

Royal Mencap Society

# Royal Mencap Society - Woodlands Residential Home

## Inspection report

51a Elm Road  
Thetford  
Norfolk  
IP24 3HS

Tel: 01842751241

Date of inspection visit:  
11 July 2019

Date of publication:  
31 July 2019

## 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

Woodlands residential care home is a service for people with a learning disability. The home can accommodate up to eight people and provides residential not nursing care. The house is a spacious bungalow with single, ground floor accommodation close to the amenities in Thetford. At the time of our inspection there were six people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service was rated requires improvement at the last comprehensive inspection and there have been a number of changes to the manager in charge. This has potentially had an impact on people using the service in terms of continuity of their care and support. The previous registered manager had recently left, and a newly appointed manager had not stayed. The provider had responded by bringing a manager and assistant manager over from another registered scheme. They had been in post for several weeks and the manager was applying for registration with CQC. We remained concerned when we were told their posts were initially for six months until a new manager could be recruited which meant further changes for the service.

Most people had limited verbal communication and benefited from clear routines and being supported by staff who knew their needs well. The service had retained a number of regular staff but have also had staff leave or planning to leave soon. Some of these staff had agreed to continue as bank staff. Agency staff were used to fill staffing voids, and most were longstanding. Staffing levels were appropriately maintained for people's needs but the service had not had long term stability.

People using the service had a range of different and complex needs which staff were managing well with the appropriate support from other health care professionals. Some concern was expressed however that staff did not always follow support and guidance given to them specifically in relation to autism, positive behaviour and communication.

Staff were confident in the training they received which they said was needs specific, but some staff said they had not had role specific training. For example, where they had responsibility for staff supervision and other senior duties. It was the view of other professionals that not all staff had sufficient understanding of autism and sensory processing which could impact on people's experiences of the service.

Care plans including a one- page profile, a clear health section and hospital passport. Health information was descriptive, and risks were identified and reduced whenever possible.

People were protected as far as reasonably possible from abuse because staff understood safeguarding and actions they should take to protect people. We found however there had been a number of incidents at the service which had impacted on people's safety particularly as people were not mobile and could not move out of the way. The service was addressing this.

Most people had one to one funding and took part in sufficient levels of activity which were planned. Due to the nature of people's disability and staffing levels some activities took careful planning and could only take place when there were enough drivers and enough staff to provide the right level of support.

People lived in an environment which was appropriate to their needs and was relaxed and stimulating. Bedrooms were personalised, and equipment was supplied around people's needs. Staff were observed to be patient and upbeat and supported people appropriately with their needs. Staff felt well supported and acknowledged that the service was improving.

There had been lots of audits to help determine the quality of the service and improvements necessary. Clear action plans were in place and there was good communication with families and health care professionals to help ensure people's needs were met as fully as possible.

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.

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 requires improvement (published 14 July 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. This was also in response to an inspection by the Local Authority who also identified improvements were needed.

#### Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements in the key question well Led.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodlands residential home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

# Royal Mencap Society - Woodlands Residential Home

## **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

The Inspection team included one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

Woodlands residential home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have 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. An acting manager was in post and had applied to CQC to be registered.

### Notice of inspection

This inspection was unannounced. The Inspection activity started on 11 July 2019 and ended on the same day.

### What we did before the inspection

We used the information already known about the provider which included previous inspection reports, reports from other regulatory bodies and the providers action plans. We reviewed notifications which are important events the service are required to tell us about. 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 and plan our inspections.

### During the inspection

We carried out observations of the care and support people received. People were not able to verbalise their experiences, so we relied on observations to tell us if people received good outcomes of care. We spoke with a wide range of staff including the acting manager, the two assistant managers, one of whom was temporary, a member of agency staff and a permanent member of staff. We spoke with the quality coordinator, manager, area manager and the regional operations manager. We spoke with three relatives over the telephone.

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

### After the inspection

We requested some additional information, specifically audits which were received in a timely way. We also contacted a number of health care professionals by email and telephone and had six responses at the time of writing the report. We also spoke with one other relative.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A recent number of incidents in the service had affected the safety of others. The service has been proactive in raising issues with the funding authorities and accessing additional resources to try and ensure people were appropriately supported and they could keep them safe. The provider had its own resources including behavioural support coaches who worked alongside staff mentoring them and helping them to support people. Some health care professionals felt staff had not always consistently followed available guidance which could have reduced incidents.

Assessing risk, safety monitoring and management

- Risk assessments were in place identifying what actions should be taken to mitigate or reduce risk. These were effective because we did not identify any risks and the regulated activity was being carried out safely. ● Staff were sufficiently trained, and the environment was appropriate to people's needs. People had the equipment their care assessments said they needed.
- There was ongoing maintenance and refurbishment to ensure the upmost safety was afforded to people living at the service.
- Staff promoted people's safety by keeping a regular check on them and in some cases appropriately using sensory alarms which would alert staff to movement which could indicate an increased risk of falls.

Staffing and recruitment

- Recruitment processes were robust, and documentation gathered prior to employment helped to evidence that staff were of good character. Checks including a disclosure and barring check which would identify staff who might be unsuitable to work in the care sector.
- Staffing levels were observed to be appropriate to the needs of people using the service. Most people had one to one hours of support. There had been a lack of continuity in terms of staffing, but this had improved of late. Agency staff supported a core team of staff which meant the service did not run with less staff than needed.

Using medicines safely

- People received their medicines as intended and there were enough qualified and competent staff to administer medicines. There were robust processes in place to ensure staff were sufficiently trained and competent to administer medicines. Medicines were stored in each person's room and were secure. The staff supporting the person with their care also gave them their medicines.
- There were daily handovers and checks on medicine records to ensure everything had been administered. Regular audits were completed and there was sufficient management oversight. Medicine errors were identified, and staff supported to improve their practice. Errors had been significantly reduced since a more

robust process had been put in place.

#### Preventing and controlling infection

- There were systems in place to ensure the environment was regularly clean and all staff knew what actions to take to reduce the risk of cross infection. Staff received enough training and were provided with personal protective clothing.
- Audits were completed, and daily records indicated cleaning was completed on a regular basis. The replacement of the flooring had helped staff to keep the service hygienically clean.

#### Learning lessons when things go wrong

- There were processes in place to record and report any incident within the service and these were cascaded to senior management. Lessons learnt was part of the culture of the organisation with regular managers meetings and information being shared in regular staff meetings.



# 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 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's needs were assessed, and regular reviews were held to ensure the service could meet people's needs as holistically as possible. The assessments and reviews included the views of other professionals and representatives to help ensure care plans were drawn up with due regard to current guidance and best practice.
- Health care professionals felt staff practice over time had been inconsistent and staff had not always acted on advice or met everyone's needs.

Staff support: induction, training, skills and experience

- Staff felt they had the necessary competencies to meet people's needs and help ensure good outcomes of care. Health care professionals praised the way staff had met some people's needs but said there had been inconsistencies partly due to changes within the staff and management team.
- Staff received regular supervision and training and staff said the training was very good and organised around the needs of people they were supporting. Specific health care tasks were delegated to staff once they had completed the necessary training and input.
- Staff received sufficient induction and were supported to undertake the care certificate, a recognised foundation course for staff working in the care sector.

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

- Staff supported people to eat and drink enough in line with their individual needs and staff were aware of risks associated with their health care needs. Staff monitored people's weights and kept food diaries showing how much people had eaten. People had individual fluid targets but where they had not met them we could not see if clear actions were taken but information was passed over from one shift to another.
- Due to the nature of people's needs there were some challenges in terms of supporting people with their hydration and people's reluctance to eat and drink regularly. People had individual dietary plans which considered any risks and specialist diets required. Relatives were confident that the staff were aware of people's needs and had developed strategies to make eating and drinking as pleasant and effective as possible. Relatives went out of their way to praise the pragmatic actions taken to encourage appropriate and suitable nutrition.
- There was a menu board in the kitchen displaying the options of all meals during the week and food was cooked to order by one of the staff. No one using the service could assist in the kitchen, but staff involved people as much as possible.

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

- The service provided single, ground floor accommodation which were adapted and suitable for purpose. Reasonable adaptations had been made and the environment enabled people to live safely with ample space and some reasonable outdoor space. The premises were clean, well-furnished and decorated to a high standard.

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

- Staff took into account people's health care needs and had access to relevant guidance to help ensure they delivered people's care safely. People had complex health care needs and staff sought timely and appropriate support from other health care professionals and usually on advice given. Input was regularly sought from professionals in relation to people's dietary needs.
- Staff reported good working with other services particularly the GP and district nurses. People had a clear health record and a hospital passport which helped ensure if people went to hospital staff would be aware of their main needs. Hospice staff praised staff for identifying needs in a timely way and seeking appropriate advice and training.

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 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.

- Most people lacked capacity to make complex decisions and relied on staff to support them with their needs. Staff did this in consultation with family or advocates and were aware of people who had lasting power of attorney. Family members told us they were regularly consulted, and decisions were taken in people's best interests.
- Staff always considered the least restrictive option and did so in discussion with other relevant professionals.
- People had complex communication needs but staff were confident in their understanding of people's needs and offered choices to people in ways which were appropriate. Staff showed an awareness of people's preferences.
- The service had applied for DoLS as appropriate and where approved had been subject to review to ensure their continued relevance and appropriateness. DoLS conditions were being met.

# 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

- The care and support plans were written in a way which reflected people's individual needs and preferences and focused on what support the person required to ensure their needs were met. A relative told us, "They have such patience and are so caring, they just do it. They can tell when things are amiss, and they're not frightened to call me."
- Staff told us that it was a nice service to work in and staff were 'welcoming', 'no ill feeling' and 'no tension' or 'atmosphere'. Staff worked as part of a wider team and created a nice atmosphere for people to live in. Relatives commented on their family member who after being in hospital couldn't wait to get back home.
- Staff received training in all aspects of care to help ensure they could deliver high-quality person-centred care. Our observations of staff were positive, and we observed staff engaging with people regularly and in a way which helped to enhance people's wellbeing and minimise any distress. Staff spoke about people affectionately and had clearly established good relationships with them.

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

- All relatives told us staff kept them informed about what was happening in the service and with their family members care. One relative said "They communicate very well, the quality of care and love, I've seen it; they have [relative's] best interest at heart, nothing is too much trouble. I'm very impressed and the residents are very happy."
- Monthly discussions were held about people's needs and families were sent a copy of the minutes of the meeting. This ensured they knew what was happening and could have input even if they were not able to visit regularly. Surveys were also sent out annually but there was a low response rate possibly because staff had already established a regular rapport with relatives.
- Staff through their knowledge of people they were supporting were able to anticipate people's needs. This might be more difficult for new or agency staff but there were always some core staff on duty.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed providing timely, appropriate care and regularly engaging with people in an inclusive way.
- Most people were restricted in terms of how independent they could be but support plans recognised this and described what people could do with support.
- Staff practices were respectful, and staff explained what they were doing and gave people space and support to make decisions.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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 had enough support to enable them to take part in different activities and opportunities inside and outside the home. Staff took into account people's needs and preferences when planning these activities.
- The scope of activities was somewhat limited due to some people's physical health and frailty. Staffing had to be planned in advance to accommodate people's needs and ensure there were enough staff for the specific activity such as swimming when two staff would be required to ensure people's safety. Several people had vehicles which could be used by the service.

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

- Relatives told us staff were responsive to people's changing needs and sought advice when there was a change or a new or emerging risk. For example, one relative told us how a new bed had been ordered almost immediately when the measures staff had already taken were not effective. Relatives commented on how helpful the staff were and not afraid to contact the relative when anything had happened.
- People's care and support plans were detailed and informative. They included a one-page profile which would assist temporary staff in having a basic understanding of the person's needs. Further assessments and care plans were in place identifying people's health care needs and support required with day to day routines. All took into account potential risks to people and how these should be minimised. Care plans and risk assessments were cross referenced which made them fully accessible.
- Care plans were regularly reviewed and showed what actions had been taken to meet changing or unplanned needs.
- Most people could not input into their plan of care, but families were regularly consulted. One relative told us, "They know her 100%, the file is very clear and the record keeping makes it obvious what they [carers] need to do. It's all meticulously documented."

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.

- Information was accessible and displayed around the home, this included forthcoming plans and a photo board of staff, so it could be identified who was on duty and who was in charge.
- People had personalised communication plans based on their needs and what information staff had

collated about the person. This included some background history.

- Staff displayed a good understanding of people's needs and made continuous attempts to engage people who had little or no verbal communication skills. Staff attempted to keep people stimulated in a friendly and engaging manner.
- One person had verbal communication, another used limited sign language and had an electronic device. Other people had expressive non-verbal communication known and understood by staff.
- Not all staff had sufficient understanding of autism and sensory processing because training and guidance provided by health care professionals had not been accessed by all staff. This resulted in variable experiences for people using the service due to a lack of consistency. This was being addressed by the management team

Improving care quality in response to complaints or concerns

- Staff took into account feedback from people as a way of ensuring the service was appropriate to people's needs. Staff were confident they would know if people were unhappy about something and regularly involved families and invited them to give feedback. None of the relatives we spoke with had had cause to complain but all were confident and clearly knew what action they would take if they felt the need to intervene. One told us "If I had a concern I'd talk to the manager, or the social worker, or phone Mencap HQ. There is a monthly action plan review and I can make comments or add feedback. I always know what they have been doing, there's so much, they're in constant touch."
- No complaints had been recorded, but concerns had and there was a clear process for dealing with complaints.

End of life care and support

- Staff responded well to people's changing needs and provided a service for as long as appropriate. One person was approaching the end of their life and staff were providing holistic care, in conjunction with a local hospice to ensure symptoms were managed and the person had a reasonable quality of life. Staff continued to support the person to get up and be engaged in the home.
- Hospice staff told us Woodlands staff have worked with them and the patient's GP to provide effective control of symptoms and maximise the patient's quality of life.

## 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 requires improvement. At this inspection this key question has remained the same.

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.

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

- The last year has proved a difficult one for the provider with inconsistent management and changes in the staff team which effectively created some uncertainty for people using the service and their relatives. Everyone we spoke with cited staffing and management as a past issue and their main cause of concern.
- Staff stated they had worked at times under considerable stress which could be viewed along side the complex and varied needs of people using the service. Staff spoke of an improving picture and more attention being paid to the number of hours staff were working to ensure they were not excessive.
- Despite these concerns we found the senior management team have had a constant presence and were working towards an improvement plan. The Local Authority quality improvement team have provided ongoing support to help the service improve their rating from requires improvement to good.
- Not everyone spoken with had the chance to meet the new manager, but a tea party had been arranged. Staff expressed their confidence in the new manager. One staff member said, "They are incredible, they are easy going and have held a meeting to evaluate what's going right and wrong with the service. I trust management and they are stabilising the service." Another staff member said, "They have done an amazing job, very personable and taking things on board, staff are not afraid to voice their opinions."
- The new manager was applying for their registration with CQC. They had been taken from another service owned by the same provider initially to manage the service for up to six months until a permanent manager could be recruited. The assistant manager was also temporary although there was a second permanent assistant manager at the service of long standing. The staff team were going through a number of changes with some staff who had recently left and other staff planning to leave. Health care professionals told us with each manager improvements had been made but not sustained as not all managers had been in post long enough.

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

- Both staff and relatives were clear that the provider was open and honest and a clear communicator. When things went wrong there was clear discussion and analysis to see what could be done differently if anything.
- Staff were supported to learn new skills and reflect on their practices. Managers had regular opportunities to share ideas and to discuss any adverse incidents or near misses to reflect on these and their practices.

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

- There was sufficient governance and oversight to ensure every part of the service was being managed effectively and audits were sufficiently robust. The audits identified areas of the service which required improvement or actions necessary to sustain improvements already made.
- We sampled a handful of audits and records demonstrating how the environment and equipment was maintained. These were satisfactory and far reaching. Audits were completed at service level with oversight of these at more senior management level.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff received training to help them recognise and deliver individualised care and take into account protected characteristics. People needs, preferences and characteristics were firmly established and recorded as part of the initial assessment and overall care plan and review.

Continuous learning and improving care

- The provider had recognised difficulties within the service and had dealt with poor performing staff and were addressing levels of staff sickness. The new management team were already positively impacting on the stability of the service and regular engagement with staff helped ensure they were on board with the changes.
- They recognised staff morale had been negatively impacted by past changes in the service. There were systems in place to help recognise staff practice and reward good performance. Management were promoting a more positive culture with clear management oversight of people's needs and staff working practices.
- 'Shaping your future' was a tool used by the organisation to discuss with staff at regular intervals where they saw their future, and a chance to reflect on their practices and identify any training and development needs. Training was ongoing and helped to support staff develop their skills. We found however gaps in staff knowledge and a lack of consistency in terms of staff support given the number of recent changes in management and staff.
- Annual questionnaires were used to collate feedback about the service and audits helped to determine people's experiences. The 'big listen' was an online staff survey which helped to pick up themes and trends across the whole organisation. For example, bullying was identified across the organisation and plans were put in place to address this cultural issue across services.

Working in partnership with others and links with the community.

- Joint working was an important element of this service given the complexity and diversity of people's needs and to help each person reach their potential. Some people went to regular day centres during the week, whilst others were too frail. People were encouraged to participate in community activities and use community resources.
- Staff worked closely with other staff and team work was strong. Staff worked with family members and other health and social care professionals to ensure people's needs were met.
- The quality improvement team had worked closely with the management staff to help them identify a way forward to ensure the service improved and complied with regulation. They told us the service was improving but needed a regular manager in post who would stay.