

# Isand (Domiciliary Care) Limited

## Woodleigh Care

### Inspection report

Woodleigh House  
Henshaw Lane, Yeadon  
Leeds  
West Yorkshire  
LS19 7RZ

Tel: 01132391507  
Website: [www.woodleigh-care.co.uk](http://www.woodleigh-care.co.uk)

Date of inspection visit:  
24 May 2019  
31 May 2019

Date of publication:  
22 August 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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

### About the service

Woodleigh Care is a supported living service. This service supports up to 15 people with learning disabilities. There were 14 people living at the service at the time of the inspection.

The service comprised three separate houses with communal facilities and easy access to the community. People living at the service had their own tenancy; and received varying levels of support from the provider.

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

Clinical waste was not always disposed of appropriately.

We have made a recommendation relating to the management of clinical waste.

The registered manager obtained feedback from staff and people through surveys, however they were not always analysed or utilised effectively.

We have made a recommendation relating to how feedback is collated and analysed.

People told us they felt safe, and that staff were kind, respectful and 'like friends'. There were enough staff to meet people's diverse needs.

Care plans contained good person-centred information and detailed guidelines for staff on how to anticipate people's needs and ensure restraint was used as a last resort when incidents occurred. People have separate 'person centred' support plans however they were not always up to date.

Incidents and accidents were recorded, investigated and analysed appropriately.

People were supported to take their prescribed medicines on time, safely, and people's physical health and nutritional intake were monitored effectively by staff.

Staff encouraged people to be independent, and people were able to access the community and education as and when they wanted.

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

There were a range of quality assurance processes in place to monitor and improve service quality. These included internal and external audits.

There were regular meetings and communication between the provider, registered manager, staff and people who used the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 23 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Woodleigh Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

This service provides care and support to people living in three separate shared houses which were individually named (Gledcliffe, Ashfield and Coach House), so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection because it is a supported living service where people access the community regularly and therefore we needed to be sure people were in.

#### What we did before the inspection

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

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the regional manager, registered manager, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was not complete assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We reviewed the service's disposal of clinical waste policy which recommended the use of a sluice or a clinical waste bin for disposal of contaminated clothes. Despite someone requiring disposal of waste through the waste management policy, there was no sluice or clinical waste bin available, so the clothes were bagged up and binned.
- We spoke to the registered manager who explained that this was a recent development due to a period of poor health, however they accepted that the policy was not being followed in this case in a timely way. No one had been harmed as a result.
- We recommend the provider review its policies and processes around preventing infection.
- Following the inspection, the registered manager informed us a clinical waste bin had been procured and the person's care plan updated to reflect their changed needs.
- Staff received training in controlling and preventing infection and there were gloves and aprons available. We observed staff using them where appropriate.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with said they felt the service was safe. One person said, "I really like it here."
- There were systems and processes in place to safeguard people from abuse. Staff were able to describe how to identify and report potential abuse.
- Safeguarding concerns were investigated and recorded appropriately in line with the provider's policy.

### Assessing risk, safety monitoring and management

- Risks to people were assessed appropriately. People had specific positive behaviour support plans with key triggers for people and clear instructions for staff on how to de-escalate a situation or manage a person's anxiety.
- There were a range of risks assessed, from relationships to kitchen and road safety.
- The registered manager had extensively analysed incidents for themes and trends. For example they identified specific scenarios that could trigger incidents and also the times of year they were more likely to occur.
- Staff we spoke with understood how to follow the plans and the measures needed to reduce anxiety or de-escalate a situation.

### Staffing and recruitment

- There were enough staff to meet people's needs. People we spoke with said there were enough staff, and staff said they felt they had enough colleagues available to meet people's needs.
- Recruitment processes were safe. This included background and identity checks.

### Using medicines safely

- People received their medicines on time. Medicines were delivered, stored and administered safely by staff. There were appropriate policies and procedures in place regarding the safe management of medicines.
- Staff received training and competency checks in medicines administration.
- Medicine administration records (MARs) contained good person centred information and were audited by senior staff regularly. PRN or 'as needed' medicines protocols contained information as to why the medicine was required and under what circumstances it could be administered.

### Learning lessons when things go wrong

- Where issues, accidents and incidents had occurred the registered manager acted on them and ensured any learning was shared with the team.
- This included incidents that took place within the service, as well as incidents that had taken place within other services registered by the provider. This helped improve the safety of the service.
- Staff told us that when any element of restraint was used which was rare, or if an incident or accident had taken place, where appropriate statements were taken and the registered manager conducted a thorough investigation and shared findings with staff.
- The registered manager acted on any issues raised at inspection and provided follow up information to make sure they would not happen again.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed appropriately before using the service.
- At assessment, the senior staff member responsible discussed and recorded people's personal background, support network and medical history.
- The registered manager described how the needs of people using the service were considered prior to any potential new admission so that they would be compatible with people already using the service.
- The registered manager told us how they had declined a prospective new person because of their needs and the needs of existing people. This showed compatibility was highly valued by the service.
- The provider sent regular updates of best practice guidelines and the law to the registered manager to help them keep up with the latest developments in the sector.

Staff support: induction, training, skills and experience

- People and relatives said they felt staff had the right level of training to meet their needs.
- Staff received good levels of induction and training before delivering care. One member of staff said, "Training is good, we do a lot of online training. We do some courses in a class, restraint and first aid, things like that".
- The registered manager monitored training needs through a training matrix which showed when staff were due to take refresher courses.
- Staff said they were well supported through supervisions and appraisals. There were also spot checks and competency checks undertaken throughout the year to monitor and support staff development. One staff member said, "We have supervisions every two or three months. We get to talk about anything we want. For example, training, what's gone well what's gone wrong recently".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. Where people had special dietary needs these were recorded clearly and there was access to specialised foodstuffs. People who needed weighing were weighed on schedule and weights recorded and analysed.
- People told us they were able to choose what they wanted to eat, staff supported them to make food for themselves, and people also said they enjoyed various food theme nights from different cultures.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People said they were supported to access healthcare services. One person said, "Staff help me with my medicines and going to the nurses".
- Records showed that people had access to external health care professionals, and all interactions with health and social care agencies were recorded clearly with any actions for staff to take included.
- Annual health checks were arranged and outcomes recorded clearly. There was information available on people's conditions in a format they could understand.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- The provider operated under the principles of the MCA. We reviewed MCA assessments and best interest decisions and found they were conducted appropriately.
- Where a person was found to have the capacity to make a certain decision, this was emphasised throughout the relevant care plan.
- Staff received training in MCA principles and staff we spoke with emphasised that they were to ask people's consent at all times when delivering care and to respect people's choices unless there was a legal basis for not doing so.

#### Adapting service, design, decoration to meet people's needs.

- People's rooms were personalized to their own tastes.
  - Communal areas and bathrooms were pleasantly decorated with people's input and were accessible.
- There was lots of information available in easy to read formats.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives we spoke with said staff treated them with kindness and respect. Comments from people included, "I Like the staff. I do. Always friendly and polite. Feel like I am friends with some staff in particular", "Staff are great all friendly. They know how I like things. They are my friends."
- Staff we spoke with were knowledgeable about people's personalities and all interactions we observed were patient, friendly and attentive.
- People with diverse needs were supported to express themselves in whichever way they chose. For example, one person was supported to throw an annual Eid party in accordance with their faith. Records clearly showed people's religious and cultural preferences, and how they wanted staff to support them to meet their needs.

Supporting people to express their views and be involved in making decisions about their care

- People said their views were respected and that they were able to make their own decisions about their care. One person we spoke with said, "We get to choose where we want to go. Get to choose when we get up, which stuff we want to take as well."
- People's views were sought and listened to in care planning. Care plan reviews reflected this. People said they were comfortable discussing what they wanted to do and how they wanted staff to support them.

Respecting and promoting people's privacy, dignity and independence

- People said their independence was promoted and respected. One person we spoke with said, "Sometimes I get help with medicines, but I am learning to do things independently myself. Staff are helping me to do that."
- There were examples where staff had actively prompted and promoted people to become independent and do things for themselves. For example, one person was supported to learn how to use the bus to ensure they were not isolated from relationships with people in the community. This involved discussing the person's goal, being chaperoned with staff, having minimal contact, and finally being able to use public transport with confidence. This progression was clearly recorded in the person's person-centred care plan.
- Staff were able to describe how they protected people's dignity and privacy when delivering care. One staff member said, "We show them respect and privacy, knock on doors, give them time for themselves, getting them to do as much as they can themselves."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people's needs were met.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information on people's communication needs with detailed information for staff on their abilities and preferred methods of communication. For example, one person's care plan directed staff to always maintain eye contact standing in front of the person making sure they spoke clearly and gave the person time to respond.
- There was some information available in easy read formats such as information on medical conditions and how to make a complaint.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained good levels of person-centred information. Profiles were written in the first person and contained information on how people wanted staff to address them, their interests and hobbies.
- People had short term quarterly goals they wanted to achieve and how they wanted to achieve them, which were linked to care plans for example someone's goal was to manage their oral care independently.
- Care plans were reviewed regularly, however there was one instance where a person's care plan was not reflective of their changed needs. We discussed this with the registered manager who updated the care plan following the inspection.
- People also had 'person centred plans' separate to their main care plan. These contained material people had written for and about themselves such as their likes and dislikes, and things they wanted to achieve. There were also pictures of important events and holidays they had been on, and evidence of them achieving their goals.

### Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they undertook activities that were relevant to their interests, and they were supported to maintain important relationships. One person we spoke with said, "I get to do what activities I want, spend my money how I want. I used to go gardening, packed it in too cold over there".
- The service provided options for people to engage in activities and earn money through work at 'projects', including gardening, baking and crafts. One person we spoke with showed us some cakes they had made

and said how they enjoyed the project and the independence it gave them.

- Staff supported people to achieve their goals and do things they wanted. This included holidays abroad, attending concerts or regular sporting events. Pictures of people enjoying themselves on holiday with the support of staff. One person told us how they were supported to go see a football match abroad and how much they enjoyed being able to do so.
- People who wanted to engage in interpersonal relationships were supported to do so in a sensitive and compassionate way by staff who did not unnecessarily restrict them.

Improving care quality in response to complaints or concerns

- There was a complaints process in place, and people we spoke with said they were confident they could go to the manager with their concern. One person said, "If I had any problems, I would go to the manager"
- Complaints were all investigated and responded to appropriately and in line with the provider's policy.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Working in partnership with others; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular meetings with people where they could discuss issues that were important to them. One person said, "We have tenant's meetings once a month. We talk about how we feel and stuff like that."
- There was a survey completed for people who used the service however it was not meaningfully analysed and an action plan was not created to address some issues people had raised. We spoke with the registered manager who agreed to provide an action plan from the survey. People were overwhelmingly positive about the service but there were some comments around loud noises and one person did not receive information about the running of the service effectively.
- There was also a staff survey conducted. This did provide some actions and was more meaningfully analysed however when we reviewed the survey results and data we found some concerns over the culture of the service and the provider which were not addressed in the analysis.
- When we spoke to the registered manager they explained that these issues had been dealt with separately through the provider's HR process however they were not reflected in the survey.
- The registered manager accepted that this information had not been reflected in the analysis of the survey, and they immediately issued a bulletin to staff covering these points and explaining the provider's relevant processes and procedures.
- We recommend the provider review how it approaches staff and service user surveys.
- People we spoke with said the registered manager was approachable and supportive and that they could go to them with any concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff we spoke with were positive about the manager and said they were approachable and open. Comments included, "I think she has done her best. She has been very positive", "Very attentive to your situation, understanding will try and work with you. Can go to her with issues, always makes you feel 100% better when you walk out".
- However, staff were generally not positive about the provider and the impact certain policies were having on their workload, for example staff said they were often called to take shifts at other services without knowing the people there.
- The registered manager had held discussions with staff around this and said that staff were provided with

more advanced notice as a result of staff concerns.

- The registered manager understood their responsibilities for reporting to CQC and our regulatory requirements. There was a duty of candour policy in place.
- There were programmes in place to develop staff and encourage them to progress.
- There was a whistleblowing line in place and staff said they were confident they knew how to raise concerns anonymously.
- Staff told us that lessons learned from incidents were communicated across the team. One staff member said, "We hear about incidents. We get lessons learned. It's a learning curve. They make sure you are reading plans and are always looking at what we are doing."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- There was a registered manager in post, which was a condition of the provider's registration with CQC. There was a regional manager and a support network of other registered managers in the region. There were regular meetings where managers discussed important issues across the region and in their services.
- There were a range of quality assurance processes in place to monitor and improve the service. Where actions had been identified they were followed up and closed. There was a regular system of reporting against key performance indicators such as incidents, vacancies and accidents which was analysed by the provider.
- Audits were carried out by the registered manager and there were also audits conducted by registered managers from other services owned by the provider in order to give a fresh perspective on the quality of care and management of the service. Medicines systems and processes were also audited by the local pharmacy provider.