

Mr Brendan Freeman

# Woodland House

## Inspection report

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Date of inspection visit:  
24 May 2016

Date of publication:  
20 July 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This inspection took place on 24 May 2016 and was unannounced. The inspection team consisted of one inspector. At our last inspection in 2014 we found that the home was compliant in all areas.

Woodland House is a care home without nursing for up to six people who have learning disabilities. At the time of the visit six people were using the service. The home had a registered manager who was present during the 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, their relatives and staff told us they felt people were safe in the home. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice. People were protected from possible errors in relation to their medication because the arrangements for the storage, administration and recording of medication were good and there were systems for checking that medication had been administered to people in the correct way.

People's relatives told us that they were very happy with the care provided. People had opportunities to participate in a range of activities in the home and community, but staff respected people's wishes when they wanted to be alone in their rooms.

People's relatives and friends were encouraged to visit and made welcome by staff. Staff regularly asked people how they wanted to be supported and when necessary people were supported by those important to them to express their views. People were treated with dignity and respect.

Staff understood the needs of the people who used the service and how they liked to be supported. We saw that staff communicated well with each other. Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills.

The registered manager did not have a good understanding of the principals of the Mental Capacity Act (2005), and associated guidance in respect of making best interest decisions on behalf of people. They had not applied for authorisations to deprive people of their liberty.

People were supported to have their healthcare needs met and were encouraged to maintain a healthy lifestyle. The registered manager sought and took advice from relevant health professionals when needed. People were provided with a good choice of food in sufficient quantities and were supported to eat meals which they enjoyed.

The registered manager did not have effective systems in place to monitor and checked that the service was safe and compliant with the regulations and continually improving. Management of records related to aspects of the management and operation of the home were not being maintained as expected.

You can see what action we told the provider to take at the end 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?

**Requires Improvement** ●

The service was safe.

Relatives told us they felt people were safe in this home and we saw that people were confident to approach staff.

There were enough staff to keep people safe.

Staff demonstrated that they knew how to keep people safe and managed people's medicines safely.

### Is the service effective?

**Requires Improvement** ●

This service was not always effective.

Decisions made on behalf of people were not always made in line with guidance and legislation.

People were involved in making decisions about their care because staff knew people's preferred means of communication.

People received the appropriate support to eat and drink enough to maintain their health.

### Is the service caring?

**Good** ●

This service was caring.

We saw and relatives told us that staff were kind and treated people with dignity and respect.

People told us that they felt cared for and that staff were kind.

Staff sought people's views about their care and took these into account when planning their care and support.

### Is the service responsive?

Good ●

This service was responsive.

People's wishes and opinions were respected.

People were supported to take part in activities and interest they enjoyed.

If needed people could access the provider's formal complaints system.

### Is the service well-led?

Requires Improvement ●

This service was not always well-led.

The systems in place to check on the quality of the service failed to identify when regulations were not being met or that incidents had not been reported.

Staff were well motivated and enjoyed working at the service.

People had good links with the community.

# Woodland 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 inspection took place on 24 May 2016 and was unannounced. The home was last inspected in May 2014, and was compliant in all the areas we looked at. The inspection team comprised of one inspector.

As part of planning the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also reviewed any other information we held about the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with the registered manager, two members of the staff team and three people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We sampled records, including each peoples' care plans, staffing records, complaints, medication and quality monitoring. After the visit we spoke with relatives of two people who used the service and a health care professional on the telephone.



## Our findings

Everyone we spoke with told us that they felt people living in the home were safe. We saw that people looked relaxed in the company of staff and were confident to approach them for support and comfort. One person said, "It's the best place I've lived at." A staff member told us, "I think people are safe in the house."

Staff knew what constituted abuse and what to do if they suspected someone was being abused. They knew how to report their concerns to the registered manager and or external agencies such as the Care Quality Commission or the Local Authority. The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. All the staff we spoke with believed any concerns would be taken seriously by the registered manager.

People were encouraged to have as full a life as possible, while remaining safe. Staff we spoke with knew about people's individual risks and actions they would take to keep people safe. We saw that the registered manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service. When necessary, measures were put in place to minimise any danger to people. Records we looked at showed that the premises were kept free from avoidable risks and that fire drills were conducted to ensure people's safety in the event of an emergency. We noted however that the risk management process for keeping people's personal finances safe was not robust. Although people said they felt their money was safe regular checks had not taken place which meant that the registered manager would be unable to take prompt action with any discrepancies.

The registered manager did not have a robust system to recruit new staff safely. We found that while some checks had been made and were current, such as police checks, some references for new staff were not available to us on the day of our inspection. The registered manager assured us that references had been completed for all new staff as they began work.

We saw that there were enough staff to meet people's care needs. One person we spoke with said, "There are enough residents and staff." Staff told us, and we saw, that the registered manager was always available to support people with personal care or activities when necessary. Staff also told us that additional staff were made available to support people to take part in planned activities in the community. We saw that people were supported at a pace which was suitable to their needs. People were supported by a core group of staff who had worked at the service for several years. One member of staff said, "We are well staffed, we all cover for each other."

People received their medicines safely and when they needed them. We saw that medicines were kept in a suitably safe location which was kept at the correct temperature to ensure that they remained effective. The medicines were administered by staff who were trained to do so. Where medicines were prescribed to be administered 'as required', there was information for staff about the person's symptoms and conditions which told staff when they should be administered.

We sampled the Medication Administration Records (MARs) and found that they had been had been correctly completed. We noted that past recording errors had been noted by the registered manager and corrective action taken to keep people safe. Medicines were administered in a safe and unrushed manner. We observed the member of staff obtaining consent from people before giving them their prescribed medicines.





## Our findings

We checked whether the service was working within the principles of the MCA. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager and care staff had only limited awareness of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS).

People told us and we saw that day to day consent was always sought by staff and we saw that people's opinions and choices were respected. We noted that people had various health professionals who supported them who had offered guidance at various meetings and this had been implemented by the registered manager.

When people were thought to lack mental capacity the registered manager had not ensured that assessments of their mental capacity had been undertaken or that best interest meetings had been held to support decisions made. Staff and people told us that some people were under continuous supervision and support. Some people were not allowed out of the home without being accompanied. A member of staff told us, "No-one is on a DoLS, but I know we can't take people out if there isn't enough staff." During the inspection we saw that no applications had been made for authorisation to deprive someone of their liberty. After the inspection the registered manager told us that the applications had been completed but no arrangements had been made to ensure that they and the staff received refresher training on these issues.

The failure to act in accordance with the MCA 2005 Code of Practice in respect of people's liberty is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said that they felt happy living at the home. Relatives we spoke with told us that the staff were good at meeting people's needs. One relative said, "She's very happy there, there's no problem. We are happy and the staff keep in touch with us." Staff we spoke with gave us examples of how people's conditions had improved since they started using the service.

Staff told us they had received induction training when they first started to work in the home which covered the basic skills and knowledge they needed to meet people's specific care needs. One staff member said "I wasn't left on my own for a long time until I felt confident." Staff then received training updates in relation to basic areas such as safeguarding, medication, health & safety and first aid. One staff member told us, "We have online training and it's all up to date. Everyone is given the opportunity to do more training." Staff demonstrated that they knew and understood the implications of people's mental and physical health conditions about how they needed care and support. Staff also described how external health professionals shared their learning with them, a staff member told us, "We have people like the psychiatrist and nurse who come into the home and do some training."

We saw that staff communicated well with people and could understand them easily. Staff described good working relationship with their colleagues and the registered manager and had systems in place which meant they communicated well with each other. A staff member told us, "We have a good rapport with the residents and staff here; it's like a family home."

Staff confirmed that they received informal and formal supervision from the registered manager on a regular basis. One staff member said, "We have regular one to ones with the manager." They felt well supported by the registered manager and other team members. One member of staff said, "[The registered manager] addresses things straight away." There were staff meetings to provide staff with opportunities to reflect on their practice and agree on people's care plans and activities.

People told us they enjoyed their meals. People said, "I love the food here, it's nice and good." and, "The food is nice here, I eat lots. If somebody doesn't like something they get something else." We saw that there was plenty of fresh food and snacks for people to enjoy. People and staff told us that they chose their own food and some people went shopping with staff. Staff told us that menus were updated as people tried different meals and people's preferences changed. During the day we saw people making drinks and fetching snacks of their choice. At the end of the day people decided to have an impromptu take out meal rather than cook. We found that people had an enjoyable and varied diet of their choice.

We saw that people were regularly supported to access other health services. Records we looked at showed that people had the health support they needed. We noted that one person's health had deteriorated very quickly in recent months and that the home had quickly supported them to access the care they needed to maintain their health and well-being as much as possible. People in the home were supported to make use of the services of a variety of mental and physical health professionals including psychiatric professionals and community nurses. One health professional who we spoke with told us that staff involved them promptly and they were confident that staff would carry out their instructions correctly.



## Our findings

People we spoke with were very positive about the caring nature of the registered manager and the staff team. One person told us, "The staff are always nice, I like them a lot." Another person told us, "They are kind." Relatives were equally complimentary about the staff team. One relative told us, "The staff are brilliant with them, really kind and nice with everyone." People told us that relatives and friends could visit at any time and that staff would make them feel welcome.

During our visit we spent time in the communal areas and saw that staff interacted with people in a warm and kind way. We saw staff respond to people's attempts to communicate in a timely, supportive and dignified manner. There was a friendly and relaxed atmosphere within the home. We saw staff sitting, talking and listening to people and provided comfort and support to people as they required it.

People told us they were involved in their own care and made decisions about their day. Staff told us they supported people to be independent where possible. One person told us, "I chose my own things to wear, we all choose when we go to bed and I watch my telly or listen to music in my room. I have a lie in when I want to." Staff told us and we saw that they gave people choices and involved people in making decisions about their care and daily lives. During our inspection we saw people fetching the post, washing some dishes and making drinks in their own home. This helped to promote people's dignity and self-esteem. Staff we spoke with had a good knowledge of people they cared for and referred to them fondly and respectfully. They could describe individual preferences of people and knew about things that mattered to them.

People told us they valued their own independence and that staff respected this and encouraged it. For example, one person wanted their friend to decorate their bedroom, which they did. The person told us they felt listened to and had been supported in their choices. We found that one person who had specific and complex support needs had an advocate who was assisting them to make choices and express their views.

Staff could confidently describe what they did in practice to protect people's privacy and dignity. People told us that they felt their dignity was being respected. We saw staff checking and asking people what they wanted them to do or where they wanted to be in the home. People had access to their own rooms for private space and one person told us that they liked to spend time alone in their bedroom which staff respected. Staff told us that some people had their own keys to their rooms for further privacy, and one person we spoke with confirmed this.



## Our findings

Staff had a good understanding of people's individual preferences and knew what was important to the people they supported. Staff knew the activities that people enjoyed and we saw that staff supported people to choose what they wanted to do each day. Records showed that people had engaged in activities they said they liked. A person told us, "I like living here, I go out to concerts, and I love my music and have all my CD's."

People were encouraged to participate in the wider community. Some people regularly attended day centres and they told us they enjoyed and looked forward to that activity. Other activities were arranged to suit each person, people told us about cinema trips, going shopping, going out on bicycles rides and having picnics and barbeques. One person told us about the holidays they go on with the home and were supported to keep in touch with the friends they have made.

People were encouraged and helped to maintain contact with friends and family members who they said were important to them. Relatives we spoke with and records showed that they had regular contact with people in the home. People were also supported to go out and visit their relatives at their house. One person said, "I go every few weeks to see my relatives."

Care records we saw contained information for staff about people's personal preferences, daily routines and life history. This helped staff identify what was important to people. Records showed that people had been asked about their preferences in relation to who gave them personal care. A staff member told us, "Personal care is given by a carer of the same sex whenever possible." We found that where practicable, people could chose who supported them and how.

People and relatives told us that the registered manager and staff were approachable and they would tell them if they were not happy or had a complaint. One person said, "I'd complain, [to the registered manager], he'd do something I'm sure he would." All the relatives we spoke with told us they would speak to the registered manager if they had any concerns. One relative said, "I've never needed to complain but I would go straight to the registered manager, he is very approachable." We saw a system for responding to complaints so that corrective action could be taken. Although the registered manager had not received any complaints for some years, there were clear policies and procedures for dealing with them. The registered manager told us the importance of resolving complaints or concerns early on and then more importantly about learning lessons from them to prevent any reoccurrence.

There were regular meetings with people living in the home to provide an opportunity for them to raise issues and express how they wanted to be supported. One person said, "We have house meetings. We talk about the food, and if you're happy with the staff, talk about going out places." The registered manager had taken action when people had made suggestions such as reviewing activities and menus.



## Our findings

The provider had no effective system in place to assess and monitor the service to check that it was compliant with regulations and managing risks. They had not undertaken recent checks to assure themselves that the service was providing effective, caring, responsive and well- led care. They had not ensured checks had been conducted or regular audits undertaken in relation to recruitment processes. Some records were not readily accessible during our visit. The registered manager was unable to locate some records that included evidence of staff recruitment checks, staff records or managing people's finances. There was also no audit of care files, risk assessments or supervisions to ensure the quality of the service.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. However the registered manager had not ensured that an effective notification system was in place and we had not received notifications in line with current legislation.

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

People had good links with their local community and told us of going to the local shops, visiting the pub and using a nearby leisure centre. People were supported to visit places of worship if they so wished, and had regular contact and communication with relatives and friends.

People told us that they felt that the home was well run. Staff were aware of the homes' philosophy and vision to promote people's independence and values. Staff described an open culture where people felt they could raise and safely discuss issues which could impact on people's well-being. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that staff meetings were held regularly which enabled staff to voice their opinions towards the continual development of the home. The registered manager had a very visible presence within the home and ensured that resources were available to staff to meet the support needs of people. Staff told us they could contact the registered manager if they needed assistance. The registered manager had a good knowledge of people, their relatives and the staff team. We saw the registered manager spoke with people and supported staff throughout the day in a responsive, friendly and supportive manner.

During our inspection we found that the registered manager was very open and transparent and had a clear vision of how they wanted the home to operate. We found that this vision of the home being very personal,

relaxed and friendly was shared by staff and the people who lived there. A staff member told us, "It's very friendly and centred around the residents." Staff described an open culture where people felt they could raise and safely discuss issues which could impact on people's well-being. Staff told us they had regular supervisions and meetings to identify how the service could be developed to improve the care people received.

Feedback from people, their families and health professionals described the home as consistently providing a good quality service. People told us they had confidence in the registered manager and were happy with the way the home was run. A health professional said, "I've been to the home a few times of late and the care is fine, it's all fine. The staff are happy and motivated."

## 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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People were subject to restrictions in respect of their liberty without proper lawful authority being granted.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not operate an effective system to monitor the service that would have mitigated any risks to people and had failed to ensure that the service was compliant with the regulations.</p>