

# Mrs Rachel Claire Innes Fairbairn

# Woodmancote Manor

## Inspection report

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### Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

### Overall summary

This inspection took place on 13 November 2014 and was announced. The previous inspection was carried out 22 November 2013 and there had been no breaches of legal requirements at that time. We had no previous concerns prior to this inspection.

Woodmancote Manor provides accommodation for up to two people. At the time of our visit there were two people living at the service.

There was a registered manager in post. 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.

The registered manager and staff understood their role and responsibilities to protect people from harm. Risks had been assessed and appropriate assessments were in place to reduce or eliminate the risk. Staffing numbers on each shift were sufficient to ensure people were kept safe.

# Summary of findings

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff were aware of people's individual needs. Staff treated people with kindness and compassion. People spoke positively about the service, the staff and the registered manager. They told us, "The Staff are very caring and I love spending time with them" and "I am looked after very well here".

Staff had the knowledge and skills they needed to carry out their roles effectively. They enjoyed attending training sessions and sharing what they had learnt. Staff were supported by the provider and the registered manager at all times.

All medicines were stored, administered and disposed of safely. The service had policies and procedures for dealing with medicines and these were adhered to.

People had access to a range of healthcare professionals when they required specialist help. Care records showed advice had been sought from a range of health and social care professionals.

# 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.

Staff knew the signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

Medicines were managed and stored safely within the service.

There were enough staff on duty to keep people safe. Recruitment checks were carried out before staff started working at the service.

Risks associated with people's care were identified and managed. Staff understood how to manage risks and at the same time actively supported people to make choices.

Policies and procedures were in place to minimise the risks of infection.

Good



### Is the service effective?

The service was effective.

People received care and support from staff who were knowledgeable about their needs.

Staff received effective support, supervision and training.

The staff had a good understanding about Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. The staff acted in accordance with people's wishes and best interests.

People received a nutritious and balanced diet.

Systems were in place to monitor people's health and they had regular health appointments to ensure their healthcare needs were met.

Good



### Is the service caring?

The service was caring.

People said they were very happy with the care and support they received. The staff had a good understanding of people's care needs and knew people well.

Staff were respectful of people's privacy and dignity.

Staff demonstrated a good understanding of people's likes and dislikes and their life history.

Good



### Is the service responsive?

The service was responsive.

People's individual needs were clearly reflected in their care. People's care plans had been reviewed regularly and when there were any changes in their care and support needs these had been addressed.

People were involved in activities in accordance with their needs and preferences. The activities were based on the needs, preferences and choices of each person.

Good



# Summary of findings

Systems were in place to respond to concerns and complaints.

## Is the service well-led?

The service was well-led.

The service was well managed and staff were clear about their roles and responsibilities. Staff were supported by the registered manager.

Accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified.

There were systems in place to monitor the quality of the care provided to people. Regular audits were carried out by the registered manager.

**Good**



# Woodmancote Manor

## 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 was 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 15 November 2014 and was announced. We gave notice of our inspection to ensure people would be at the service when we visited. The inspection was undertaken by an adult social care inspector.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR also provides us with key information about the

service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide. No concerns had been raised.

During our visit we met and spoke with two people living in the service. We spent time with the registered manager and spoke with two staff members. We looked at two people's care records, together with other records relating to their care and the running of the service. This included employment records for two members of staff, policies and procedures, audits and quality assurance reports.

Two Health and social care professionals were contacted in order to gain their views about the service. However, no comments were received.

# Is the service safe?

## Our findings

We asked people if they felt in safe living at the service. Comments included, “Yes”, “Very safe” and “I am lucky to be cared for by great staff who I trust”. We asked people what they would do if they did not feel safe. People said “I would tell the manager or the staff” and, “I feel happy and If I wasn’t I would speak up”.

Staff had a good understanding about safeguarding vulnerable people. Their responses confirmed they understood their responsibilities and recognised all allegations needed to be taken seriously and reported. Staff comments included, “I would report all allegations to the registered manager” and, “If I was concerned people were being abused I would report this without delay”. Arrangements for safeguarding people from abuse were confirmed in a written procedure. All staff received training in safeguarding adults and attended yearly refresher training.

Visitors to the service were required to sign the ‘visitor’s book’ in the reception area and recorded their name, the time they arrived and left the service. Professionals who visited the service were asked to show proof of identification. Staff advised people they had a visitor and sought their permission before they allowed the visitor into the person’s home. An example being when we arrived at the service the registered manager checked our identity badge. They advised both people we had arrived and sought their permission before we met with them to introduce ourselves.

People were engaged in different activities on the day we visited, including going out into the community shopping with staff. Assessments had been undertaken of the risks relating to people’s individual needs and behaviour’s which could be challenging. An example being one person liked to go to the gym, shopping and attend stone carving sessions. The risks had been assessed and strategies put in place to reduce these. This had been recorded so all staff were aware of how to support the person. This showed people were assisted to take part in activities that promoted their independence, with risks to the person minimised.

The service was clean, fresh and tidy. There were sufficient hand sanitizers placed in prominent positions around the service including in toilet facilities. The kitchen had been

awarded a five star food hygiene certificate. Policies and procedures were in place to minimise the risks of infection and these were adhered to by staff. Staff had been trained in the prevention and control of infection and food safety. These arrangements helped minimise the risks of cross infection within the service.

People said they were encouraged by the registered manager to attend fire training alongside care staff. This was held twice a year. People knew what to do in the event of a fire. A fire risk assessment was in place and regularly reviewed. Repairs and maintenance work was carried out in a timely manner to ensure the environment was safe for people. Records showed risks had been assessed and general maintenance of the building had been maintained. Audits of the building had been carried out, these included checks on fire alarms, emergency lighting, fire extinguishers and portable appliance testing. Audits identified any potential risks to people.

Staff confirmed they felt there were enough staff on duty each day to ensure people’s safety. As well as people being supported by the registered manager two care staff were also employed. A minimum of two staff worked throughout the day alongside the registered manager. Staff said this level of staffing was always maintained and enabled people to receive the level of support required. Staff rotas had been planned in advance to ensure sufficient staff were available to support people with their personalised activities. People confirmed there were enough staff working at the service to provide them with the support they required. People told us, “Staff are always around to help me when I need them” and “There is enough staff supporting us to go out every day”.

Effective recruitment procedures were in place and ensured people were supported by staff with the appropriate experience and were of good character. We looked at the recruitment records for two staff. Staff had individual profiles about themselves which included information about their own values which could be shared with people. Recruitment procedures were safe and relevant checks had been carried out. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers to check upon their employment history and past performance. DBS checks were carried out on staff and significant others such as

## Is the service safe?

family who lived at Woodmancote Manor. A DBS check allows employers to check whether an applicant has any convictions that may prevent them working with vulnerable people.

Medicines were administered by staff who received specific training and had been assessed as competent. On the day of the inspection a medicines learning session was carried out by the registered manager. This was attended by staff and people living in the service. Staff we spoke with said “I feel confident giving out medicines to people and “I have regular training including training today”. Records confirmed staff attended yearly medicines training to ensure they were kept up to date with current practice.

Suitable facilities were in place for the safekeeping of medicines and clear records were kept of all medicines administered at the service. We checked the medication administration records for two people and noted they were correctly signed when they were administered. We checked the expiry dates of medicines including liquid bottles and found all medicines were within their expiry date. Labels on liquid bottles of medicines recorded the date opened and the date to be discarded. The registered manager said this helped ensure medicines were not used past their expiry date. Unused medicines were returned to the local chemist and signed out of the service.

# Is the service effective?

## Our findings

Staff received a comprehensive induction. Staff confirmed they were given time during their induction to read people's care files and the policies and procedures of the service. New members of staff were appointed a mentor to support them during their induction. Staff said they had spent time shadowing experienced staff before they worked unsupervised.

People said they felt staff at the service were suitably trained and experienced to support them. Comments included, "The staff are very good at what they do and care for us well" and, "The staff are brilliant and attend training and we are also encouraged to participate".

Staff received comprehensive support to carry out their role. Staff we spoke with said they had regular supervision and attended staff meetings. This gave them an opportunity to discuss their roles and any issues as well as identifying any training needs. During our inspection we looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The staff files we looked at showed each member of staff had received supervision on a regular basis. Records confirmed staff had received an annual appraisal to discuss their development.

Training was planned and was appropriate to staff roles and responsibilities. Staff said they were well supported by the registered manager to attend learning sessions. They said they had received training which equipped them to carry out their work effectively. We looked at staff training records, these showed staff had completed a range of training. These included fire safety, health and safety, infection control, safeguarding vulnerable people and medication.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards exist to ensure people are only deprived of their rights if it is within their best interests. Policies and procedures were in place for these safeguards. Where people did not have the capacity to understand the choices available the registered provider acted in accordance with legal requirements. The registered manager said if people lacked capacity then this would be assessed. Records confirmed the registered manager and senior staff had received training in the Mental Capacity Act 2005 (MCA) and (DoLS).

Staff demonstrated good knowledge of these areas and were able to describe how important it was to enable people to make decisions for themselves. For example, people were involved in decisions about how they wished to be supported and the activities they wished to participate in. Staff said they always asked people's consent before providing any care or treatment and continued to talk to people while delivering care so people understood what was happening.

Throughout the visit we observed staff treated people with respect, addressing them by their preferred name and they always asked people their preferences and consent when they offered support. This showed before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes. Care records confirmed people had been supported to express their views and were involved in making decisions about their care and treatment. These included daily records of what choices people had made on a day to day basis and how they wished to spend their day. This meant people's rights were respected and people were protected from abuse.

People said they enjoyed the food and menu choices available to them. One person said "The food is so lovely here with plenty of choice". Another person gave us the thumbs up sign, smiled and nodded enthusiastically when we asked about the food. People were regularly offered hot and cold drinks. Staff said people enjoyed eating out at local cafes and restaurants and we saw people going out to coffee shops whilst shopping with staff in accordance with their wishes.

Care documentation showed people's nutritional needs were assessed and kept under review. Two people chose to access support from weight loss groups within their local community to help them lose weight. One person told us, "I am so pleased to be losing weight. I keep my own records of my weight loss". The registered manager said menu choices were based around people likes, dislikes and healthy eating choices as both people wanted support to lose weight.

Menu choices were balanced with a choice of fresh meat, fish and fruit and vegetables. Fresh fruit was readily available to people. The service had an orchard within the



## Is the service effective?

grounds where fresh fruit and vegetables were grown. The service kept chickens which gave a regular supply of fresh eggs. People told us, “It is nice to know we have grown the vegetables we eat and to watch them grow”.

People received support which helped to ensure they maintained good health and received the healthcare services they needed. This included visits to opticians, podiatrists, doctors and dentists. Records were kept of people’s attendance at healthcare appointments along with any guidance or instructions for staff to follow. The registered manager said people often preferred staff to attend appointments with them for extra reassurance. The registered manager said they were supported by their local GP practice and by the community learning disabilities team. Contact details of relevant health professionals and

local authority services were kept in care records which meant referrals could be made quickly. This meant that people were supported to have their health needs met appropriately.

The environment suited people’s needs. The premises were homely and had been adapted to meet the requirements of people using the service. The environment and was clean and well maintained. Records showed there was a continual schedule in place for works including; decoration and maintenance. People had access to their bathroom and toilet facilities. There was a large communal lounge on the ground floor along with a dining area, kitchen and laundry room. Throughout our inspection people seemed relaxed and comfortable. People told us they liked the environment. Comments included, “The home is lovely” and, “We were involved in choosing the colour choices”.

# Is the service caring?

## Our findings

We asked people if they were happy with the care they received. Comments included, “Yes I am very happy with the care here and feel very lucky”, “I am encouraged to be independent”, “The staff are so caring I have known them many years”. One person was unable to communicate with us but nodded their head when asked if they were happy with the care provided.

People appeared happy and contented. They readily approached staff for support and comfort, and sought staff to share moments of happiness. Staff were friendly, caring and thoughtful of people’s feelings. They talked with people and listened to what they were saying. The interactions indicated people’s views mattered to staff. We observed staff negotiating skilfully with people, when they wanted help and support which was not possible at the time. An example was one person became unsettled as they wanted to go out with the staff during our conversation. Staff used distraction and diversion to support the person in a calming manner and offered reassurance.

The inspection visit was filled with joy, fun and laughter as people and staff spent time together. Staff told us, “I really do love my job and enjoy caring for both people”. Staff took great pride in people’s achievements. An example being staff spoke highly of one person’s creative work which included paintings and stonework. We were encouraged by the person and staff to view their achievements. The person told us staff had supported them to develop their independence.

People’s care plans included information to help staff understand what was important to them, and how they wished to be supported. This gave clear guidance for staff to follow, and we observed they did so during our inspection. One person had chosen to stay in their bedroom and watch their favourite DVD on the day of our inspection. Staff respected the person’s wishes and discussed with them how they wanted to spend their day. The person was happy with the choices offered and staff followed their preference of going out shopping later in the day.

People’s bedrooms were personalised and decorated to their taste. We found people’s bedrooms had personal belongings including keepsakes, collectables, artwork, DVDs and soft furnishings. Each person had their own TV and access to their own bathroom.

Staff demonstrated respect for people’s dignity. They were discreet in their conversation with one another and with people who were in communal areas of the service. Staff knocked on people’s doors and waited for a response before entering. Personal care was given in the privacy of people’s own rooms or bathrooms.

The registered manager explained how in the past during the staff recruitment process they observed the way applicants portrayed themselves and responded to people. This was to ensure they had the necessary personal skills to be able to care for people in a kind way, were respectful and courteous.

# Is the service responsive?

## Our findings

The registered manager and staff were able to tell us about people's care needs and the level of support people living at the service needed. They had detailed knowledge and a good understanding about people's preferred routines, behaviours and how best to support them. An example being one person was not able to verbally express their views to us. Staff said they had cared for the person for a long period of time and were able to communicate with them and understood their likes and dislikes and how they liked to be cared for.

We looked at the care records for the two people. Assessments had been carried out of people's needs and care plans had been developed to provide staff with guidance on how people's needs could be met. These included personal care, access to community activities and making decisions. Care plans contained information about how people's care was delivered. This was detailed in a way which ensured their safety, welfare and wellbeing was promoted.

Care plans were personalised and each file contained information about their likes, dislikes and people who were important to them such as family and friends. Significant events in people's life were recorded. An example being the illness people had suffered in their life and how this had affected the person. Staff told us the information and guidance given in the care plans enabled them to safely and consistently deliver care and support in the way people wanted. Care plans had been reviewed on a monthly basis and changes made when required. Staff told us, "We complete the reviews with each person to involve them in their care plan" and "We evaluate the wellbeing of each person over the month and identify changes in their care needs. We then make the necessary amendments".

Care records evidenced referrals had been made promptly to a range of health professionals when people's needs had changed or they had become unwell. This included

doctors, dentists, psychiatric consultants and opticians. People told us staff responded to their needs in a timely manner, especially those related to their health and wellbeing.

Handover sessions were held at the beginning of each shift to help ensure staff had adequate information about each person's care and wellbeing. Staff confirmed handovers were undertaken by the registered manager and valuable information was shared. An example being information was shared with staff about daily changes in people's care needs and regarding their wellbeing.

People were supported in promoting their independence and community involvement. On the day of the inspection both people were being supported to go out shopping with staff to the local town. People's care plans confirmed this was a particular activity they enjoyed taking part in. People enjoyed a wide range of community activities which included shopping, going to the gym, stone carving and attending arts and crafts workshops. One person described to us how staff had helped them access a local slimming club to lose weight. The staff supported them to attend the sessions and stayed with them during the meeting for reassurance.

We looked at how complaints were managed. There was a clear procedure for staff to follow when a concern was raised. A copy of the complaints procedure was available to people living in the service. There had not been any complaints raised by people in the last twelve months. Staff knew how to respond to complaints if they arose. One person said if they were not happy they would speak with the registered manager or a member of staff. We asked one person if they had any concerns or if there were any improvements which could be made. They said they were happy and no changes could be made to improve the service. One person confirmed they were happy with the service when asked, by smiling. Staff told us they would notice any changes in the person's behaviour which may indicate they were unhappy.

# Is the service well-led?

## Our findings

Staff said the registered manager was very supportive and they felt confident to discuss any issues they may have. They said, “The registered manager is most approachable and helpful” and “I feel very well supported by them they manage the home very well”.

The registered manager had been managing the service for several years during which time they had focussed on developing a culture which promoted independence and person centred care. They told us their vision was to provide a high standard of care to people and to support staff within their role. This was done through a process of assessment, the identification of goals and good support plans which ensured the best outcome for the people who used the service. Staff said they felt confident in the leadership of the registered manager. Staff meetings were held regularly to make sure that staff were kept up to date with any changes and had opportunities to raise any concerns or make suggestions.

People spoke highly of the registered manager and the staff at the service. They said “The staff are wonderful here and I could not ask for anything more” and “X is a very good manager and is very caring, so are the staff” and “I have known the staff for many years and nothing is too much trouble”. People said the staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people.

The registered manager facilitated a culture of respect and valuing others in the service. People had access to a “service users guide” which contained information about the service, their rights and responsibilities. The guide noted people had a right to be involved in their care with individual preferences respected. It also noted agreed house rules, such as treating each other with respect.

There were various systems in place to ensure service was reviewed and audited to monitor the quality of the care and support provided. Regular audits were carried out of the service including infection control, health and safety, environment, care records, training and medication. Actions were recorded with any improvements/changes required.

Accidents and incidents at the service were recorded and monitored. The registered manager kept records of accidents and injuries for the service. The service reviewed these to monitor for trends, patterns or possible causes of the incidents. This meant the provider had a system in place that identified risks to people who used the service.

The registered manager carried out monthly reviews of people’s needs. During review meetings they sought the views of people about the service. This was regarding the care and support they received and how things could be improved. The registered manager also sought the views of families and other professionals. The registered manager said the feedback they received was incorporated into a quality improvement plan for the service and the results were shared with staff, families and the people living in the service.

The registered manager had a good understanding of when notifications had to be sent in to CQC. A notification is information about important events which the service is required to send us by law. These notifications would tell us about any events which had happened in the service. In the previous 12 months no notifications had been sent in. The CQC used information sent to us via the notification process to monitor the service and to check how events had been handled.