

Shaw Healthcare (Specialist Services) Limited Woodhouse

Inspection report

Wigton Crescent
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Wood House is a residential care home for up to 16 people with learning difficulties. At the time of our inspection, 15 people were living in the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People were protected because there were risk assessments in place to guide staff in providing safe support. Staff had been trained in safeguarding vulnerable adults and were confident about reporting any concerns. People were supported to receive their medicines safely.

People were supported to see healthcare professionals when they needed to. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's nutritional needs were monitored. Staff were trained and supported to carry out their roles.

The service was caring. People were able to be involved in the running of the home through a service user forum. We observed staff interacting with people in the home in a kind and caring manner.

The service was responsive. There was a procedure in place to manage complaints so that people could be assured their concerns would be listened to. People were given opportunity to engage in activities if they wished to.

There were systems in place to monitor the quality and safety of the service provided. Staff generally felt well supported and told us staff worked well as a team.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service is now Good. At our last inspection, a recommendation was made in relation to communication. At this inspection we found pictorial signs had been added to the environment of the home.

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Woodhouse

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The comprehensive inspection took place on 21 March 2017 and was unannounced.

The inspection was undertaken by one Inspector.

Prior to the inspection we gathered all information available to us including the Provider Information Return (PIR). This is a form that the provider uses to tell us about their service, including areas they want to improve. We also looked at notifications. Notifications are information about specific events that the provider is required to send us by law.

During our inspection we spoke with the acting manager, area manager, and four care staff. We looked at the care files for three people in the home and reviewed other documentation relevant to the running of the home including audits, complaints and meeting minutes. We made observations during the day and spoke with people in the home. Due to their communication needs, people weren't able to answer specific questions about their experiences.

Is the service safe?

Our findings

The service was safe. Staff were trained in safeguarding vulnerable adults and told us they were confident about identifying and reporting concerns. Staff were able to identify agencies that could be approached if they suspected bad practice in the work place, such as the Care Quality Commission. Staff knew where to find relevant policies and procedures if they needed them. We observed that people appeared content and settled in the presence of staff.

There were risk assessments in place to guide staff in providing safe care and support for people. This included risk assessments in relation to people's behaviour. In one example for a person who could at times present with physical aggression, there were measures in place including the BIRT team (a local specialist team) providing support and supporting the individual to ensure they took their medicines.

People received support with their medicines. People's needs in relation to medicines were assessed and outlined in their care plans. A computer system was used to log when medicines had been administered. Staff told us there had been some problems with this system when first introduced and errors had been discovered with stock levels didn't correspond with what was recorded on the system. This issue had been identified through the home's own monitoring and had been addressed with staff. The issue was recorded as being discussed in staff meeting minutes. Individual medicines were stored in locked cupboards in people's rooms. We checked the stock levels of a sample of medicines and these were found to be correct.

Staffing levels were sufficient to ensure people's safety and meet their needs. The acting manager told us they were currently recruiting for new care staff. Because of this some agency staff were being used; mainly on night shifts. Staff told us that staffing arrangements worked well and allowed people to go out most days.

Any accidents and incidents were recorded. The form used included any action that was required to support the person in future. Each form was signed by either the manager or the deputy, so that they could monitor the type of incidents and accidents occurring.

There were safe recruitment procedures in place when employing new staff to the service. This included obtaining photographic identification, collecting references and carrying out a Disclosure and Barring Service (DBS) check. A DBS check identified people who have been barred from working with vulnerable adults and also highlights any convictions a person has.

Is the service effective?

Our findings

The service was effective. Prior to our inspection we identified a high number of notifications in relation to incidents between people using the service. We looked at people's behaviour management plans and found that these were detailed and gave clear guidance about how to support people.

During our inspection we observed some incidents where people were evidently becoming distressed or frustrated. These incidents were managed calmly by staff and the situation diffused. We observed that for one person in particular, staff used a firm tone of voice. This was described in the person's support plan as the best way to manage the person's behaviour. We also saw how staff supported people to leave the area when necessary to ensure that other people weren't affected by their behaviour.

At our last inspection we made a recommendation in relation to communication with people with learning difficulties and the use of visual materials. At this inspection we observed use of signs in the environment of the home and on the lunch menu.

People's rights were being upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. Where appropriate people's support plans held information about their mental capacity and Deprivation of Liberty Safeguards (DoLS) being applied for. These safeguards aim to protect people living in a service from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Four DoLS application had been authorised for people living in the home. There were examples of Mental Capacity Assessments and best interests decisions in people's care files; the quality of recording of these decisions were inconsistent however they did show that staff had awareness of the legislation and people's rights were protected.

The arrangements for providing meals were in the process of being reviewed at the time of our inspection; however we saw that people were supported with their meals in accordance with their needs. Food and fluid charts were inconsistent in how well they were completed by staff and we discussed this with the acting manager. The acting manager told us that some people had food in their own rooms which they ate independently and so it was difficult to keep an accurate record. The area manager told us they would review the use of food and fluid charts and whether they were a necessary tool for people.

Staff were provided with training and support to carry out their roles. This included recent further training in supporting people with challenging behaviours as a result of the high number of incidents between people using the service. Although overall, staff felt supported, we did receive comments from staff that suggested at times further support would be helpful, such as after a particularly difficult incident.

Is the service caring?

Our findings

People experienced positive relationships with staff. There was a keyworker system in place. A keyworker is a member of staff with a particular responsibility for the well being of the person they support. Staff knew the people they supported well and told us about the kind of activities they enjoyed. For example, one member of staff told us the person they were a keyworker for enjoyed shopping and meals out.

On one occasion during our inspection, for a short period of time, we observed two members of staff talking between themselves rather than focusing on the people they were supporting at the lunchtime meal. One of the staff members was also standing up whilst supporting the person with their meal; the member of staff did later sit down so that they were at the same level as the person they were supporting however this did not reflect a person centred approach to providing care. We fed this information back to the acting manager.

At other times during the inspection, we observed staff spending time with individuals engaged in activities such as looking at books together. We also met with one person who had 1:1 support in place. The person appeared calm and relaxed with the member of staff supporting them. We observed one person become upset and scream loudly; staff remained calm and reassured the person by stroking their arm and using a gentle voice. The person appeared noticeably calmer with this approach.

Support plans described the areas in which people were able to be independent. For example, in one person's care plan it described the parts of their personal care routine they were able to do for themselves. In another person's care plan it described how they were being supported to make own drinks encouraged to wash equipment. During our inspection, we heard one member of staff encourage a person to do their laundry.

Is the service responsive?

Our findings

The service was responsive. People had support plans in place that gave clear and detailed information about their needs and how to meet them. Plans covered a range of people's needs including behaviour, nutrition, skin integrity and personal care. Details specific to the individual were included such as the equipment they required at meal times. People's needs were reviewed regularly. There was an annual needs assessment undertaken as well as regular evaluations of individual care plans.

People had individual activity plans in place and were able to go out on a regular basis. Individual activity plans included, drama, art therapy and pottery. During our inspection, six people were being supported in activities outside of the home. We also viewed a photo album of activities that people had taken part in, such as trips to Bristol Zoo and Madame Tussauds.

There was a process in place to manage complaints. In one example, we read about an incident regarding cleanliness in a person's room. The concerns were dealt with immediately and action taken in relation to the member of staff responsible. The complaints system was managed through the computer systems so that there was a clear record of the concerns and the actions taken.

People in the home were able to give their opinions about the service provided and had opportunity to attend a service user forum alongside people from other homes within the organisation. Meeting minutes were produced in an easy read format and detailed what had been discussed. We read at one meeting that people had requested musical activities; from later meeting minutes we saw that this had been arranged. We also heard about other ways in which people were involved in the running of the home, for example being involved in interviewing potential staff and helping staff carry out audits around the home.

Is the service well-led?

Our findings

There was a registered manager in place at the service although at the time of our inspection they were on long term leave. The deputy manager was acting manager in their absence. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff told us they felt well supported in their role, although did mention that at times further support would be appreciated such as after difficult incidents or accidents. Staff told us communication was good amongst staff and clear information was given at handovers between shifts. One member of staff commented that they felt they could go and see the manager "at any time". Established staff also talked about how they supported new staff in the home when they first arrived.

Team meetings took place and we saw from the meeting minutes that important information about the running of the home was discussed. This included the results of a recent medicines audit which had raised concerns and supervision and appraisal planning. Staff were invited to give their opinions and ideas about the running of the home. We saw a board on display where staff were invited to give their ideas about activities for people in the home. Staff had made suggestions for more technology based activities and also a sensory garden.

Staff spoke positively about working in the home and the care people received. One member of staff commented that people received "really good care".

There were systems in place to monitor the quality and safety of the service provided. For example, a service quality audit was carried out in March 2017. This looked at all aspects of the service including care and support plans, medicines and staff supervision. This had identified issues that needed to be addressed; for example the need to consistently record the temperature of rooms where medicines were stored. During our inspection we saw that room temperatures were taken in areas where medicines were stored.