

# Shaw Healthcare (Specialist Services) Limited Woodhouse

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Outstanding ☆

# Summary of findings

## Overall summary

### About the service

Woodhouse is a residential care home providing personal and nursing care for 16 people. People who live at the home have learning and physical disabilities. At the time of the inspection, there were 16 people living at Woodhouse.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The home met the characteristics that underpin the right support, right care and right culture and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

However, the home accommodated more people than would be the optimum and was larger in scale than a domestic property. This was mitigated to some degree as each person had their own flat or apartment and were allocated staff daily to support them in a person-centred way. Care was tailored to the person. The building was set back from the road in a residential area close to shops. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

#### Right Support:

People were completely at the heart of the service. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

People were supported by staff to achieve their aspirations and goals. Staff enabled people to access specialist health and social care support in the community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

People were very much supported to take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

#### Right Culture:

People led inclusive and empowered lives because of the values, attitudes and behaviours of the provider, management, and staff. Staff demonstrated their commitment to the values of the service that put people at the centre of the care and support provided. Staff felt supported and worked as team to ensure people's care and support needs were met.

Staff placed people's wishes, needs and rights at the very heart of everything they did. People and those important to them, were involved in the planning of their care. Staff valued and acted upon people's views.

There were robust quality assurance processes in place that drove improvement.

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 and update

The last rating for this service was good (published 21 November 2021). The service continues to be rated good.

#### Why we inspected

We undertook this focused inspection due to the length of time since the last inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Woodhouse

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by 1 inspector.

#### Service and service type

Woodhouse is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Woodhouse is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who lived at the service about their experience of the care provided and spent time with others observing interactions with staff. We spoke with 3 relatives.

We spoke with 5 members of staff, the registered manager, the deputy manager, the area manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. After the inspection we received emails from 3 staff sharing their experience of working for the service.

We emailed 16 health and social care professionals about their experience of the service. We received 5 responses.

We reviewed a range of records. This included 3 people's care records, daily records and medication records. We looked at the records relating to Deprivation of Liberty for people that had this in place. We looked at the recruitment records for 2 newly appointed members of staff. We also examined a variety of records relating to the management of the service, including training data, recruitment documentation, duty rotas and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe. Staff had received safeguarding training and knew what they had to do if they were concerned about the welfare of people. They told us they would report any concerns to the team leader and the registered manager.
- Some people were unable to tell us if they were safe. However, during the inspection we observed people were relaxed and comfortable when staff were supporting them. People were actively seeking out staff and some people were spending time with each other.
- Care and support was planned and delivered in a way that ensured people were safe, without restricting their freedom. Staff told us restraint was not used which was in line with the provider's policy.
- Systems were in place to monitor any safeguarding referrals, the investigations, and the outcomes. There were no ongoing safeguarding concerns at the time of the inspection. The registered manager had good oversight of any concerns.
- Fortnightly meetings were held with the provider's representative to discuss any concerns and risks within the service.

Assessing risk, safety monitoring and management

- People received a safe service because risks to their health and safety were being well managed. Risks were identified and guidance put in place to ensure people were safe whilst encouraging them to be independent. Staff knew people well and understood their risks and how to manage them safely.
- Positive risk taking was promoted safely. For example, a full and robust risk assessment had been completed enabling a person to continue to visit their family safely. This involved working with health professionals, the family and the person. The person now visits their family regularly.
- Staff were aware of the signs they needed to look out for and the action they might be required to take to prevent or deescalate people's behaviours, for example, when they were anxious, which may impact on others. A member of staff was observed supporting a person where it was important for them to finish a particular task before moving. This meant this person did not become distressed. The staff clearly explained why it was important to the person telling us, "All staff work in the same way so as not to escalate any anxiety".
- The environment was well maintained and there were regular checks completed to ensure it was safe. Checks were completed on equipment such as moving and handling equipment, fire equipment, electrical and gas appliances. Staff participated in annual fire training, first aid and health and safety training.
- Fire risk assessments were in place along with individual evacuation plans for each person living in the home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- Safe recruitment and selection processes were in place to make sure staff were safe and suitable to work with people living in Woodhouse. This included obtaining references, right to work, and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- Relatives confirmed there were enough staff. They told us without exception all staff that they had met were caring. Comments included, "Terrific bunch, absolutely fantastic cannot speak highly enough of them" and "Cannot fault it, from what I can see everyone is happy". This would indicate that the service had recruited staff with the right values, skills and knowledge who shared the ethos of the service.
- Staffing was planned, co-ordinated and kept under review. Some people had additional commissioned hours of support such as 1 to 1. This was clearly allocated on the rota. There was a pictorial rota so people could see who was on duty and supporting them.
- Staff confirmed there were enough staff. A member of staff said, "Always enough staff, usually 12 to 13 staff per shift. We work flexibly to ensure people get the support they need".
- People were observed going out with staff throughout the inspection completing planned activities such as going out for lunch, for a walk or a drive. A person told us they could go out whenever they wanted and there were staff to help them when needed.

#### Using medicines safely

- People's medicines were managed safely. People received their medicines as prescribed by their GP. These were kept under review. Guidelines were in place for 'as and when required' medication providing staff with clear instructions on how and when to offer these to people.
- Staff were trained in the administration of medicines and the registered manager checked they were competent to do this.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Positive feedback was received from the local pharmacist. They told us, "We have always had their order on time ready for us to process. Communication has always been great between the team and myself".

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.



- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The registered manager demonstrated they had followed the government guidance on visiting arrangements. Friends and family were able to visit the home with no restrictions. This allowed people to stay in contact with their relatives.

#### Learning lessons when things go wrong

- Safeguarding concerns, accidents and incidents were reviewed and analysed to ensure themes were identified, and appropriate action had been taken. This included looking at ways of preventing a reoccurrence. Any learning was shared with the team during handovers and team meetings.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were completely at the heart of the service. The staff team worked together under the direction of the management team to support people to gain new skills, build on their confidence and to lead the life they wanted. Some people had been supported to move onto more independent living. People's disabilities were not seen as a barrier to achieving anything.
- The registered manager worked hard to promote a culture where staff were truly valued and promoted people's individuality, enabling them to lead fulfilling lives. Staff were passionate about providing care that was truly person-centred enabling people to be the person they wanted to be and doing the things they wanted to do. A member of staff told us, "I am proud to work at Woodhouse. The fact that I'm allowed to take initiatives and make contributions towards how our services users are supported in their daily lives is worth commending".
- Some people shared with us their experiences of living in Woodhouse and the wonderful things they were doing. Two people had moved into Woodhouse with little belongings and had been supported to purchase items such as electronic tablets, clothes, and items to personalise their bedroom. It was evident they had settled into life at Woodhouse doing new things that they had not experienced before.
- People were supported to go on holidays, attend football matches, supported to go to the gym, swimming and visit places that interested them along with regular activities taken place in the home. People were experiencing new things such as stroking exotic animals and stroking a visiting donkey. One person told us how 'Elvis' an entertainer, had visited the service. It was evident these were having a positive effect on their wellbeing.
- There were many examples where people's lives had significantly improved. For example, people who had previously displayed high levels of anxiety were now settled. Staff had supported them to develop coping skills and they were now joining in activities with others. One person shortly after admission to the home had a health diagnosis that had been successfully treated. This had not been picked up at their previous placement and led to a very positive outcome for the person.
- Relatives spoke extremely positively about the care and support their loved ones were receiving. They highly recommended the service telling us, "10 out of 10", "Amazing" and "It is the best, cannot fault it". Relatives described to us how their loved ones were flourishing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware that when concerns had been identified, appropriate notifications

should be sent to the CQC as required by law, and to the local authority.

- They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- Staff knew they had to report concerns to the registered manager and were confident that these would be acted upon

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager demonstrated extremely effective management and leadership skills within their role. Their passion, knowledge and enthusiasm for the service and the people in their care was evident. Staff spoke extremely positively about the management of the service.
- A member of staff told us, "From the support workers to the management team I think we are doing amazing in every aspect of caring and try our up most for events to happen so everyone can enjoy and live their lives to the full". Another member of staff said, "Wellness, happiness and kindness is the priority for Woodhouse and Shaw healthcare at large".
- The registered manager was proud of the team, their flexibility and support they gave to people. They led by example and encouraged the team to share their vision. There was strong leadership in the home.
- Visiting professionals, staff and relatives spoke extremely positively about the registered manager and the deputy manager. People were actively coming into the office to speak with the management team. There was an open-door approach. People evidently felt comfortable showing their artwork or just popping into say hello.
- There was a very good skill mix and knowledge in the staff team. The registered manager focused on the strengths of the staff such as their interest in health and safety, infection control, moving and handling, safeguarding, dignity and mental capacity and developed them further in their roles to become champions. Monthly meetings were taking place driving improvement in these areas. A visiting professional told us, "They do an amazing job and bring out the best in the team leaders and care staff".
- Staff were supported to progress in their careers. Care staff were supported to take on acting team leader roles. This benefited both the member of staff in their career progression but ensured people were supported by a consistent team of staff and no longer the need for agency usage to backfill the role.
- Systems were in place to review the quality of the service. These were completed by either the registered manager or a named member of staff. They included health and safety, checks on the medication, care planning, training, supervisions, appraisals, and environment.
- The management team had good oversight of the service, completing daily walk arounds, speaking with people and staff seeking their views as part of the process. Fortnightly meetings were held with the provider to share risks and good practice, along with supporting the registered manager and the team.
- The service had been reviewed in February 2023 by Shaw healthcare's Compliance Team and Woodhouse had scored 94.4%. This score had consistently increased since the registered manger had started working in the home 4 years ago. This showed a commitment to continually driving improvement for people living in Woodhouse.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were evidently involved in their care. Each person had a bespoke package of care based on their interests. Their views were sought via resident meetings and care reviews. Easy read minutes were available. The registered manager recognised not everyone wanted to join a group meeting so staff spent time with people on their own to seek their views on the topics discussed at the meeting.
- People's individual equality characteristics were considered. A befriending service visited a person enabling them to build links with their heritage and culture. Staff said this was important for this person and

had a positive impact on their wellbeing.

- Another person who was no longer able to attend church received regular visits from the church and was supported to watch the Sunday service via an electronic device. This same person had recently had an entertainer visit them in their flat as they could not go to the main lounge area.
- Relatives confirmed they had regular involvement and were kept informed on a regular basis. Comments included, "Very welcoming, yes they absolutely involve me".
- Relatives were provided with updates on the care and support provided to their loved ones either weekly, monthly, or fortnightly depending on their wishes. This included information about activities, any incidents or accidents and health care appointments. This showed the service was open and transparent with family about the care of their loved one.
- ● Staff were recognised for their work. There was a culture of ongoing improvement and the sharing of good practice. Compliments were shared with the individual staff member and the team.
- There was an employee of the month and annual awards where staff could be nominated for work they had done with individuals or where they had gone the extra mile. The registered manager had recently been given an award for 'Outstanding Manager' having been nominated by staff, relatives and people receiving a service.

#### Continuous learning and improving care

- Staff felt valued and empowered. Team meetings, supervisions were a forum for staff to share ideas and make suggestions. The management team were keen to praise staff for their individual contributions, where it had a positive impact on people. Staff told us they enjoyed working at Woodhouse and shared with us many examples where they had made a difference and how they strived to continually improve people's experience.
- Team meetings provided staff an opportunity to discuss specific topics relevant to their roles and the needs of people living at the service driving improvements within the home.
- Quizzes had been developed to ensure staff knew people well and were following good practice. For example, staff were asked why they did things in a certain way and why this was important for individuals. This supported staff to learn what was important to people and why. This enabled them to question their own practice and enable the registered manager to target specific training and support where this was needed.

#### Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people's needs were met. For example, they had links with other resources and organisations in the community such as GPs and the community learning disability team.
- Feedback from health professionals was extremely positive. One health professional told us, "I found them courteous, thoughtful, and committed to providing the best level of service for my client" and another stated, "Woodhouse's management considered the extended family and ensured they felt welcomed at every opportunity". Another professional told us, "I would highly recommend this home".