdrew and gave them space.

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- We looked at people's care plans. Whilst these were thorough with regards to detailing people's support needs they did not outline goals and outcomes for people as per the supported living model of care.
- People who were able to leave the home independently, could access the community and engage in meaningful leisure and social activity. We saw people leave Woodlea and access the community independently during the inspection.
- We saw that some people were happy to remain at Woodlea, either staying in their room or spending time socialising with others in communal areas of the home. One person loved to spend time in the garden.
- People were left to their own devices if they stayed at Woodlea. Staff interacted with people and we heard friendly chat and conversations during our inspection of the service. However, we saw no attempt from care staff during our two days of inspection to engage people in meaningful activities as per their individual support plans, nor were people accompanied on a one to one basis by staff to access the community.
- The registered manager acknowledged that the provision of activities with cost implications for people dependant on staff support was limited. Some tenants chose not to participate in funded activities, however this was not documented. Other options, for example befriending services, had not been explored. We discussed this with the management of the service. The registered manager and provider were in discussions with commissioners to resolve the issues for the benefit of the people living at Woodlea Supported Living service.
- The registered manager and provider informed us that a minibus had been purchased although this was not on site at the time of the inspection. Trips out had been offered but people had chosen not to go as they preferred to spend their money on other things, for example cigarettes.
- The registered manager told us of their plans to develop links in the future with facilities in the local community, such as the pub and a Polish club. Employment opportunities for those able to work would be explored, either on a paid or voluntary basis.

We recommend that further consideration needs to be given to providing engagement in social and leisure activities on a one to one basis out in the community for people living with mental health needs.

- Staff knew people well and could describe their likes, dislikes and preferences.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences.
- Staff told us about how people who could no longer express themselves verbally, or chose not to, communicated their needs. The home provided information in different formats, such as large print and easy read, and were aware of their responsibilities regarding the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People were provided with information about how to make a complaint and we saw that the service had a complaints policy and procedure. This was available in easy read format.
- Records of complaints were maintained, and actions identified to resolve issues. One complaint had been received and dealt with according to company timescales.
- The manager reviewed complaints and told us they used these as an opportunity to learn and make improvements.

## 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The home had a registered manager in post which was a condition of the provider's registration with CQC. There was support for the manager from the provider as the nominated individual was often on site. Other administrative and financial support was provided by a small team of staff also based at Woodlea in basement offices.
- We saw the registered manager had undertaken audits of the service, for example with regards to medicines, accidents and incidents and the environment. However, these were not always used effectively to improve the quality of the service provision. People and staff told us that the service ran out of basic food items on occasions, such as milk, butter and sugar. Records in the service confirmed this.
- There were formal processes in place for ordering food and other supplies but the systems in place to ensure people had enough basic food items, and that staff had the necessary resources to carry out their duties, were not always adequate.
- Prior to our inspection we checked the provider's website and saw that the rating awarded at the previous inspection was displayed, as is the law. This rating was displayed in the home.

Working in partnership with others; engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The registered manager sought views from people supported by the service with tenant meetings and questionnaires. People were formally consulted on how the service was run. One person told us they had asked for better quality tea bags and the registered manager had acted on this feedback. The teabags had been changed and the quality of tea had improved. A large, wooden shelter had been erected in the garden. This was well used by people as a place to relax and paint. A patio heater had been requested in two tenant meetings and the provider was planning to purchase this.
- Staff told us they would be listened to if they did raise an issue but some staff felt management could be more supportive.
- Group and individual supervisions were in place, but supervisions did not cover reviews of staff's work performance. A key member of the management team had recently left the service. The supervision of staff would be the responsibility of the registered manager going forward.
- Staff told us they did not receive payment for training done in their own time. The morale of some staff we spoke with on site was low.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The manager was aware of their obligation to notify CQC of all of the significant events occurring within the home.
- The registered manager explained how the service was still transitioning from a residential care home to a supported living setting. The issues with funding had still not been resolved but the service was working with commissioners.
- The registered manager acknowledged the provision of activities for people dependent on staff support was limited. They recognised this was a priority and were working to address this.
- The home informed relatives of any concerns with people's health or if an accident had happened, fulfilling their responsibilities of the Duty of Candour. A legal requirement to be open and honest when things wrong.
- The registered manager outlined their plans for the future, with Woodlea as a high quality hub and a satellite for staff. They envisaged people leaving Woodlea when they were able to, to live independently in the community.
- The management team and staff were responsive and keen to share information during the inspection.