

Catalyst Choices Community Interest Company Woodleigh

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was announced and took place on the 22, 23 and 26 August 2016.

This was the first inspection of Woodleigh following a change of service provider in March 2015.

Woodleigh is a single-storey building that provides accommodation and personal care for up to 47 older people, some of whom are living with dementia. The location includes the provision of short term breaks (respite) care services for up to eight older people and eight adults with a learning disability. A supported tenancies service for up to 16 people is also coordinated from the premises.

The service is provided by Catalyst Choices Community Interest Company, a non-profit making organisation. The company has a board of directors, comprising of employed executives and independent non-executive directors.

At the time of our inspection the service was accommodating a total of 40 people in Woodleigh. A further 15 people were receiving support within the supported living service.

At the time of the inspection there was no registered manager in day-to-day charge of Woodleigh. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The day-to-day management of operations at Woodleigh, the short term breaks and supported living service were being provided collectively by four area coordinators with support from senior management. This arrangement was to continue pending the appointment of a new manager.

We found that the provider had not notified the CQC of any incidents or suspicion of abuse in relation to people using the service. We have written to the provider regarding their failure to notify the CQC.

Woodleigh and the supported living service presented as warm and friendly environments in which to live. People using the service and / or their representatives told us that they were treated with dignity by staff and confirmed the diversity, values and human rights of people were respected. People confirmed that their personal care needs were also met and that their personal choices and preferences were respected.

Staff were observed to apply their knowledge and understanding of people's personalities, preferences, needs and support requirements through positive and meaningful interactions. Staff were seen to be patient and gentle in their approach and warm personal interactions between staff and people using the service were noted. People spoken with showed a relaxed disposition and were at ease with their care staff.

The service had established a person centred approach to care planning. We saw evidence that people had undergone an assessment of their needs and that plans had been developed to ensure an appropriate response to identified needs and risks. This helped to safeguard the health and wellbeing of people using the service.

People had access to a range of one to one and group activities that were facilitated by an activity coordinator or staff within the service.

People had access to health care professionals and medication was ordered, stored, administered and disposed of safely by trained staff that had undergone an assessment of their competency periodically.

People had access to a choice of menu which offered a varied, balanced and wholesome diet.

Staff recruitment systems were in place and information about prospective employees had been obtained to make sure staff did not pose a risk to people using the service.

The provider had developed policies relating to the MCA (Mental Capacity Act (2005) and DoLS (Deprivation of Liberty Safeguards). The management team and staff understood their duty of care in relation to this protective legislation and rights of people living in the home.

Audits had been established to monitor service operations and systems were in place to safeguard people from abuse and to respond to complaints.

Staff had access to induction, training and supervision to develop the necessary skills and competence for their roles.

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.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding adults and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been completed so that staff were aware of environmental and current risks for people using the service and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Good ●

The service was effective.

Staff had access to supervision, induction and other training that was relevant to their roles and responsibilities.

The majority of staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training and had access to policies and procedures in respect of these provisions.

People living at Woodleigh and in the supported living service were offered a choice of wholesome and nutritious meals and had access to a range of health care professionals subject to their individual needs.

Is the service caring?

Good ●

The service was caring.

Staff spoken with had received training on person centred approaches to care to help them understand how to provide

personalised support to people.

We observed staff treated people with dignity, respect and kindness. Staff were attentive to the people they cared for and they were knowledgeable about people's needs, likes, interests and preferences.

Is the service responsive?

Good ●

The service was responsive.

Person centred planning systems had been established to ensure people received care that was based upon their individual needs and preferred routines.

A range of individual and meaningful group activities were available for people to access.

People's concerns and complaints were listened to and acted on in a timely manner. Feedback was valued and used to make improvements.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The service did not have a registered manager in place at Woodleigh to provide overall day-to-day leadership and direction.

CQC had not been sent statutory notifications in respect of safeguarding incidents.

A range of auditing systems had been established and were subject to on-going development so that key aspects of the service could be monitored effectively.

There were arrangements for people using the service and / or their relatives to be consulted about their experience of the services provided.

Woodleigh

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 checked 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.

The inspection took place on 22, 23 and 26 August 2016 and was announced.

The inspection was undertaken by two adult social care inspectors and two experts by experience.

Before the inspection the provider completed a Provider Information Return (PIR) which we reviewed in order to prepare for the inspection. This is a form that asks the provider to give some key information about Woodleigh.

We also looked at all the information which the Care Quality Commission already held on the provider such as any information the provider had to notify us about. We also invited the local authority's contract monitoring team to provide us with any information they held about the service. We took any information provided to us into account.

During the site visit we spoke with the Director of Operations; three area coordinators; 9 staff and the cook on duty. We also spoke with two visiting health care professionals, 19 people who were residing at Woodleigh or in the supported living service and eight relatives. We also telephoned a further nine family members to obtain additional feedback. We encouraged people using the service to communicate with us using their preferred communication methods.

We looked at a range of records including seven care files belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; policies and procedures; four staff files; minutes of meetings; complaint and safeguarding records; rotas; staff training and audit documentation.

Is the service safe?

Our findings

We asked people who used the service or their relatives if they found the service provided at Woodleigh to be safe. People spoken with confirmed that they felt the service was safe.

Comments received from people using the service or their representatives included: "Yes I feel very safe here; My daughter is safe and well. This took a weight of my shoulders"; "The safety and care is 100% at Woodleigh. My mother is well looked after by all the staff there. She is treated in a friendly way by most of the carers. We have no issues at all" and "I am very safe in here. I have nothing to complain about. All the staff are very kind to me"

We noted that information on the needs of people using the service had been recorded and that each person had a range of person centred care plans, supporting documentation and risk assessments that were relevant to their individual needs. Additional information and aids / equipment had also been obtained from health and / or social services practitioners if applicable.

Environmental and person centred risk assessments such as personal emergency evacuation plans had been developed to ensure an appropriate response in the event of an incident or fire. Likewise, business continuity plans had been developed for the Woodleigh location including the learning disability short term breaks service. This helped to ensure an appropriate response in an emergency. An on-call system was also in place to ensure appropriate support was available to staff outside of normal office hours.

The provider continued to develop a range of policies and procedures to provide guidance to staff on the action they should take in response to accidents and incidents and to promote best practice across a range of areas. Systems were also in place to record incidents, accidents and falls electronically. This helped the provider to maintain a monthly overview of incidents and to identify any issues or trends. We noted that the reports did not identify lessons to be learnt. We shared this finding with the management team to ensure findings are highlighted and future incidents minimised.

At the time of our inspection of Woodleigh the service was providing accommodation and personal care to a total of 40 people. A further 15 people were receiving support within the neighbouring supported living service.

The management team informed us that minimum staffing levels set by the provider for Woodleigh were as follows. From 8 am to 10 pm there was a minimum of two senior and five care assistants on duty. During the night (10 pm until 8 am) one senior and two care assistants were on duty.

Additional staff were also employed to work in the short term breaks and supported living service. Likewise, in other roles such as area coordinators, catering, domestic and maintenance.

We sampled a selection of staff rotas with the management team and found Woodleigh and the supported living service had been staffed as per the information provided by the management team.

We saw evidence that staffing levels varied subject to people's needs, daily routines and occupancy levels. This helped to ensure individualised care and support was provided.

We noted that the dependency needs of the people using the service were kept under monthly review to ensure the service could respond to any changes in identified need.

No concerns were raised regarding staffing levels at the time of our inspection from people using the service or staff. Staff and people spoken with all confirmed there were enough staff to meet people's needs.

Three relatives expressed concern regarding the level of use of agency staff, especially at weekends. For example, one relative stated: "I notice staff shortages some weekends. I know this is difficult to resolve." We shared this feedback with the management team so that action could be taken in response to the concerns.

The provider had a recruitment policy in place to provide guidance for staff responsible for the recruitment and selection of staff. Recruitment records were kept securely and held centrally at New Town House in Warrington.

We sampled five staff files for staff who worked at Woodleigh and in the supported living service.

Through discussion with staff and examination of records we found that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all five files we found that there were application forms; two references, disclosure and barring service (DBS) checks, proofs of identity including photographs and pre-placement health declarations.

All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work for the provider. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable adults.

At the time of our inspection the provider had not developed a policy and procedure on safeguarding adults however management and staff had access to a copy of the local authority's most recent 'Safeguarding Adults Procedures'.

A policy on 'Whistle blowing' had been produced by the provider which was available for staff to reference. Whistle blowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.

The Care Quality Commission (CQC) had received no whistleblowing concerns in the last 12 months.

Staff spoken with confirmed they had completed safeguarding adults training and this was verified by reviewing the training matrices for staff working in Woodleigh and the supported living service. Records confirmed the majority of staff had completed this training.

The area coordinators and staff spoken with demonstrated a good awareness of their duty of care to protect the welfare of vulnerable people in their care and the action they should take in response to suspicion, allegations or evidence of abuse. Staff also had a sound awareness of how to whistle blow should the need arise.

A safeguarding monthly matrix had been developed to record safeguarding incidents for Woodleigh (including the short term breaks service) and the supported living service. Records held by CQC indicated

that no safeguarding information had been received in the last 12 months.

The safeguarding tracking log for Woodleigh highlighted that there had been 10 incidents which had been referred to the local authority's safeguarding unit in the last 12 months. Likewise, safeguarding records for the supported living service highlighted that there had been two safeguarding incidents referred in the same period.

We noted that the provider had not notified the CQC of any incidents or allegations of abuse in relation to people using the service. We have written to the provider regarding their failure to notify the CQC.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a detailed medication policy which was available for staff to reference. The policy covered key areas including self-administration, controlled drugs, homely remedies and PRN (as required medication).

We checked the arrangements for the administration of medicines in Woodleigh (including the short term breaks service and the supported living service).

We were told that staff responsible for the administration of medication had received appropriate training and had undergone an assessment of competency to verify their level of understanding.

A list of staff responsible for administering medication, together with sample signatures was available for reference and photographs of the people using the service had been attached to the front of their individual medication administration records. This helped staff to correctly identify people who required assistance with medication. Authorisation had been obtained from GPs to administer homely remedies.

Medication information sheets, patient information leaflets, support plans, guidelines and / or care plans were in use within Woodleigh, the short term breaks and supported living service to help staff understand how best to support people who required assistance with their medication. This helped to keep people safe from administration errors.

Different storage systems were in use across the service. For example, within Woodleigh, medication was stored securely in individual cupboards in each person's bedroom. Likewise, within the short term breaks unit and supported living service, medication was stored in a locked cabinet in a central staff office.

Separate storage was also available for homely remedies, additional stock and for controlled drugs.

We checked the arrangements for the storage, recording and administration of medication and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication each person's medication administration record (MAR). Records were also in place to record medication errors, cold storage and room temperature, controlled drugs and medication received and returned.

Auditing systems for medication had been established across the service to ensure medication was reviewed as part of the organisation's quality assurance framework. This included a medication error tracking log. Once again, we noted that the log did not identify lessons to be learnt in response to each incident.

We spoke with the management team regarding the development of medication audit tools to ensure best

practice. We received assurance from the management team that action would be taken to further develop the tools in accordance with NICE (National Institute for Health and Care) guidance.

We were informed that the dispensing pharmacist had undertaken a pharmacist advice visit during June 2016. We viewed a copy of the report which highlighted a number of recommendations to improve practice and were informed that action had been taken in response to the findings of the report.

Overall, areas viewed during the inspection appeared clean and hygienic. Staff had access to personal protective equipment and policies, procedures for infection control were in place. Infection control audits had also been undertaken periodically to monitor and review infection control standards.

Is the service effective?

Our findings

We asked people who used the service or their relatives if they found the service provided at Woodleigh to be effective. People spoken with were of the opinion that their individual needs were met by the provider.

Comments received from people using the service or their representatives included: "I am happy with the cleanliness, food and care provided"; "Very supportive staff most of the time"; "Staff have helped me to settle in really well here" and "He is eating better, drinking better and interacting really well with other people at Woodleigh. The staff give a lot of encouragement and support to get involved with other residents and make friends."

Woodleigh is a community support centre providing accommodation and personal care for up to 47 older people, some of whom are living with dementia. This includes the provision of a short term breaks (respite) care services for up to eight older people and eight adults with a learning disability. The respite care services for older people and the short term breaks service for adults with a learning disability each have a dedicated unit from which these services are provided. There is office space within the main building from which the services are coordinated.

Woodleigh is a spacious, purpose built, single storey building located in Callands and situated near local amenities such as shops and public transport links.

The main part of the building is equipped with five units located off a main hallway known as 'The Mall'. Each unit has a central open lounge, kitchenette with tea and coffee making areas and a dining area. There are also with a number of single occupancy bedrooms for people to use. Eighteen of the bedrooms have en-suites and a further 20 are fitted with a sink only. Communal toilets and bathrooms are also sited throughout the home that are fitted with aids and adaptations to enable people to mobilise and maintain their safety and independence. One of the units is allocated to provide short term care for older people.

There is also a new short term breaks unit for adults with a learning disability. This is a purpose built extension which offers eight respite care beds. It has three ensuite bathrooms which are incorporated into the unit using a 'Jack and Jill' design. A 'Jack and Jill' ensuite is a bathroom with two doors, usually accessible from two bedrooms. The unit also has one large communal bathroom which is fitted with a rise and fall bath and sink, a walk in shower and a Clos-o-Mat toilet. A Clos-o-Mat toilet provides simultaneous flushing and washing. Additionally, the unit is equipped with one large bathroom, an open plan dining area with lounge facility, one smaller lounge and a small staff office, break and snack preparation room.

The supported living service consists of four purpose built bungalows each offering up to four places for people with complex physical and learning disabilities.

Areas viewed within Woodleigh appeared generally well maintained and people's rooms had been personalised with memorabilia and personal possessions to ensure they were comfortable and homely. There are sitting areas outside of the home and garden areas and a car park at the front of the building for

visitors to use.

The provider employed a training development officer and had developed a comprehensive programme of induction training linked to National Occupational Standards. This is also known as the Care Certificate. The Care Certificate is awarded to those staff that have completed training in a specific set of standards and provides evidence that they have the relevant knowledge and skills required.

Additionally, there was continuing training and development opportunities for established staff to access. Topics covered a wide range of topics including: induction; essential and mandatory; qualification level and service specific training in a range of areas such as: the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS); medication; equality and diversity; proactive approach to conflict; eating and drinking; person centred approaches and communication and record keeping.

Discussion with staff and examination of training records confirmed staff had completed a wide range of learning which had been delivered via a range of methods including: e-learning; training videos and face to face sessions. For example, one staff member had recently completed an e-learning course on dementia and told us "It was really interesting learning about the different causes of dementia and there was also a module on suitable activities for people with dementia, which has been helpful." This approach helps to ensure people are cared for and supported by trained and competent staff.

Training records were maintained and matrices viewed had recorded the dates when training had been completed and when refresher training was due. This helped to provide evidence that the on-going training needs of staff were monitored and planned for.

Staff spoken with reported that they had received supervision from their line managers and were invited to attend regular team meetings. We sampled a number of minutes including full team; senior care and RCW (Residential Care Worker) for the different service types which confirmed staff had opportunities to share and receive information pertinent to their individual roles and responsibilities.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the management team.

We saw that there were policies in place relating to the MCA and DoLS for staff to reference. Information received from the management team confirmed that at the time of our visit to Woodleigh there were three people using the service who were subject to a DoLS.

Additional applications had also been submitted were applicable to the local authority and were awaiting authorisation. In the case of people supported within the supported living service, we noted that 14 applications had also been sent to the Court of Protection and were awaiting a decision.

Discussion with management team and staff together with examination of training records confirmed staff had access to training in the MCA and DoLS. Management and staff spoken with demonstrated an awareness of their duty of care in respect of this protective legislation and the names of people who were subject to a DoLS authorisation.

A four week rolling menu plan was in operation at Woodleigh which was reviewed periodically in collaboration with people using the service and their representatives. The menu offered a choice of meals for people to select and other daily options were available upon request. Daily menus were displayed on a board in each lounge and had been laminated for people to view. Menus viewed confirmed people using the service had access to a varied, balanced and wholesome diets. Refreshments, snacks and fruit were also provided to people throughout the day.

There was a central kitchen within Woodleigh that catered for the people living in the home together with people using the learning disability short term breaks service. We noted that the most recent food standards agency inspection for Woodleigh was completed in January 2016. Woodleigh was awarded a rating of 5 stars which is the highest award that can be given.

In the case of the supported living service, people using the service and the staff responsible for their care were responsible for purchasing and preparing food. We noted that likes and dislikes in regard to food choices had been taken into consideration and that meal plans had been prepared with an emphasis on healthy eating. This helped to ensure that people received adequate nutrition and hydration. Records of meals provided had been recorded in people's daily notes.

We spoke with the cook on duty at Woodleigh who told us that she received information on people's daily food choices via a checklist and had been provided with information on people's dietary needs which had been clearly recorded on a handover sheet. The service also used the 'safer food better business pack'. This food safety management pack helps the provider to comply with food hygiene standards regulations.

We viewed the kitchen and store areas with the cook and saw that areas were well organised and clean. There were adequate stocks of fresh fruit and vegetables and general catering stocks.

Meals were transferred from the central kitchen via heated trolleys to each of the five units which were equipped with a kitchenette and dining area. Dining tables were equipped with decorative flowers; place mats, condiments, cutlery and napkins.

We discreetly observed a lunch and tea time meal being served in two units. Dining tables were appropriately positioned to enable people to move around the adjacent area safely and staff were on hand to serve and support people as required. Mealtimes viewed were unhurried and provided a pleasant opportunity for communication and social interaction. People spoken with told us that the food was "very nice" and "really good" and confirmed they were given choices.

Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; dentists; opticians; continence advisers; physiotherapists; district nurses and chiropodists etc subject to individual need. One relative told us "If there are any health concerns the family is notified immediately and the GP is contacted with their consent is required."

Furthermore, speech and language therapists and dieticians were involved, when necessary, to ensure appropriate support for people with eating and drinking tasks and to safeguard the health and wellbeing of people using the service.

Is the service caring?

Our findings

We asked people who used the service or their relatives if they found the service provided at Woodleigh to be caring. People spoken with confirmed the service provided was caring.

Comments received from people using the service or their representatives included: "The staff are very helpful"; "I've been pleasantly surprised and very satisfied with the care I've been given"; "The staff are nice"; "I am very happy with the way my sister is stimulated by the staff. She always looks lovely"; "Staff are aware of my daughter's preferences. They do their best. I have no problems" and "The care is brilliant. The quality of care is very good."

We spent time with people using the service during our inspection of Woodleigh. We observed that interactions between staff and people using the service were courteous, friendly and responsive. Relatives spoken with were highly complementary of the personalised care provided, often surprised by how well staff had got to know people as individuals. Relatives also told us that they were made to feel welcome at any time.

Some people we met during our inspection had complex support needs. We saw that staff approaches were individualised so that people's needs were appropriately responded to. For example, staff used various approaches such as facial expressions, gestures, eye contact, posture, touch and tone of voice to respond to the needs of people with non-verbal communication. We observed some people responded with a smile or laughter indicating that people felt secure and content in the company of staff.

Staff spoken with demonstrated a good understanding of the diverse needs, preferences and support requirements of the people they cared for and confirmed they had received induction and other training to help them understand the principles of good care practice and their roles and responsibilities. This included opportunities to shadow experienced staff and to read people's care and support plans and other key records.

Through discussion and observation it was also clear that there were positive relationships between the people using the service and staff responsible for the delivery of care. Staff told us that they felt positive and committed to their role and were supported and encouraged by senior staff to deliver good quality care.

Staff were observed to apply their knowledge and understanding of people's personalities, preferences, needs and support requirements through positive and meaningful interactions. Staff were seen to be patient and gentle in their approach and warm personal interactions between staff and people using the service were noted. People spoken with showed a relaxed disposition and were at ease with their care staff.

People supported by the service appeared well nourished, clean and smartly dressed in their appearance. People using the service and / or their representatives told us that they were treated with dignity by staff and confirmed their diversity, values and human rights were respected. People confirmed that their personal care needs were also met and that their personal choices and preferences were respected.

For example, people told us that they were asked which gender of carer they wished to provide personal care and this had been documented. We also saw examples of how staff respected people's privacy and promoted their independence whilst undertaking their roles such as knocking on doors and requesting permission before entering private rooms and encouraging people with mobility difficulties to mobilise with support and using any required aids.

We used the Short Observational Framework for Inspection (SOFI) tool as a means to assess the standard of care provided during a lunch and evening meal. We observed people's choices were respected and noted that staff were responsive and attentive to the needs of people using the service. Likewise, we also observed 16 service users participate in a morning coffee session which included seated exercises and singing with the home's activity coordinator. We noted that people engaged positively in the session, had fun and enjoyed the social interaction with each other and the staff responsible for their care.

There was information available in the reception area of Woodleigh for people to view. This included a statement of purpose, residential care agreements and / or service user guides to provide current and prospective service users and / or their representatives with information on the services provided.

Information about people residing at Woodleigh and in the supported living service was kept securely. Likewise, electronic records were password protected to ensure confidentiality.

Is the service responsive?

Our findings

We asked people who used the service or their relatives if they found the service provided at Woodleigh to be responsive to their needs. People spoken with confirmed the service was responsive.

Comments received from people using the service or their representatives included: "Staff are good at communicating with me about any problems"; "It is lovely that staff come so quickly to my assistance. Even at night I know they frequently put their head around the door to see that I'm all right"; "I do more activities here than I ever did at home" and "I am very happy here. I wouldn't change it for anything. This is a lovely place."

We looked at seven care files. Four of the files were for people living in Woodleigh on either a permanent or respite care basis, two were for people living on the supported living service and one was for a person using the learning disability short term breaks service.

Files viewed contained an index system and provided evidence that the needs of people using the service had been assessed and planned for. For example, we saw evidence of holistic assessments of need undertaken by social workers or assessments undertaken by staff employed within the service.

Likewise, each file contained a range of individualised care plans and / or support plans which outlined the support required to meet each person's needs. Risk assessments and management plans had also been completed to ensure potential or actual risks had been assessed and control measures identified.

Care plans viewed were person centred. For example, one file documented that a person liked to sleep with their bedroom light on, outlined how the individual preferred to take medication, the person's preferred bubble bath and factors that could cause the person to become anxious. Likewise, in another person's file it was recorded that it was important for the individual to have three cigarettes a day and to visit a relative's grave.

Supporting documentation such as: personal details and contact information; consent forms; pre-stay check lists and service user belongings records; personal and communication profiles; dependency assessments; personal guidelines; life history information including 'This is me and how I would like to be supported' documentation; personal emergency evacuation plans; body charts; health information and appointment records; weight and body charts; malnutrition universal scoring tools; personal cash sheets; residential care agreements; professional visits; daily food records; daily support journals and activities; food and fluid intake charts; annual home visit records; Mental Capacity Assessments; DoLS and / or Court of Protection Orders; correspondence and other miscellaneous records were also in place subject to individual needs.

DNACPR forms were also seen in some files. A DNAR (do not attempt resuscitation) form is a document issued and signed by a doctor, telling health care professionals not to attempt cardiopulmonary resuscitation (CPR). The form is designed to be easily recognised and verifiable, allowing healthcare

professionals to make decisions quickly about how to treat a person.

Records viewed had generally been kept under regular review and were subject to file review audits that were carried out by senior staff every six months. We saw evidence that people had signed their care plans, were practicable, to confirm their agreement with the information recorded.

The registered provider (Catalyst Choices Community Interest Company) had developed a corporate 'Complaints, Concerns, Comments and Compliments' procedure.

Basic information on how to complain had also been detailed within the statement of purpose, residential care agreements and / or service user guides to provide people using the service and their representatives with information on how to raise a concern. This information was available in the reception area of Woodleigh for people to access.

Easy read complaints forms had also been produced to help people using the service and / or their representatives provide feedback on the service provided. 'Easy read' formats include pictures, signs and symbols together with text to help people to understand information more easily.

The complaint records for Woodleigh, the short term breaks and supported living service were viewed during the inspection. These highlighted that there had been only one complaint in the last twelve months related to the learning disability short term breaks service. An action plan was in place to verify steps taken in response to the concerns raised. This helped to provide assurance that the complaint had been listened to and acted upon in a timely manner.

No other complaints were received from people using the service or their representatives during our visit. A few relatives expressed concern regarding a changed process in booking short term breaks for people with learning disabilities. They felt that the process seemed much more complex and protracted than what they were used to previously, as the local authority was directly managing bookings of six of the eight beds and this had caused some confusion.

A temporary mobile phone was also in use for people to contact the provider directly. This was causing some anxiety among a few relatives who were eager to be provided with a direct line as soon as possible. This feedback was shared with the management team so that they were aware of people's concerns.

The provider employed an activity coordinator who was responsible for the provision of individualised and group activities within Woodleigh. We were informed that when the activity coordinator was not on duty, activities were also facilitated on each lounge within Woodleigh by staff on duty.

A daily activity and upcoming events programme had been developed in consultation with people using the service. The programme was on display in the foyer area of the home for people to view.

On the first day of our inspection we noted that a coffee morning was being facilitated by the activity coordinator and a colleague in the large day room. 16 service users were in attendance at this session.

On day two we noted that the activity coordinator was not on duty. Another member of staff had therefore been assigned to coordinate a quiz. We observed 10 people using the service being supported by three staff in an outside seating area.

People were observed to engage in and enjoy the activities provided and we noted friendly banter between

people using the service and staff.

Discussion with people using the service and examination of records confirmed that people had participated in a range of activities such as: coffee mornings; afternoon tea; arts and crafts; day trips to various destinations; sing-a-long and music sessions; external entertainers; baking mornings; theme days; garden parties; bingo; 60's nights; social evenings; flower arranging; manicure treatments and quizzes etc throughout the year.

The spiritual needs of residents were also taken into consideration upon admission into the service. We noted that support was available to accompany people to church or inviting representatives from local church groups into the service.

We were informed that people using the learning disability short term breaks service and the supported living service were also able to participate in the activities within Woodleigh. We noted that some people within these services attended day centres and that direct payments were also used by some people living in the supported living scheme to assist in the provision of individualised activities and day time support.

Is the service well-led?

Our findings

We asked people who used the service or their relatives if they found the service provided at Woodleigh to be well led. People spoken with confirmed they were happy with the way the service was managed.

One person using the service stated: "I think the staff are well trained and very professional in the way they meet my needs. Woodleigh is very well run by the managers."

Likewise, one member of staff stated: "The managers are very approachable and supportive, whether your problem is to do with work or home." Another told us: "It's the best care home I've ever worked in."

The registered person is required to notify the CQC of certain significant events that may occur. We found that the provider had not notified the CQC of any incidents or suspicion of abuse in relation to people using the service. We have written to the provider regarding their failure to notify the CQC.

The provider (Catalyst Choices Community Interest Company) was first registered with CQC in April 2015 and had only been operating approximately 17 months at the time of our inspection. We noted that key policies and procedures were therefore still in the process of being developed and some variation in key records and the application of audits and paperwork.

We received assurance from the management team that this remained a key priority in order to streamline and ensure greater consistency and was work in progress. We also noted that at the point of transfer, the provider had adopted all Warrington Borough Council's policies and procedures as the requirements of TUPE (Transfer of Undertakings (Protection of Employment) Regulations 1981). A programme of work was in place to develop new policies that best meet the needs of the new company.

Prior to our inspection we received notification from the Director of Operations for the provider advising that the registered manager would be arranging to discontinue his registered manager responsibilities as part of a flexible retirement plan from July 2016.

During our inspection the Director of Operations informed us that another manager was due to be transferred to work at Woodleigh from September 2016. Therefore, at the time of our inspection the day-to-day management of operations at Woodleigh, the short term breaks and supported living service were being provided collectively by four area coordinators with support from senior management.

We noted that a Shared Lives Service was also registered at Woodleigh however we discovered that the service was operating from another unregistered location during our inspection. This location has since been registered with CQC.

The Director of Operations and Area coordinators (the management team) engaged positively in the inspection process and were helpful and transparent. Staff spoken with confirmed management were approachable and supportive.

We asked the management team to provide us with information on the system of audits in place at Woodleigh, the short term breaks service and supported living service to monitor service operations and associated records.

We noted that the provider had developed a range of quality assurance systems for services operating at the Woodleigh location which were based upon seeking the views of people, their relatives and staff. For example, we noted that during November 2015, resident surveys, family and friend surveys and employee surveys had been distributed to people and that following the return of the surveys the results were analysed and action plans produced.

In the case of the short term breaks service and the supported living service, examination of records and discussion with the management team confirmed that surveys had only recently been sent out to professionals, staff, service users and their family members. The majority of surveys were still awaiting return and therefore the results had not been analysed.

'Woodleigh Family Meetings' were also coordinated at intervals throughout the year to enable the representatives of people using the service to share views and to contribute to the development of the service. This helped to provide evidence that the views of people using the service, their representatives and stakeholders were listened to and acted upon.

Different audit tools were in operation and in the process of being developed for each service type operating at Woodleigh. These covered a range of issues for example: medication and count checks; infection control; mattress checks; hand hygiene observations; area coordinator quarterly audits and residential care worker (RCW) house checks including action plans. File reviews were also coordinated periodically.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Warrington Borough Council's Contracts and Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations. We noted that the last monitoring visit for Woodleigh was completed in October 2015 and that an acceptable standard was deemed to have been met for each domain checked. Likewise, the last monitoring visit for the Short Term Break's service was completed in April 2016 and the same rating of 'acceptable standard' was awarded.

We sampled a number of test records, service certificates and /or contracts relating to: electrical wiring; the fire alarm system; fire extinguishers; portable appliances; gas safety and emergency lights. All records and certificates viewed or requested were found to be in order.