Woodham Enterprises Limited

Woodham House Bradgate

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

About the service
Woodham House Bradgate is a care home that provides care and support for people with mental health needs, learning disabilities, autistic people and those living with dementia. At the time of the inspection there were three people using the service.

People's experience of using this service and what we found
We received mixed feedback from people and their relatives about how the provider was keeping them safe as there had been a recent missing person incident. Since the incident the provider had taken steps to reduce the risk of a similar occurrence happening again. Risks to people's health and wellbeing were managed well. People's medicines were mostly managed safely. We have made a recommendation around ensuring directions for PRN (when required) medicines are clear for staff. There were adequate infection control processes in place. Staffing levels were sufficient to maintain people's safety and ensure their needs were met.

The provider did not always meet their regulatory responsibilities as they had failed to inform us of specific changes to the service and other circumstances which we require providers to notify us about. We received positive comments about the overall management of the service. There were quality assurance systems in place to ensure care and support were kept to a good standard. The service worked with a range of healthcare and multidisciplinary professionals to achieve good outcomes for people.

People's health and social care needs were assessed, and plans put in place to meet these. People were supported with their physical and mental health and care records contained good information on these. The provider met people's hydration needs. We have made a recommendation about how the provider can improve the way it supports people to maintain a balanced diet. 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.

People's communication needs were assessed, and information was available in a way that met people's needs. People were offered regular activities to ensure they remained active and engaged. People were supported to keep in touch with their families. The provider supported people to document their preferences around their end of life.

People told us the registered manager and staff were kind and caring and knew people well. People were treated with dignity and respect by staff who knew them well. People were supported to take part in elements of daily living, however we have made a recommendation about improving the way staff support people to maintain and develop daily living skills.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:
• Model of care and setting maximises people's choice, control and independence. People were involved in the planning and reviewing of their care plan and risk assessments. Staff ensured people were supported to exercise choice and control on all aspects of their care and support.
Right care:
• Care is person-centred and promotes people's dignity, privacy and human rights. People were happy with the care they received and told us they were treated with dignity and respect and their privacy was maintained.
Right culture:
• Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. People told us they were supported to engage in daily activities which were important to them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 17 March2018 and this is the first inspection.

Why we inspected
This was a planned inspection to provide a rating. Whilst we were planning this inspection, we received information of concern related to a missing person incident which is currently under a separate safeguarding investigation.

We found no evidence during this inspection that people were at ongoing risk of harm from this concern. Please see the safe section of this full report.

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 safe. Details are in our safe findings below.	**Good**
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**

Woodham House Bradgate

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Woodham House Bradgate is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be at the service to support the inspection.

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 this information to plan our inspection.

During the inspection
We spoke with one person to get their feedback on the care and support they received. We also spoke with the registered manager, the service manager and two support workers. We reviewed care and medicine records of three people and we looked at five staff files in relation to recruitment, induction, supervision, and training. We looked at a sample of policies and procedures and records related to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We made calls to two support workers to get their feedback. We also got feedback from two health and social care professionals who worked with the service to plan and coordinate people's care and support.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Risks to people's health and safety were identified, assessed and reviewed regularly by experienced staff to ensure effective measures were in place to reduce the risk of harm. Despite these procedures there had been a missing person incident before our inspection as one person who required one-to-one support left the service unattended. This incident is currently being investigated by the safeguarding team. As a result of the incident the provider has carried out an internal investigation, reviewed the person's risk assessment and ensured all staff were aware of the risks of the person being left unattended. They have also resolved a fault that was identified with the front door locking device.

● Staff showed a good knowledge of the potential risks to people and knew what they should do to ensure people's ongoing safety was maintained. People who were able had contributed to their risk assessments.

● The risk of harm from a fire was assessed, which considered personal factors such as smoking. Personal emergency evacuation plans (PEEPs) were in place to give staff guidance on what support people required to evacuate safely in the event of a fire. The provider had conducted regular fire safety checks of the environment and fire safety equipment.

Using medicines safely

● People's medicines were mostly well managed. However, PRN (when required) medicines did not always have clear guidance for staff to ensure they would be given in the right circumstances. For example, one person's PRN guidelines instructed staff to give one or two tablets when the person was distressed. There was no explanation and guidance for staff about how they would assess what the circumstances or level of distress were to give one or two tablets. We discussed this with the registered manager, and they have asked the GP to review administration directions so staff were clear when and how much of the medicine to administer.

● Staff who supported people to take their medicines, had completed appropriate training and had been assessed as being competent in this area.

● People's medicines were checked regularly by the registered manager and any issues were promptly investigated. Samples of medicine administration records (MARs) we reviewed had been completed correctly and we could see there were systems in place to ensure medicines were being stored at the correct temperature.

Learning lessons when things go wrong

● There was a system in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager who ensured all necessary steps were taken to maintain safety after incidents occurred.

● Lessons learnt were shared with the staff team in staff meetings to ensure staff had the relevant

information to reduce the risk of similar occurrences happening. In response to the missing person incident the provider convened an emergency staff meeting to discuss the incident and ensure all staff were aware of the updated risk management plan.

Systems and processes to safeguard people from the risk of abuse

● Systems and processes were in place to ensure people receiving care were protected from harm or abuse. Staff received regular training and showed a good understanding of safeguarding procedures when we spoke with them. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.

● Staff regularly discussed personal safety in resident's meetings. When the service held money on behalf of people there were routine checks to safeguard people from financial abuse.

● The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC and they conducted prompt investigations when necessary.

Staffing and recruitment

● There were enough staff on duty at all times to ensure people's needs were safely met. There were two staff on duty at all times.

● The service followed safe recruitment processes. Pre-employment checks included candidates' right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

Preventing and controlling infection

● The provider ensured infection control was well managed. We observed the service to be clean and hygienic throughout. Staff followed safe practices in the storage and preparation of food.

● The service had reviewed their infection control guidance in response to COVID-19 to ensure staff and people receiving care were protected from the risk of infection. Staff told us they had access to personal protective equipment to prevent the spread of infection such as gloves and aprons and had received enhanced infection control training to ensure they understood the risks and best practice guidelines.

● Managers carried weekly infection control audits of the service to ensure high standards of cleanliness were maintained.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Healthy eating was regularly discussed during residents meetings and people were also supported to test their knowledge using accessible healthy eating materials produced by the NHS. However, people were not always being supported to maintain a balanced diet. Two relatives we spoke with were concerned that their family member had put on weight which would have a negative impact on their overall health and wellbeing. We discussed this with the registered manager, and they have since made a referral to a dietician to assist people and staff in planning healthy food choices, manage portion control and ensure people's diet and nutrition meet's their specific health needs.
- People told us they enjoyed the food that was prepared, and they participated in the menu planning and preparation.

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

- People's needs were assessed before admission to ensure the service could provide effective care and support. Assessments included detailed information about people's mental health and behaviours that challenged. There were guidelines in place in care plans to help staff de-escalate situations if they arose.
- Care, and support plans were devised in consultation with people and other professionals and these were reviewed on a regular basis. Support plans contained information on people's likes and dislikes, and information about people's culture and religion.
- Care and support was delivered in line with the law and guidance. People's ability to manage their oral care was assessed and guidelines were in place to ensure staff supported people appropriately to maintain their oral health.

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills and knowledge to be able to perform their roles effectively. New staff had a comprehensive induction, probation and ongoing supervision. The manager conducted regular observations of staff to give feedback and support to help them develop their practice.
- Staff told us they received training to enable them to carry out their role effectively and records we saw confirmed this. One member of staff told us, "We have had training in how to manage clients during a crisis. We look for ways to help people remain calm."

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

- The service worked with a range of health and social care professionals to ensure people's needs

continued to be met. We saw evidence of ongoing input from psychiatrists, community psychiatric nurses, psychologists, physiotherapists, GPs and district nurses.
● There were clear guidelines in place so staff would understand how to support people to monitor specific health conditions such as diabetes. Each person had a health action plan which was updated yearly to help review people's health care needs.

Adapting service, design, decoration to meet people's needs
● The home was accessible to people who used the service. Each person had their own bedroom with an en-suite shower and toilet. People's rooms were decorated to suit their needs and preferences.
● There was a communal kitchen, dining area and access to a rear garden.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● All the necessary DoLS applications were completed when safety measures meant restricting some parts of people's lives. We could see that all conditions associated with each DoLS authorisation were currently being met.
● People who were able had signed their care plan to indicate they had been consulted and they had consented to the care and support.
● Staff had received mental capacity training and understood their responsibilities in relation to protecting people's rights.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

● Care plans contained some information about what people could do for themselves. However, we found more detail was required around people's some daily living skills and how staff should ensure people maintain and develop these. For example, people's ability to prepare their own meals was not explained which meant that there was a risk that staff would do all this for people and potentially lead to the loss of skills.

We recommend the provider review the information around people's daily living skills to ensure staff work in a consistent way when supporting people to maintain and develop these.

● People's privacy was promoted, and they were treated with dignity and respect. We received comments from people such as, "[Family member] is also allowed their privacy. When I call and they are in their room they always knock and wait. They never just barge in. In this way, their privacy is maintained." Staff also explained how they maintained people's privacy and dignity. One member of staff told us, "We make sure to knock on people's doors before going in" and "When we are going out, we help people to dress appropriately so they keep their dignity."

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

● People told us they were well-treated. We received comments from people such as, "The staff are all lovely, they help me to cook. We also had a few birthday parties here which the staff helped arrange."

● The provider assessed people's equality and diversity needs. Assessments recorded people's protected characteristics and any cultural or religious needs. The provider had introduced an international menu day so people could try meals from different cultures and countries from around the world.

● We saw examples of positive interactions between people and staff. There was a stable staff team who understood people's needs and preferences well. We received positive comments from people and their relatives about how well they were treated. Comments included, and "As far as I can see the staff are always courteous and kind."

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

● People's care plans contained information on their life story, their likes and dislikes, things that may upset them and things that made them happy.

● People attended resident's meetings to discuss aspects of the running of the service such as house cleaning, food choices and health and safety issues.

● People were allocated keyworkers who conducted regular one-to-one sessions to give people the opportunity to express their views and monitor progress towards goals and aspirations. Minutes of these

one-to-one sessions showed people were able to discuss their emotions or raise concerns or anxieties.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Although there was evidence that the regular staff understood people's preferences well not all care and support plans contained sufficient detail about preferences around personal care tasks. We discussed this with the registered manager who has agreed to review these parts of the care plans.
- There was detailed information on people's mental health needs and guidance for staff if they were concerned that people's mental health was deteriorating. Support plans contained information on what was important to people to help reduce behaviours that challenged. We received positive feedback about how staff supported people with behaviours that challenged. One family member told us, "The staff understand [family member] and are very cooperative to her needs."
- People's ongoing needs and preferences were discussed in regular care programme approach (CPA) meetings. These are meetings for people with mental health needs which are attended by mental health professionals such as psychiatrists and community psychiatric nurses to plan and review people's care and support.

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.

- The provider was meeting people's communication needs. People's communication needs were assessed and recorded in their care plan with directions for staff on how to support better communication by using visual aids. Care and support plans and risk assessments were available in accessible formats and with pictures where necessary to help people understand them better.

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

- Staff offered people a range of activities daily to ensure they were stimulated and engaged at home during the lockdown when activities in the community were restricted or closed. Staff delivered regular sessions of arts and crafts, creative writing and games and leisure to reduce the risk of boredom and potential mental illness relapse.
- People told us they attended ongoing classes which had been taking place via video sessions when adult education centres were unable to open.
- People were supported to keep in touch with family and friends using alternative methods such as video calls when visits to the service were suspended.

Improving care quality in response to complaints or concerns

● There was a complaints policy in place which was available in different formats and languages on request. The policy was prominently displayed in the service and discussed during residents' meetings so people would know how to complain if they were unhappy about any part of their care and support.

End of life care and support

● There was an end of life policy in place. At the time of our inspection the service was not providing end of life care and support.

●The service supported people to devise end of life plans which contained information about their funeral wishes including religious and cultural needs that were important to them.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not always understand all their regulatory responsibilities. At the time of the inspection the service was registered to provide support for people with mental health needs only. During the inspection we identified that the service was also supporting people living with dementia and those with learning disabilities and autistic people. We discussed this with the registered manager, and they have updated the statement of purpose to include people with those types of social care needs.
- The manager had not informed us when one person's deprivation of liberty authorisation had been received. We discussed this with the registered manager and they have now submitted the relevant notification.

We recommend the provider reviews their process for submitting notifications to ensure they notify us of all relevant changes, events and incidents.

- The service had developed a contingency plan which considered the risks of a range of incidents that could affect the safe running of the service. The plan had been updated to consider the risks associated with the COVID-19 pandemic.

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

- The registered manager understood their responsibility to be open and honest and inform people when things went wrong. However, one relative told us they had not received a formal report related to the incident when their family member went missing. We discussed this with the registered manager who has taken action to share the outcome of their investigation and meet their duty of candour responsibility.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service worked to achieve positive outcomes for people. People told us they were happy with the care and support they received. Comments included, "The staff are lovely and it is very nice and peaceful here" and "Overall [family member] is very happy with the care and support they receive."
- People were confident in the way the registered manager led the team to ensure they received a good service. We received comments such as, "I cannot tell you what a relief it is that [family member] is being looked after at Woodham House now" and "The staff at Woodham House seem to be very good. In

particular, for me [the service manager] is excellent. Very caring and good at speaking with my [family member]"

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

● The provider engaged with people receiving care, their relatives and staff. There were regular residents' meetings to discuss the running of the home, health and safety, menu planning and activities.

● The provider sought feedback from people and their relatives by asking them to complete satisfaction surveys. Results of the surveys were analysed, and action plans put in place to address any areas of concern. The most recent survey showed that people were happy with the care and support they received. One person's feedback included, "The staff are very kind and supportive."

●The registered manager arranged regular staff meetings to discuss the quality of the service, plan improvements and to keep staff informed of relevant information. Meetings were also used to discuss the ongoing pandemic and ensure staff were aware of all the relevant information regarding the vaccination programme.

● In addition to these there were senior managers meetings to ensure the registered manager and service manager had access to ongoing support and guidance.

● There were regular quality assurance audits of the service which looked at key areas such as people's medicines, finances, health and safety, infection control and people's care and support records.

Working in partnership with others

● The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs. We saw evidence of ongoing input from a range of health and social care professionals.