

Woodleigh Healthcare Limited

# Woodleigh Healthcare Limited

## Inspection report

23 Woodleigh Close  
Leicester  
Leicestershire  
LE5 2HW

Tel: 01162436199

Date of inspection visit:  
20 April 2017

Date of publication:  
26 June 2017

## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

This was an announced inspection that took place on 20 April 2017.

Woodleigh Healthcare Ltd provides personal care and treatment for adults living in their own homes. At the time of our inspection the service supported one person who lived within the city of Leicester.

This was our first inspection of the service since they registered with us on 19 May 2015.

There was a registered manager in post. The registered manager was also the provider. This 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.

Staff had the appropriate knowledge and skills they needed to provide safe and effective care to a person using the service. Staff knew how to keep the person safe and followed the guidance and information detailed in the person's care plan and risk assessments.

Staff assisted the person to access the community, and this included seeing relevant health care professionals, and prompted the person to ensure they took their medicine.

Staff used the knowledge they gained from supporting the person to review and update the person's care plan so that they could respond to the person's changing needs.

Staff worked closely with health and social care professionals' to ensure the care offered was in the best interests of the person. The registered manager provided on-going support to staff through day to day contact and supervision.

The provider had implemented a quality assurance system to ensure that people using the service had good quality care and support. The registered manager undertook a range of audits to ensure staff were providing personalised care that centred on the safety and welfare of the person being supported.

Though the service has been inspected it has not been rated because at the time of the inspection a limited service was being provided to one person. We had insufficient information to determine the level of service this person received. We could not be confident that the support the person currently received would be sustainable should the service expand to provide care for additional people or increase its hours of operation.

## 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.

Staff worked with the person to promote their safety by providing care and support reflective of their needs. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Staff had the knowledge and skills they needed to support people safely and effectively. Staff had completed training essential to providing safe care. People were encouraged to make choices and decisions about their lifestyles, and staff sought consent before commencing personal care.

**Inspected but not rated**

### Is the service caring?

The service was caring.

People received care and support from a group of staff, which encouraged caring relationships to be established.

Information about Woodleigh Healthcare was made available for those using the service, which included information about the development of their care plan. A person's views about their care and support had been sought and used to develop their care plans.

**Inspected but not rated**

### Is the service responsive?

The service was responsive.

The registered manager had liaised with the person and health and social care professionals to develop a care plan and support the person in their home. The person's care plan had been reviewed to reflect changes in the person's needs. The provider had developed a complaints procedure which was distributed to those using the service.

**Inspected but not rated**

**Is the service well-led?**

The service was well led.

The provider was also the registered manager. They had a clear vision with regards to the service they wished to provide. The registered manager oversaw the day to day management of the service, which included audits to assess the quality of the service being provided.

**Inspected but not rated**

# Woodleigh Healthcare Limited

## **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 20 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection team consisted of one inspector.

We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose. A statement of purpose is a document which includes a standard required set of information about a service. We reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We spoke with the person who received the service, the registered manager and one care worker.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at the person's care records.

# Is the service safe?

## Our findings

Risks within the person's home had been assessed and risk assessments completed to inform staff and reduce the impact of any identified risk. The registered manager explained how they visited the person within their home to complete an initial assessment of them and their home environment prior to care commencing. The registered manager said that a copy of the service user guide (SUG) was left following the meeting. The SUG is a document that contains contact and other information about the care agency. The person confirmed receipt of this document.

We saw risk assessments informed staff how to protect the person from identified issues in the environment such as kitchen equipment, hazardous substances and tripping risks. Staff gave us examples of how they ensured people's safety, for example by making sure their home was secure.

There was information in place with regards to checking risks in the environment to maintain people's safety. For example indicating how people should access the person's home and leave it secure, ensuring lighting and heating were adequate. This information assisted staff to ensure the environment in people's homes was safe to live and work in.

We saw that staff recruitment practices were secure and in place. Staff records showed that before new members of staff were allowed to start work, employment reference checks had been made with previous employers or persons known to the staff member. Checks had also been made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed were of good character. All staff records we viewed had a DBS and other required documentation in place.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary. Staff were also aware of whistleblowing procedures, which is when staff may need to report concerns to relevant agencies if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were in place. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service.

We saw evidence that staff had been trained to administer medicines safely and support people to take their medicines. There was a medicines administration policy in place for staff to refer to and assist them to provide medicines safely to people.

We saw evidence that staff attended regular staff meetings, where issues around the safety of the people who received a service and the staff's own personal safety was discussed. We saw in the minutes of a recent meeting where staff were reminded about the wearing of their uniform, their name badge and the proper use of their personal protective equipment.

## Is the service effective?

### Our findings

The person told us staff visited them when they needed support. The person said, "They [staff] come when I need them, today is an appointment, so they come later."

Staff we spoke with confirmed the training they had undertaken and said this gave them the ability to care for the person they visited. Records showed staff had completed an induction as well as standard training courses in health and safety, fire safety, food hygiene, medicines management, and safeguarding people. All the staff we spoke with previously worked in care so would not be undertaking the 'Care Certificate'. This is a set of standards for staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support. The registered manager said any new staff would complete this introductory course.

Staff were regularly supervised and had their competency to provide effective care assessed by the registered manager. This ensured the care and support the person received was of a good quality and reflective of staff training and the company policies and procedures.

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 provider had a MCA policy in place which set out how staff were to meet legal requirements with regards to the MCA. Staff were trained in the MCA and understood their responsibilities to protect people and alert other agencies if they felt a person's rights were being compromised.

Staff understood that people had capacity unless this was proven otherwise. This is in keeping with the MCA. The registered manager told us if it appeared that someone might lack capacity, they would ensure a mental capacity assessment was carried out. Dependant on the person who was receiving the care, a relative or friend could also be involved, but only when the person gave their approval or did not have capacity to provide detailed information.

When we discussed keeping people safe with the staff one said, "If I was concerned I would report any issue to social services."

Staff we spoke with were aware of their role and responsibilities in promoting people's decisions, and were able to tell us how they supported the person to make decisions consistent with their needs. Staff told us they always asked for permission before offering care and support. Staff also supported the person to access a range of health care services to promote and maintain their health.

The person told us they were still independent with some aspects of daily living. They told us they re-heated meals that were made in advance and these met their cultural and dietary needs.



## Is the service caring?

### Our findings

The person told us they had developed a caring relationship with staff since they commenced receiving a service from Woodleigh Healthcare Limited. They confirmed they were visited by a regular staff group, which they were informed about in advance. We spoke with the registered manager who told us there was a small group of staff that had got to know the person well.

The registered manager showed us an introductory pack of information which is provided when a service is commenced. This included information about confidentiality and safeguarding, information about key policies and procedures, which included equality and diversity and staff identification. The person confirmed they had received this information at the initial meeting to discuss their care plan. This showed a commitment by the registered manager to provide an open and transparent service. This enabled those who used the service and any relatives or representatives to access to information about the service and what they should expect.

Staff told us how they recognised and preserved people's privacy and dignity. They told us that they closed windows, curtains and doors to ensure their dignity was preserved. One staff member added it was important to cover people up when offering personal care, which helped protect their privacy.

## Is the service responsive?

### Our findings

Information gathered about the person had been used to develop an initial care plan. This was in the process of being updated to respond to the person's changing needs. This showed the registered manager was responsive in reviewing the person's needs and ensured the person's care needs were being reflected in the changes made to the care plan.

The person told us they had no concerns about the service and that they would be confident to speak with the registered manager or friends who would act on her behalf about any issues. Staff told us the person was able to express if they were unhappy about any aspect of their care. Staff added they would make changes dependant on the person's needs at the time.

The registered manager told us they had received no complaints about the service or staff. The provider had developed their own complaints procedure which was included in the service user guide, on the service commencing. This included the contact details of the local authority.

## Is the service well-led?

### Our findings

The person using the service knew who the registered manager was and stated they visited regularly to ensure they were satisfied with their care. The registered manager told us as the service was small they undertook some of the care calls. They added that when other staff were performing caring duties, they took the opportunity to visit and oversee staff to ensure they were wearing the proper uniform and used their protective equipment appropriately. They said they also took the opportunity to look at the care notes made by the staff. This meant they were able to oversee the quality of the service provided.

Records showed that the registered manager carried out audits of the service to ensure the staff were performing their duties efficiently. Staff had regular supervision meetings. Staff supervision is used to advance staff knowledge, training and development with meetings between the management and staff group. That benefited the people using the service as it helped to ensure staff were well-informed and able to care and support a person effectively. The registered manager showed us the plan of supervision meetings for the staff. This was a further example of a well-led service.

Staff told us they liked working for the service and felt supported by the registered manager. One staff member told us, "If I have a query I contact the office, they always call me back."

Staff we spoke with told us that they would recommend the service if a relative of theirs needed domiciliary care, as they rated the care provided as very good.

We saw the registered manager held regular staff meetings, which were used to inform staff of changes to people's care. They also provided staff with support in providing consistent and high quality personal care for people.

We saw that the registered manager had a business continuity plan in place. That ensured the business would continue to operate if, for example, staff could not use the current office premises for any reason.

We contacted the local authority and the healthcare authority who commission domiciliary care services. Neither currently have contracts with the service but these are being negotiated and will help the service to increase the number of people they provide support to.