

Shaw Healthcare Woodhouse

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

This inspection took place on 22 January and was unannounced. The service was previously inspected in September 2013 and there were no breaches of regulations found at this time.

Woodhouse provides personal care and accommodation for up to 16 people with a learning disability. At the time of our inspection there were 14 people living in the home.

There was a registered manager in place 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 service is run.'

People received effective care; however we found that improvements could be made. Staff were inconsistent in how they used visual materials to support their communication with people, particularly when offering choices.

People in the home were safe. Staff were trained in recognising the signs of potential abuse and told us they

Summary of findings

felt confident in doing so. They were aware of where to locate policies and procedures for reporting concerns if they needed to. People weren't able to speak with us about their experiences of living in the home; however we observed that people appeared settled and content in the presence of staff.

There were individual risk assessments in place to guide staff in providing care in a safe way. Other checks ensured that risks associated with the building were managed. This included fire safety.

There were systems in place to support people safely with their medicines. Medicines were stored securely and stock checks were taken regularly to help ensure that any discrepancies would be identified and investigated. Any unused or out of date medicines were disposed of safely by being returned to the pharmacy.

There was sufficient staff to meet people's needs. Our observations showed that care was delivered in a calm and unrushed manner. People's needs were met and there was sufficient numbers of staff to accompany people to go out in the local community.

People were supported to see other healthcare professionals when needed. We saw that people's GPs were contacted when concerns were identified about their health.

Staff were aware of and adhered to the principles of the Mental Capacity Act 2005. When a person lacked the capacity to make a decision about their care or treatment, processes were followed to ensure that a decision was made in their best interests. Where necessary, this included involving an IMCA (Independent Mental Capacity Advocate).

People's nutritional needs were met. Staff responsible for meal preparation had clear guidelines in place about people's individual dietary needs and preferences. Particular requirements such as a lactose free diet were catered for.

Staff treated people in a kind and caring way. One relative told us that they "couldn't fault" the service. Staff were aware of the importance of treating people with dignity and respect and encouraged people to be independent where possible. People were encouraged to express their views and opinions about the care they received. The views of relatives and representatives were listened to.

The service was responsive to people's individual needs. Staffs were knowledgeable about the people they supported and valued people as individuals. Support plans were evaluated regularly to ensure that they were current and updated if a person's needs changed.

There had been no formal complaints in the last 12 months that had required investigation. However, there was complaints procedure in place and people were given information about how to raise concerns in a format that met their needs.

The service was well led. There were systems in place to monitor the quality and safety of the service. Any shortfalls identified as part of the monitoring was shared with staff so that all were aware of the improvements required. The registered manager was supported by the organisation to make improvements to the home. This included building a sensory room for people to use. A sensory room is a special room designed to develop people's senses, through special lighting, music, and objects.

Summary of findings

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. People were cared for by staff who were trained in safeguarding and felt able to recognise and report signs of potential abuse.

People received safe support with their medicines. Medicines were stored safely and administered by staff who were trained to do so.

There were sufficient numbers of skilled staff to meet people's needs. This included people who required one to one support to ensure their safety.

There were systems in place to ensure people were cared for in a safe way. These included risk assessments for people's care, and safety checks of the building.

Good



Is the service effective?

The service was effective; however there were improvements that could be made. Some visual materials and prompts were used to support people who were not able to make choices verbally, however this was inconsistent.

People received nutritional support that met their individual needs and dietary requirements.

People were supported to access other healthcare professionals when required to ensure their health and wellbeing.

Staff received support and training to enable them to carry out their roles effectively.

People's rights were protected in line with the Mental Capacity Act 2005

Requires Improvement



Is the service caring?

The service was caring. People were able to build strong relationships with staff who treated them with dignity and respect.

People and their representatives were involved in planning care and voicing their opinions about the service provided.

Good



Is the service responsive?

The service was responsive. People were supported by staff who understood their individual needs and preferences. Care plans were evaluated regularly to ensure that they were up to date and reflected any changes in a person's needs.

People took part in a range of activities and were supported to access the community.

Good



Summary of findings

There were systems in place to respond to complaints. People had access to information about raising concerns in a format that was suited to their communication needs.

Is the service well-led?

The service was well led. There was an open and transparent culture in the service where shortfalls were identified and shared with the staff team.

There were systems in place to monitor the quality and safety of the service provided.

The registered manager was supported by the organisation to make improvement to the home.

Good



Woodhouse

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.

The inspection took place on 22 January 2015 and was unannounced.

The inspection was undertaken by an adult social care inspector. Prior to the inspection we viewed information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to send to us.

As part of our inspection, we made observations about the care people received. Spoke with four members of staff, the deputy manager and registered manager. We viewed the care records of two people and other records relating to the safety of the home, including fire safety and staff training.

Is the service safe?

Our findings

People weren't able to speak with us verbally about how safe they felt in the home. However, our observations showed that people were calm and settled in the presence of staff.

People were protected because they were supported by staff who were confident in recognising and reporting any signs of potential abuse. Staff confirmed that they had received training, or in the case of new members of staff would be receiving it shortly. Staff knew where to find policies and procedures if they required them and were aware that there were other organisations that they could go to if they felt it necessary to do so. The registered manager was aware of their responsibility to report any issues of concern and had made notifications to the Commission when required. This showed that proactive measures were taken to protect people in the home.

There were systems in place to manage people's medicines safely. Suitable arrangements were in place to store medicine securely. Medicines fridge temperatures were taken daily to ensure that medicines were stored at a suitable temperature. There were no medicine in use at the time of our inspection that required specialist storage; however suitable facilities were in place should it be required.

A running stock level of the medicines kept in peoples room was kept daily and full stock checks of people's individual medicines were taken every one to two weeks. This would help ensure that any discrepancies in stock levels were identified and investigated accordingly.

Pharmacy produced Medicine Administration Record (MAR) charts were used to record when staff had administered medicines. We checked a sample of these and saw that there were occasions when signatures had not been entered on the chart to confirm that the medicine had been given. This had already been identified by senior staff and we were told that it would be discussed with the staff members concerned.

People's ability to manage their own medicines had been assessed and this information was included in their care

documentation. Where possible, the individual concerned had expressed their views about how they wished to be supported. There was also clear information about PRN (as required) medicines to guide staff in when and how often people could be offered these.

There was clear guidance in place in people's care plans to enable staff to support people safely. This included risk assessments for circumstances such as going out in the community. There were personal evacuation plans in place for people to be followed in the event of a fire in the home. Regular testing of the fire alarms took place and the fire doors were checked regularly.

There were sufficient staff on duty to meet people's needs and to be able to work flexibly. Six people in the home were supported on a one to one basis. We observed that people were supervised in line with their identified needs during our inspection and there were sufficient staffing levels to enable people to go out and also attend healthcare appointments. At the lunchtime meal people received support in line with their needs and were supported appropriately to ensure their safety.

There were staff vacancies and the registered manager was in the process of recruiting. We were told that on occasion agency staff had been required to cover shifts but this was kept to a minimum.

When staff were recruited, checks were undertaken to help the registered manager make safe recruitments decisions. These checks included a Disclosure and Barring Service (DBS) check and gathering two references. A DBS check helps the registered manager to make safer recruitment decisions by providing details of any criminal convictions and whether a person is barred from working with vulnerable adults. In each of the staff files we viewed, these checks had been completed.

Records were kept of any accidents and incidents in the home so that the registered manager could monitor these and respond to any risks that were identified. On each of the records, we viewed, the registered manager had reviewed the form and signed it.

Is the service effective?

Our findings

We saw that some use was made of easy read and visual materials to help staff communicate with people, however this was inconsistent. At the lunchtime meal, there was a copy of the menus on the notice board but this was not in a format that was suitable for people's communication needs. On one occasion we saw a member of staff use visual prompts to support a person in making a choice; however later in the day, we saw that people were being asked for their meal time choices without any visual prompts to support them. This meant that staff did not always communicate effectively with people, or in a way that supported people to make choices.

All of the people in the home required close supervision in order to meet their needs and ensure their safety. Due to the impact this had on their liberty, applications had been made to the local authority for everyone in the home for Deprivation of Liberty Safeguards (DoLS) authorisation. The registered manager was awaiting the outcome of these applications. The DoLS provide a framework that allows people to be deprived of their liberty when it is in the person's best interests and required to keep them safe. This showed that the registered manager was aware of recent changes in guidance in relation to when DoLS authorisation needed to be sought.

Staff received training in the Mental Capacity Act 2005. This is legislation that protects the rights of people who lack the capacity to make decisions independently. Reference was made to people's capacity throughout their support plans. The registered manager told about a situation where a decision was made on one person's behalf regarding a particular treatment. We saw evidence that an Independent Mental Capacity Advocate (IMCA) was involved. IMCAs can be appointed when important decisions are being made about a person, to ensure that their best interests are considered.

Staff understood and respected people's right to consent to care and treatment. For example, in one file we saw that a person had received a letter inviting them to a health appointment. It was recorded that the person had chosen not to attend. Staff told us that if a person refused an aspect of their care, this would be respected. One member of staff told us about a person who had declined personal

care on a number of occasions. Staff had encouraged them by getting all the items required ready and giving verbal encouragement and this led to the person accepting the support.

People received effective support to ensure that their dietary and hydration needs were met. There was clear information recorded in people's support plans about their likes, dislikes and preferences. We saw that where people had particular dietary needs, these were accommodated. For example, for one person it was documented that there were concerns about lactose intolerance and guidance that dairy products should be kept to a minimum. Staff responsible for meal preparation were aware of this need and we saw that soya milk and dairy free spread was available for them.

There was clear information in the kitchen about each individual's dietary requirement. The member of staff responsible for meal preparation told us that they were kept informed of any changes in a person's needs. We observed at the lunchtime meal that sufficient quantities of food were cooked and that people enjoyed the food on offer. People could have fresh fruit and drinks throughout the day. We saw that people were asked whether they would like a drink regularly throughout the day.

People were supported to see other healthcare professionals when required. We observed staff discussing the needs of a person for whom there were concerns about their health. Arrangements were made to contact the person's GP. We read in other people's notes about when concerns about their health had been raised with their GP. In one case, a person's weight loss was being discussed with other healthcare professionals as further tests were required to determine the underlying cause.

People were supported by staff who were well supported in their roles and received regular supervision to monitor their performance. We viewed overall record of staff training and saw that staff completed training in subjects such as moving and handling, infection control and safeguarding adults. We spoke with staff who were new in post and they told us that they felt well supported and had had meetings with their line manager during their first few weeks to check on how they were settling in to the role.

Is the service effective?

We recommend that the service consider current guidance about communication standards with people with a learning disability and update their practice accordingly.

Is the service caring?

Our findings

People were supported by staff who were kind and caring in their approach. People weren't able to speak with us about their experiences, however our observations showed that people felt comfortable with staff. People were happy to be in the company of staff and shared smiles and laughter. One relative that we spoke with told us they were very happy with the care provided and "couldn't fault it".

We observed staff responding to people promptly when they required support. For example, one person was sitting on the floor and indicated that they wished to move position. Staff responded by attending to the person and ensuring that they had the equipment they needed to hand. Staff then gave the person space to move independently to a place of their choosing. When one person was showing signs of being upset, staff responded by verbally reassuring them and helping them locate the item that they had lost.

People were treated with dignity and respect. Staff gave examples of how they would support people during their care routines by covering with towels, for example during personal care. We also observed that staff knocked on people's doors before entering. Throughout the day we saw that people were encouraged to be independent where possible by being given choices and encouraged to carry out tasks for themselves where possible. For example, we saw that one person was being supported to go outside with a member of staff and they were asked which coat they would like to wear that day. At the lunchtime meal, people were asked which vegetables they would like with their main meal.

People were encouraged to be as independent as possible. We observed people used the kitchen facilities which helped them maintain everyday living skills. Staff told us that one person they were working with was reluctant to do things independently but were being encouraged as much as possible. During our observation, we saw this person bring their cup back to the kitchen which staff acknowledged.

Not everyone was able to express their views verbally about the kind of care and support they would like to receive. However, we saw that where possible support was planned with the input of relatives. One relative told us they felt that their views were listened to and they were kept informed of any important events or concerns. In one care file, we saw that the views and wishes of the person's relatives were referenced and made clear throughout. Relatives were able to visit the home without restriction which meant that people were able to maintain relationships that were important to them. Relatives were also given opportunity to attend relatives meetings on a quarterly basis, where they could express any view or concerns about the service provided.

Where people did not have any other representative to support them in making significant decisions, staff supported them to see an advocate. An advocate is a professional who acts on behalf of an individual to ensure their best interests are considered. We saw that an advocate was being used to support people in making important decisions about their health.

Is the service responsive?

Our findings

People were supported by staff who understood their needs. There was a keyworker system in place, which meant that each person had a named member of staff who was responsible for ensuring the person's needs were met. We spoke to care staff who had keyworker responsibilities and they were able to tell us about the personalities of the people they supported, including the activities they enjoyed and the signs that they might be upset or anxious.

We observed that staff adapted their communication to according to people's needs. For example, we saw staff speak loudly and clearly, close to a person's ear who had a hearing difficulty. In another person's files we read that they enjoyed 'banter' with staff and we observed staff communicating in this way with them, which the person enjoyed.

Events that were important to people were celebrated which helped people feel valued as individuals. We saw how people had birthday cakes made for them which reflected their individual interests. One person had had a birthday cake decorated in an animal theme and another person had a cake decorated with flowers. We were also told about one person in the home who liked a particular snack and could become upset if they didn't have it. Staff had this snack prepared for the person in case it was requested. People's individual rooms were decorated and personalised to suit their preferences. This showed that people were treated as individuals with their own unique needs.

People were given opportunities to take part in activities that they enjoyed and this included regular support to go out. We observed people taking part in activities that they

clearly enjoyed. One person was being supported in a cutting and sticking activity and demonstrated their enjoyment by participating enthusiastically and smiling and laughing. We also saw people being supported by staff to go out in the community. Staff confirmed that they took people out on a regular basis, for example to local cafes and shops.

There had been no formal complaints made to the service in the past 12 months, however there was a complaints procedure in place should anyone wish to do so. There was information to guide people in raising concerns, that was in a format suitable to people's needs. For people who weren't able to voice their concerns or complaints verbally, staff told us about the ways that they might communicate that they were feeling upset, for example through their facial expressions or behaviours.

People had clear and detailed care plans in place which guided staff in providing support that was personalised. There was a summary sheet at the beginning of people's files providing information about their preferences and likes and dislikes. This included for example, information about the places people liked to visit and activities they enjoyed. This support was evaluated regularly so that any changes in people's needs were identified.

There were plans in place for various aspects of the person's support, including for example, their communication needs, nutrition and hydration and support required with medicines. In one person's file there was information describing how they were at risk of losing some of their life skills and so there was a plan in place to support them in rebuilding these skills. This included encouraging the person to take part in laundry activities and in helping to clean their own flat.

Is the service well-led?

Our findings

There were systems in place to monitor the quality of the service. This included a programme of audit which covered infection control, the environment, catering and care plans. The home also received regular visits from the quality manager within the organisation. There had been some changes in terms of area manager within the service but a new appointment had recently been made and would be supporting the registered manager in their role.

Staff told us that they felt well supported and able to raise any concerns or issues with senior staff. Any action points arising from quality and safety monitoring were shared with staff at meetings so that all were aware of any areas for improvement. We viewed the meeting minutes of a staff meeting where the outcome of a quality audit were shared; both the positive aspects of the audit were discussed as the well as shortfalls. This showed that there was an open and transparent culture within the home.

The registered manager told us they monitored what was going on in the home by covering shifts occasionally, or observing mealtimes so that feedback could be given to staff about their performance. On the day of our inspection, the registered manager had just completed a night shift. We also saw that other senior staff were directly involved in people's care and support, for example by administering medicines. This helped ensure that senior staff were visible in the home and able to identify concerns about the day to day running of the service. People in the home were confident about approaching senior staff and relatives that we spoke with told us they would feel happy about raising issues if they had them.

The registered manager was supported by the wider organisation to make improvements to the home which would enrich the experiences of people living there. Recently, a new sensory room had been built in the home at the request of the registered manager, who had identified that this was a facility that people enjoyed using in the community. A sensory room is a special room designed to develop people's senses, through special lighting, music, and objects.

The registered manager told us that one of their priorities for the service was to stabilise the team of 'team leaders' so that there was consistent support for care staff on shift. Whilst the service had been recruiting for team leaders, other staff had 'acted up' to take on this role temporarily when required and been able to cover duties such as administration of medicines.

Staff identified qualities that were important in their role, such as treating people with dignity and respect and delivering person centred care. This was reflected in our observations which showed that staff treated people in a kind and caring way. This showed that staff had clear ideas about the expectations of them in their work and the values that were important to the organisation.

The registered manager was aware of the responsibilities associated with their role, including making notifications in line with legislation. Notifications are information about specific incidents that the registered manager is required to inform the Commission about. This includes information about significant injuries and any allegations of abuse. We reviewed the notifications that had been made by the manager since the last inspection and saw that these were made in line with legal requirements.