Community Homes of Intensive Care and Education Limited

Woodlands

Inspection report

375 Woodlands Road
Woodlands, Netley Marsh
Southampton
Hampshire
SO40 7GB

Tel: 02380871704
Website: www.choicecaregroup.com

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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

Summary of findings

Overall summary

Woodlands is a care home. People in care homes receive accommodation and their care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection. Woodlands provides care for up to six adults with a learning disability. At the time of our inspection there were six people living at the home some of whom lived with physical disabilities. The service is located in a residential area and has a large accessible garden and parking. For some people, the service was their long term home. Others were being supported to achieve independent living skills enabling them to move on to supported living settings.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

Staff understood how to recognise and respond to abuse and had a good understanding of risks to people's health and wellbeing. Incidents and accidents affecting the safety of people were investigated to make sure that any causes were identified and action taken to minimise any risk of reoccurrence. Lessons learnt were communicated effectively with the staff team and throughout the organisation.

Safe recruitment practices were followed and appropriate checks had been undertaken which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

The home was clean and policies and procedures were in place to protect people by the prevention and control of infections.

There was evidence that the care provided at Woodlands had been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. People were encouraged to live their life in the same way as any other citizen and their choices, independence and inclusion were encouraged. The design and layout of the premises met people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised.

People were encouraged to express their choices and these were respected. The leadership team understood the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink and their dietary needs were met. Staff worked effectively with a range of other healthcare professionals to help ensure people's health care needs were

met.

Systems were in place to support effective multi-disciplinary working and information sharing when necessary to ensure people received co-ordinated and person centred care.

People were supported by staff who were kind and caring. People were cared for with dignity and respect and staff were mindful of their need for privacy.

Staff understood the needs of the people they supported and cared for them in a person centred manner that was responsive to their individual needs. The service and people living there continued to be part of their local community. People were supported to stay in contact with their friends and relatives.

People were able and encouraged to take part in a range of leisure activities and follow their own interests.

The provider had a complaints procedure in place that was accessible to people. Further work was planned to ensure that staff had information about people's wishes and preferences for how and where their care should be provided at the end of their life.

The registered manager fostered a positive and person centred culture within the home and helped staff provide care which was in keeping with people's needs and wishes. Relatives and staff spoke positively about the registered manager. The engagement and involvement of people and staff was encouraged and their feedback was used to drive improvements. There were systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

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.

Staff understood how to recognise and respond to abuse and had a good understanding of risks to people's health and wellbeing. Incidents and accidents affecting the safety of people were investigated to make sure that any causes were identified and action taken to minimise any risk of reoccurrence. Lessons learnt were communicated effectively with the staff team and throughout the organisation.

Safe recruitment practices were followed and appropriate checks had been undertaken which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

The home was clean and policies and procedures were in place to protect people by the prevention and control of infections.

Is the service effective?

Good

The service was effective.

People were encouraged to live their life in the same way as any other citizen. The design and layout of the premises met people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised.

People were encouraged to express their choices and these were respected. The leadership team understood the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink and their dietary needs were met. Staff worked effectively with a range of other healthcare professionals to help ensure people's health care needs were met.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, patient and caring. Staff and people had a good relationship. People were cared for with dignity and respect and staff were mindful of their need for privacy.

Is the service responsive?

Good

The service was responsive.

Staff understood the needs of the people they supported and cared for them in a person centred manner that was responsive to their individual needs.

People were able and encouraged to take part in a range of leisure activities and follow their own interests.

The provider had a complaints procedure in place that was accessible to people. Further work was planned to ensure that staff had information about people's wishes and preferences for how and where their care should be provided at the end of their life.

Is the service well-led?

Good

The service was well led.

The registered manager fostered a positive and person centred culture within the home and helped staff provide care which was in keeping with people's needs and wishes. Relatives and staff spoke positively about the registered manager.

The engagement and involvement of people and staff was encouraged and their feedback was used to drive improvements.

There were systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

Woodlands

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 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 comprehensive inspection took place on 16 and 17 November 2017 and was carried out by two inspectors. The registered manager was given 24 hours' notice of the inspection as one of the inspectors was in their induction and we wanted to be sure that two inspectors visiting the home would not cause distress to people using the service.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by registered managers to tell us about important issues and events which have happened within the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

We spoke with three of the people living at Woodlands and also spent time observing interactions between people and the staff supporting them. We spoke with the registered manager, assistant regional manager, deputy manager and three support workers. We reviewed two people's care records, staff training records, recruitment files for four staff and other records relating to the management of the home such as audits and meeting minutes. During the inspection we spoke with one health care professional and one relative. Following our visit we spoke with a further three relatives and three health and social care professionals to obtain their views on the quality of care provided.

This was the first comprehensive inspection of this service under the provider of Community Homes of Intensive Care and Education Limited.

Good

Is the service safe?

Our findings

People told us they felt safe living at Woodlands and it was evident they felt relaxed and comfortable in the presence of their support workers. One person told us, "I like living with the others, it's quiet at night, I feel safe….the staff never shout". A relative told us, "In her own way, we know [the person] is confident with them [staff], she gives us every indication." Another relative said, "[family member] is happy, very safe".

The provider had appropriate policies and procedures for reporting abuse. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place. Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety. Staff were confident that the leadership team would act on any concerns they might have about a person's safety. Staff completed daily checks on people's money to protect them from financial abuse. We checked two people's finances and associated records and found these to be accurate. People who used the service were provided with the opportunity to undertake training designed to help them recognise when they might be at risk of abuse or bullying and the action they needed to take to keep themselves and others safe.

Risk assessments were in place to identify the risks associated with people's care and mitigate these without preventing people from being independent. For example, people had risk assessments in relation to accessing the kitchen, falls, the management of their finances and medicines. These assessments recognised the risks associated with these activities and gave staff guidance on how to support people to remain independent with these activities. One person lived with epilepsy and required constant observation to ensure their wellbeing. A member of staff was allocated to provide one to one care for them. These measures helped to ensure that risks to people's health and welfare were managed effectively.

Staff had a good understanding of the risks associated with people's care and how to support them to maintain good health and stay safe. For example, staff described the interventions they used to help calm or de-escalate behaviours which might present challenges to staff or other people who used the service. When new or increased risks were identified, staff acted to address these. For example, one person had been referred for a speech and language assessment following an incident during which they had choked on food. We did note that in the case of one person, records showed that they had experienced a significant loss of weight in a short period of time but there was no evidence that they had been referred to a healthcare professional. The registered manager advised that this was believed to be a false reading and that there was no other evidence that the person had lost weight or no new concerns about their dietary intake. They confirmed that the weight loss had been brought to the attention of a healthcare professional at the time, although acknowledged that this had not been recorded. They have, since the inspection, sent us a report identifying the lessons learnt from this and the remedial actions being taken in response.

Regular checks were undertaken of the fire safety within the service and fire drills took place periodically. The provider had ensured that fire safety procedures had been reviewed across all of their homes following the Grenfell Tower fire to ensure these were robust and effective. Checks were made to ensure that electrical appliances were safe to use and of the water temperatures. Wheelchairs, window restrictors and monitoring alarms were also checked weekly to ensure they were in good working order. Systems were in place to

identify maintenance issues in the home and the registered manager told us that these were addressed promptly. People had personal emergency evacuation plans (PEEPS) which detailed the assistance they would require for safe evacuation of their home. The PEEPs were stored in a 'grab pack' which was readily available in case of an emergency. A business continuity plan was in place which set out how the needs of people would be met in the event of the building becoming uninhabitable or an emergency such as a fire or flood or loss of power.

The home was clean and policies and procedures were in place to protect people through effectively preventing and controlling the risk of infections. Monthly audits were undertaken of the cleanliness of the home and an annual infection control statement was in place. Staff supported people to clean their own rooms and schedules were in place for this. We observed that the home was clean throughout.

Accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. For example, we saw that following a medicines error, the support worker had repeated their medicines training and been reassessed as competent. Each month, the registered manager completed an analysis of the incidents which had occurred within the home to check for any themes or trends that might need further action. These were shared with the provider which helped to ensure that they too had an oversight of risks or concerns within each service. The registered manager told us learning from any safeguarding investigations or incidents that had occurred was shared with staff at team meetings to improve the quality of care provided at the home.

Medicines were kept safely in a locked cabinet, in a locked treatment room. The temperature of the medicines cabinet and medicines fridge was monitored daily to ensure the medicines were being stored within recommended temperatures. Each person had a personalised medicines profile which described the level of support they needed to take their medicines and how they liked to take them, for example, with yoghurt. We reviewed two people's medicines administration record (MAR). These contained sufficient information to ensure the safe administration of medicines. The provider's policy was that each administration of medicine was witnessed by a second support worker and a check of the MARs showed that this was consistently happening. Suitable systems were in place for the safe storage and administration of people's medicines when they were out on activities or visiting family. The provider's policy stated that all medicines not stored in pre dispensed monitored dosage systems should be recorded on the stock record sheets. We found that two of these stock records were not accurate and under reflected the medicines in stock. More frequent checks were planned to address this.

Person centred protocols were in place for the use of 'as required' or PRN medicines. These included information about the signs and symptoms which might indicate the medicine was needed. Clear escalation plans were also in place for safely managing people's insulin regimes and for the use of emergency or lifesaving medicines used for example to treat seizures. We did note however, that on three occasions in November 2017, records showed that one person's blood glucose levels were slightly outside of recommended levels, but it was not clear that contact had been made with a healthcare professional in line with the documented escalation plan. The registered manager was confident that the healthcare advice would have been sought, and told us that the person's diabetes was stable, however, they acknowledged that this should have been documented. The registered manager told us they would ensure that all staff were reminded of the need to record all contact with healthcare professionals clearly.

Staffing levels enabled people's needs to be met safely and in a timely manner. The staffing levels were based upon people's assessed needs and the amount of funding provided by the commissioners of their care and support. Usual staffing levels during the day were five support workers. Two awake support workers were on duty at night. Gaps in the rota were covered by the existing staff team or bank staff which

meant agency staff were not used. Shifts were planned to try and ensure there was the correct mix of staff to meet people's needs. Some staff told us there were not always enough staff who could drive and that this could limit the activities that could be provided. They told us, however, that they tried to ensure suitable in house or local activities were undertaken using public transport.

Relevant checks were completed before staff worked unsupervised. Each staff member had provided an application form, a full employment history and proof of identity and attended a competency based interview to check their suitability and competency for the role. Satisfactory references from previous employers had also been obtained and checks made with the Disclosure and Barring Service. DBS checks alert the provider to any previous convictions or criminal record a potential staff member may have which helps them to make safer recruitment decisions.

Good

Is the service effective?

Our findings

People told us they were happy living at Woodlands and with the care and support they received. This was echoed by their relatives with one family member telling us, "I'm very happy, the care is excellent, everything they do well, the staff are quite excellent, [family member] can speak with any of them, full marks to Woodlands". Another family member told us how much more settled and happier their relative was now. They told us there had been a significant reduction in the frequency with which they became distressed or agitated. They put this down to the skills of the staff team caring for them. A third relative told us the staff had been, "Absolutely brilliant helping [family member] to adjust to their lack of mobility", they added that in their view if their family member ever had to leave Woodlands, it would be detrimental to their wellbeing. A social care professional told us, "They have good care plans, risk assessments and knowledge of the Mental Capacity Act".

Before a person came to live at Woodlands, a comprehensive assessment of their care needs was carried out to gather information from the person and where appropriate from their relatives and any professionals involved in their care. People were encouraged to visit the home for a series of day visits and then some overnight stays before making a decision about coming to live at the service. We saw that one person had been provided with photographs of the staff team to provide reassurance and to aid familiarity. This all helped to ensure that the transition was managed effectively and in a person centred manner. It also ensured appropriate decisions were made about whether the service would be able to meet and respond to the person's needs.

Most of the people who lived at Woodlands lived with complex health and social care needs and there were systems in place to support effective multi-disciplinary working and information sharing when necessary to ensure that they each received co-ordinated and person centred care. For example, staff were working closely with mental health professionals to provide an effective response to a decline in one person's mental health needs. A mental health professional told us, "[person's] mental health is complex at the moment, they [the staff] have used medications appropriately and when this is in the person's best interests, they are very good at liaising with me and they manage their complex needs really well". Staff were also working closely with an independent advocate to support another person through the difficult process of making the decision as to whether they should move to another service close to their family. Staff had supported the person to make visits to their potential new home and throughout our inspection, we saw that staff responded in a supportive manner to the person's anxiety about the move, reassuring them but also helping them to weigh up potential benefits of the decision. The discussions were frank and honest and staff did not avoid talking about what some of the challenges of the move might be.

There was evidence that the care provided at Woodlands had been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. People were encouraged to live their life in the same way as any other citizen and their choices, independence and inclusion were encouraged. For example, where able they were supported to find work opportunities and to take a role in decisions about how their home was and care was managed. The registered manager told us that people got involved in recruitment of new staff, giving them a guided tour and having a cup of tea with

them before commenting on whether they felt they would be a good addition to the staff team.

People's rights were protected because the registered manager ensured that the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) were embedded within the service. The MCA 2005 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. Where people were able to express their wishes and choices it was evident that staff respected these and had involved them in planning their care. To check whether people were able to make more complex decisions about their care, staff had, when required, completed and documented mental capacity assessments in relation to decisions such as money management, medicines and use of potentially intrusive care practices such as epilepsy monitors. We did note that whilst the registered manager was aware that decisions made on behalf of people must be in their best interests and made in consultation in relevant persons, the best interest's consultations had not always been documented. We spoke with the registered manager about this, who advised that going forward this would be fully documented.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where potentially restrictive care practices were in place, relevant authorisations were in place and the registered manager had taken action to ensure that these were being reassessed before they lapsed. Where conditions had been applied to a DoLS, these were being met.

Procedures were in place to ensure that new staff received an induction into the organisation and to the service and the needs of the people they would be supporting. This helped to ensure that staff were knew people well and were confident, safe and competent in their role. New staff were provided with a buddy who mentored them and modelled best practice and they were required to complete a reflective diary of their learning. The induction was mapped to the Care Certificate. The Care Certificate sets out the competencies and standards of care that support workers are expected to demonstrate. It was the provider's policy that the Care Certificate be completed within the first 12 weeks of employment and they were provided with supernumerary hours to support this. However, two staff who had been employed at the service for considerably longer than 12 weeks had still not fully completed the Care Certificate. The registered manager told us they would be monitoring this closely and where necessary providing additional support to assist staff with achieving the Care Certificate.

The provider had a training academy which provided staff with appropriate training to ensure they had the skills they required in order to meet people's needs. Training was provided in a number of subjects such as; administering medicines, first aid, food safety, health and safety, fire safety, Mental Capacity Act 2005 (MCA 2005), infection control and safeguarding people. Much of this training involved watching DVD's. Staff also had additional training relevant to the needs of people using the service. For example, staff had completed training in autism and managing behaviour which might challenge others. Training was also provided on caring for people living with physical health conditions such as epilepsy and mental health conditions such as personality disorder. A healthcare professional told us that staff had engaged positively with training they had laid on aimed at familiarising them with the more complex medicine regime for one person. Staff were positive about the training available and told us it helped them to perform their role effectively. They were able to undertake additional nationally recognised qualifications and national conferences were held by the provider to develop the knowledge and skills of staff in key areas such as the MCA 2005 and inspection methodology. Some of the training was also available to people using the service and had a positive impact

in developing their life skills; for example, one person had completed the first aid training and had also taken training in writing CV's which had helped them obtain a job.

Ongoing support for staff was achieved through individual supervision sessions and an annual appraisal. Staff told us they received regular supervision which was useful in measuring their own development and identifying additional training needs. Systems were in place to develop staff's leadership and management skills through a management development programme. The provider was also committed to developing the future health and social care workforce and was taking part in an apprenticeship scheme. An apprentice was currently on placement at Woodlands and was being supported to develop their skills and knowledge and at the end of their placement would achieve a formal qualification in health and social care.

People's dietary requirements and their food likes and dislikes were known and respected by staff. The menus were planned on a seasonal basis and were based on the individual choices of each person. The day's choice of meal was displayed in pictorial format on a large board outside the kitchen. People were encouraged to also be involved in preparing their food. People's food and drink met their religious or cultural needs. For example, one person chose at times to eat only halal meat and this was catered for. Fruit and fresh vegetables were available and people were encouraged to eat healthily although not in an overly restrictive manner and pictorial guidance about healthy and less healthy choices were displayed in the kitchen. One person told us, "The food is nice, I can have a snack whenever I want".

People could choose to take their meal where they wished, but this was mainly either in the lounge or conservatory. We did note that the conservatory was cold and the blinds drawn throughout the day, we felt this could impact upon people having the best possible meal time experience. We saw that this was being addressed by the maintenance team. We observed lunch on the first day of the inspection; it was quiet as only three people were present as others were out doing activities. The lunch of home cooked pie, mash and vegetables, looked tasty and people seemed to enjoy it. Staff told us that the meal time was usually more of a social affair with people and staff taking their meals together.

Where necessary staff worked effectively with a range of other healthcare professionals to help ensure that people's healthcare needs were met. This included GP's and occupational therapists. People had annual health checks and medicines reviews and were supported to attend 'getting to know you' sessions at the dentist to help make this a less intimidating experience. Each person had a health action plan, which provided some information about past and current medical conditions as well as records of all healthcare appointments. There was evidence that the registered manager had fostered good links with social and healthcare professionals in order to ensure people had access to health care services and were supported to lead a healthy lifestyle. For example, two people were taking part in a healthy eating course run by a local supermarket.

The design and layout of the premises met people's needs. Each person had a single ensuite room which reflected their individual tastes and choices. There was a comfortable lounge/ dining room and conservatory, a kitchen and laundry. We did note that the kitchen was kept locked when not in use. We were told that this was to manage specific risks associated with one person's mental health. Where people were able to use the kitchen independently, they had been provided with the code to unlock the door and they confirmed they were able to freely access the kitchen for snacks or drinks. One person had recently become less mobile and so to facilitate their needs, the office had been moved upstairs so that this could be converted into a ground floor room for the person. A ground floor bathroom/ wet room had also been installed. Most of the areas were maintained and decorated to a high standard, although we did note that some of the carpets upstairs needed to be replaced. The registered manager told us that plans were in place to facilitate this and that there were also plans to fit new central heating. Assistive technologies such as

sensor mats were used to help manage risks associated with people's healthcare needs.

Good

Is the service caring?

Our findings

Everyone we spoke with told us that people were treated with kindness and that staff consistently demonstrated a caring attitude. For example, one person told us, "They are lovely staff…they are all kind". This was echoed by a second person we spoke with. A relative told us the staff were, "Absolutely kind and caring". A social care professional told us, "My client is treated with dignity and respect, whenever I have been to Woodlands I have always observed positive caring interactions between the staff and my client". Another said, "They offer my client a safe, nurturing home environment with a personalised care program. They seem to really care about her wellbeing and are very attentive to her needs".

Staff were familiar with the content of people's support plans and how best to support them. They knew what was important to people and what they should be mindful of when providing their support. The was evidence that the support plans were underpinned by an ethos of providing care in a kind and compassionate manner and of supporting people to have the best possible day and experiences. Our observations indicated that staff interacted with people in a caring, good humoured and friendly manner and we saw people's enjoyment in response to this. For example, one person expressed a wish for a hug from a staff member, the staff member asked them if they wanted a big hug or a little hug. They indicated a big hug which staff provided making the person smile. This showed they were comfortable with and trusted the staff. We observed staff telling one person they looked beautiful and laughing and smiling with other people who were clearly enjoying the attention of staff. The registered manager reminded one person of their success in a talent competition run by the provider, they responded with a big smile. Staff spoke fondly about the people they supported and it was clear that they had developed a meaningful relationship with each person and showed a genuine interest in their wellbeing. One staff member told us, "I want it to be their home, not institutionalised; we get a buzz from them enjoying themselves".

Our observations indicated that staff listened to people and respected their choices and wishes, encouraging them to be involved in making decisions about the care and support provided. People's individuality and choices were respected in areas such as clothing and hairstyles. Where people were not able to verbally communicate their choices or emotions staff used alternative methods to try and assist them to make choices and express their preferences such as basic Makaton. Makaton is a language programme using signs and symbols to help people to communicate. A relative we spoke with told us, "They [the staff] acknowledge everything [their family member] says and answer each thing".

The importance of supporting people to use and maintain their existing skills was referenced throughout their care plans and we observed that staff supported people in a way that maintained their independence. For example, we observed that people were encouraged to get involved in daily chores such as preparing elements of their meals or tidying their room. People brought their own meal to the table and cleared away afterwards. Plate guards were used to help people be independent with eating meals. Staff were supporting one person to develop their skills with managing their own medicines. This was being managed in steps so that they could gradually build up their confidence with this.

People were cared for with dignity and respect. Staff spoke with, and about, people in a respectful manner

and people's care plans were written in a manner that was respectful of people's individuality and personhood. For example, one person's care plan reminded staff of the importance of protected their dignity when experiencing a seizure. Staff told us how they knocked on people's doors and waiting to be invited in before entering. We observed that following meals, staff supported one person to wipe their face maintaining their dignity. Staff were mindful of people's need for privacy. The environment could at times be noisy with people chatting to one another and staff or at times because people were distressed or anxious. Whilst staff responded promptly to provide support, we observed that people were not discouraged from spending time alone in their rooms if they felt the need for a more private space.

People were encouraged to care about one another. One person told us about how one of the other people living at Woodlands was their special friend and that they enjoyed buying them a birthday present. Relatives and friends were encouraged to stay involved in people's lives. For example, one relative went swimming with their family member each week and we were told how staff had supported one person to meet up with a long term friend. Each week, one person was supported to express how and when they would like to spend time with their fiancé. Care plans included information about the relatives and friends that were special to people and their birthdays so that they could be supported to buy them gifts or cards.

Staff embraced people's diversity and this was reflected in the support plans we saw but also in the way in which care was delivered. For example, staff supported one person to attend their local mosque where they had joined a ladies group. They had also been supported to attend the local Mela festival (celebration of South Asian Culture) and to dress in their sari on special occasions. The person's care plan contained detailed information about the central aspects of their faith and customs supporting staff to have a good understanding of the person's cultural and spiritual needs. People were not discouraged from expressing their sexuality or from having personal relationships but were also provided with information and support on sexual health.

Good

Is the service responsive?

Our findings

Most of the people who lived at Woodlands had lived at the service for many years and most of the staff team caring for them had also worked at the service for some time. This helped to ensure staff understood the needs of the people they supported and enabled them to care for them in a person centred manner that was responsive to their individual needs.

People's care and support plans were person centred and contained information about their likes and dislikes, their preferred daily routines and the things that made them happy or would contribute to their 'perfect day'. For example, we saw that one person's care plan described the items that they liked to have with them wherever they went. We saw this person using these and staff using the items as a way of engaging with the person who had limited verbal communication. Support plans included information about 'what people like about me', the activities they preferred and the things they disliked. For example, we saw that in the case of one person the things that people liked about them was their mischievousness character and loving nature.

People had communication passports which described how the person's communication might change depending upon whether they were happy, anxious or agitated. For example, we saw that one person might be overly tactile and play jokes on staff when happy, but might wave their arms or shake items when anxious. It was clear that staff knew people well and their communication methods whether this be through words or other vocalisations that staff had become familiar with. This helped to ensure that people lived in an inclusive environment where they were encouraged to express their views and choices. This avoided the risk of people becoming isolated.

Staff had been trained in positive behaviour support and detailed positive behaviour support plans had been developed in conjunction with the provider's psychology team. These provided the guidance needed to enable staff to take a proactive and person centred response to behaviours which might challenge. The guidance included information about the potential triggers or signs and symptoms that might indicate the person was becoming anxious and the actions staff could take to distract or divert the person from displaying the behaviours.

Staff maintained daily records which noted how each person had been, what they had eaten and what activities they had been involved in. Records were also made of any incidents of behaviour which might challenge others and where appropriate, the number of seizures people had experienced, whether any PRN medicines had been required or physical interventions used. This helped to ensure that staff were able to effectively monitor aspects of the care and support people received to ensure it remained relevant and purposeful.

A communication book was used by staff to share information effectively, such as whether people had healthcare appointments they needed to keep. There was also a daily handover which helped to ensure staff all remained informed about any changes in people's needs. All of the relatives we spoke with told us that staff and the registered manager kept them well informed about any changes to their family members

care. For example, one relative said, "They definitely keep me informed, if I email, I get a response very quickly".

People were supported to take part in a range of leisure activities and follow their own interests and this was a particular strength of the service. Two house cars were available to take people horse riding, swimming and make visits to the cinema. One person told us, "At the weekend, I'm going to the cinema to see a horror film". Staff had arranged a trip to the theatre for one person's birthday. Other people were supported to visit a nightclub run by a local organisation. There were lots of pictures around the house showing people enjoying a range of activities. People were very much involved in choosing the activities they wished to take part in. An activities pouch contained pictures of a range of activities which people could choose from, enabling those with limited verbal communication to express their choices. Whilst some activities were planned, this was flexible and people could change their mind on the day. People were also supported to be engaged with activities within their home such as games or crafts or developing their handwriting, practising spelling, money management skills and other independent living skills such as cooking and planning meals and shopping lists.

Staff worked hard to seek out community resources which could be accessed by people, enabling them to live as full as a life as possible. For example, staff had found a cat café where rescue cats visited people whilst having their food. We were told that one of the people using the service particularly enjoyed this experience. Some people had been assisted to pursue work experience or volunteering opportunities in the local community. For example, one person volunteered at a local charity shop. Two people attended a local college where they were doing cooking and making Christmas crafts which were going to be showcased at college. A member of staff told us the activities lead was brilliant and it was clearly evident that supporting people to have fulfilled lives was a priority within the service.

Special occasions were celebrated. Staff had learnt about the important Muslim Festival of Eid and had celebrated this within the service. A Halloween party had been held which people had dressed up for. Christmas was celebrated with people's families being invited for a three course dinner, carols and a visit from Santa. On Christmas day everyone dressed in their onesies and had another party. Every quarter, staff organised a themed party. In the summer, the theme had been a 'Beach Party' with traditional games and seaside props, candy floss and music. Feedback from people and their relatives about the day were very positive, with their comments including. 'An excellent afternoon, all credit to everyone involved' and 'Fantastic party, thank you for such a delight….how can you top this'. The provider had organised a 'Choices has got Talent' event with other local homes which one person had entered performing a line dance. As a home, people had entered a flag competition and won this. People were supported to go on holidays of their choice, for example, staff were supporting one person to go to Euro Disney and others had been for weekend trips to London and Cornwall.

There was evidence that the service had taken innovative steps to provide information to people in a way in which they could understand allowing them to be as involved as possible in decisions about how their care was provided. For example, when undertaking the mental capacity assessments there was evidence that the registered manager had presented information in a variety of ways that might be easier for the person to understand and to support them as far as possible to be able to make the decision for themselves. Information about how to complain was displayed within the service in an accessible format which included a picture of the registered manager, making it clear who people could go to if they had any concerns or worries. Information about menus and activity schedules were also displayed in a format which people could easily access and view. This meant people had access to the information they needed in a way they could understand it and the home was complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all

providers to ensure people with a disability or sensory loss can access and understand information they are given.

The registered manager used complaints or concerns to understand how they could improve or where they were doing well. There had been one complaint since our last inspection and this had been investigated and responded to appropriately.

Whilst there was some information available about people's wishes in relation to how their care should be managed at the end of their life and after their death, the registered manager was aware that this was an area where further developments could be made. This will help to ensure that people, and those close to them, are given every opportunity to make decisions about their end of life care in a way that takes into account their individual needs and their ability to understand and express these.

Good

Is the service well-led?

Our findings

Everyone we spoke with was very complimentary about the service and of its leadership. One person told us the registered manager was "Good". A relative told us the service was absolutely brilliant and that they had "Great confidence" in the registered manager. They added that whilst the staff had often changed over the last 12 years, the registered manager had been a constant and under her guidance, she was quite happy with how the home was managed. Another said, "You can ask [the registered manager] anything, she is very helpful". A social care professional told us, "[the registered manager] is a well-respected manager and is in regular contact with me if there are issues that need discussing. My client speaks highly of her". Feedback from staff about the registered manager was positive. One member of staff said, "They are a brilliant manager….any problems you can chat to her, she loves the girls [people using the service] to bits". Another staff member said, "[The registered manager] is absolutely amazing, I can't fault her".

The registered manager told us that the organisation was committed to actively seeking the engagement and involvement of people and staff in developing the service and driving improvements. Meetings with people were held and were an opportunity for people to plan special events, share good news and talk about the things they were looking forward to. Action plans were developed to ensure that people's views or suggestions were acted upon. For example, a photo wall celebrating all of the activities people had been involved in had been developed. Staff meetings were held during with staff discussed issues affecting people using the service, training needs and health and safety matters. One staff member told us the registered manager was, "Constantly looking for improvements, we are always been asked for ideas at staff meetings, they encourage us to be involved". We observed a good working relationship between the registered manager and staff. All staff felt well supported and told us that morale and team work was good. The registered manager told us they were well supported by the provider and regularly met with other registered managers from across the organisation to share learning and information.

There were clear lines of responsibility and accountability within the service. The registered manager understood her responsibilities and followed procedures for reporting any significant events which occurred within the service to CQC and to other organisations such as the local authority safeguarding team. Staff understood their responsibilities and each day a daily allocation sheet was used to clearly identify which staff member was in charge of the shift, who was responsible for managing medicines and for fire safety. There was a 'person in charge pack' which combined in one place a range of information such as key forms and details for raising safeguarding concerns.

There were systems in place to assess and monitor the quality and safety of the service and these were an integral part of the way in which the registered manager and provider identified shortfalls, learning and innovation to drive improvements in the service. This helped to ensure that people received the best care possible. For example; the provider issued 'Quality Bulletins' which contained a summary of the learning from inspections, internal audits and incidents across the organisation. A comprehensive health and safety audit was completed annually and the assistant regional director carried out monthly monitoring visits. Some, of these visits were out of hours and reviewed a number of areas including the outcomes of audits undertaken by the registered manager, quality and accuracy of care plans, medicines management and

training compliance. They also spoke with people and staff to obtain their feedback about the service being provided. Clear action plans were developed as a result of these visits.

Audits were also undertaken of the use of physical interventions and to ensure the safe management of people's medicines. People from other homes managed by the provider acted as 'expert quality auditors' and visited to carry out audits on the quality of support. Their reports were comprehensive and involved speaking with people and staff and making comments about what was working well and could perhaps be shared with other homes. The registered manager or deputy manager completed a monthly report to the assistant regional director which reported on any safeguarding concerns, accidents, incidents and any health and safety issues. The registered manager also undertook observations to assure themselves that people were receiving person centred care.

The organisation's values included the importance of staff being passionate, acting with integrity and treating people with dignity and respect. Our inspection and the feedback we have received since, has indicated that both the registered manager and staff work in a manner that is in keeping with these values. There was clear evidence that staff tried to promote equality and celebrate diversity and people's individual culture. People were wherever possible encouraged to make choices and we observed that people were treated with dignity and respect. People were supported to live full and active lives and to have strong links with the local community. For example, people used local leisure facilities, libraries, local shops and cafes. People attended local colleges and were employed in local shops. The registered manager was committed to providing a strong person centred culture and it was clear that they cared for each of the people living at Woodlands. They told us, "They are part of my life as I am of theirs". The person centred nature of the service was commented on by the health and social care professionals we spoke with. For example, one healthcare professional told us Woodlands provided, "Very good quality and holistic care…they have person-centred care plans which are really tailored to the individual and their likes, dislikes and personality".