

# Shaw Healthcare (Specialist Services) Limited

# Woodhouse

## 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?

Good ●

# Summary of findings

## Overall summary

### About the service

Wood House is a residential care home providing personal and nursing care for 16 people. People who live at the home have learning and physical disabilities. At the time of the inspection, there were 15 people living at Wood House.

The home met most of the characteristics that underpin the 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 received planned and co-ordinated person-centred support that was appropriate and inclusive for them. However, the home accommodated more people than would be the optimum and was larger in scale than a domestic property. This was mitigated to some degree as each person had their own flat or apartment and were allocated staff daily to support them in a person centred way. Care was tailored to the person.

The building was set back from the road in a residential area close to shops. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear anything that suggested they were care staff when coming and going with people.

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

People continued to receive safe care. Staff understood safeguarding procedures and knew what they had to do to keep people safe. People were protected from unsuitable staff because robust recruitment procedures were carried out. Risk assessments were in place to reduce and manage risks within people's lives.

People had access to other health and social professionals. Safe systems were in place to ensure that people received their medicines as prescribed. People were supported to take part in a wide range of activities based on their interests within the community and in their home. People were consulted on how they wanted to be supported through service user engagement meetings and care reviews. Staff were trained to support people effectively. Good communication was in place in the form of daily handovers, team meetings and one to one supervision. Staff said they were supported in their roles. Staff continued to provide people with daily choices on what they wanted to eat, wear and choice in respect of activities. Staff were knowledgeable about the people they were supporting.

Staff were caring and provided people with care tailored to their needs promoting their rights to an ordinary life. People were supported to have 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.

The provider had quality assurance systems in place to monitor the running of the home and the quality of the care being delivered. There was an open and transparent culture within the service.

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

Good (report published April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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 well-led.

Details are in our well-Led findings below.

Good ●

# Woodhouse

## 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

One inspector carried out this inspection.

#### Service and service type

Wood House 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 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

This inspection was unannounced. The inspection was completed on the 15 and 17 October 2019.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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 all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and spent time with others to gain their views about their experience of the care provided. We spoke with five members of staff including the registered manager. We also spoke with two visiting health professionals and a relative.

We reviewed a range of records. This included three people's care records and medication records. We also looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

# 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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Concerns and allegations were acted on to make sure people were protected from harm.
- There was a safeguarding and whistleblowing policy in place guiding staff on their key responsibilities.
- Staff told us they would have no hesitation of reporting concerns to the registered manager. They had confidence the registered manager and the deputy manager would do the right thing.

Assessing risk, safety monitoring and management

- Systems were in place to manage and minimise risks. This included risks to people, staff and the environment.
- Staff knew what they had to do to keep people safe because they had clear information to guide them and had received training in areas such as health and safety, fire awareness and food hygiene.
- One relative stated, "[name of person] is safe and well cared for. I have no concerns whatsoever."

Staffing and recruitment

- Staff told us there were always sufficient staff to support people safely enabling people to do the things they wanted to do.
- People told us there was enough staff to take them out when they wanted. Some people had one or two to one support depending on their assessed needs. This was built into the rota.
- There were safe recruitment procedures in place when employing new staff to the service. This included obtaining 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.

Using medicines safely

- People's medicines were managed safely. Checks were completed regularly on the systems that were in place to ensure people received their medicines when they needed them.
- Staff that supported people with their medicines received training and their competence was checked annually.
- People's medicines were kept in their flats or apartments in a locked cupboard. People were supported to look after their own medicines if they had been assessed as safe to do so.

Preventing and controlling infection

- Infection control was managed well. Staff had received infection control training and followed safe practices; washing hands and using gloves and aprons appropriately.
- The home was clutter free and clean. Cleaning schedules were in place to guide the care staff and the domestic staff on what was expected of them.
- Checks on the environment and staff practice were completed at regular intervals. Some toiletries and a topical cream were found in a bathroom on the first day. A member of staff removed these. We were told usually these items were stored in people's bedrooms and for their sole use. Action had been taken to remind all staff about the storage of these items and the risks these posed in respect of infection.

#### Learning lessons when things go wrong

- A written log of accidents and incidents was recorded. The registered manager oversaw the monitoring of this information, completing internal investigations and implementing actions to reduce the risk of recurrence where applicable.
- The registered manager told us staff took part in informal reflective practice where necessary following incidents. This was used to reflect on what had happened and assess whether different actions would have resulted in better outcomes for people. The plan was to make this formal enabling staff to record these 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 has now 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 had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. These had been used to plan people's care. There was a person centred approach to the delivery of care in line with the principles of Registering the Right Support.
- The registered manager was knowledgeable about supporting people with learning disabilities and autism. They were aware of the legislation that underpins what they needed to do to support people and provide a quality service. This included guidance about reducing medicines using the principles of STOMP. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines.

Staff support: induction, training, skills and experience

- Staff confirmed they completed a comprehensive induction enabling them to support people living in Wood House. New staff were supernumerary for a minimum of two weeks which enabled them to work alongside experienced staff and get to know the people they were supporting.
- New staff to care completed the care certificate. This is a nationally recognised induction.
- Staff completed ongoing training covering a wide range of topics enabling them to support people effectively. This included supporting people with learning disabilities, autism, positive behaviour approaches and supporting people with healthy eating.
- The registered manager told us the provider was reviewing the training to support people who may challenge the service. A new training provider had been sought and this was being cascaded to all staff from January 2020 once the trainers had received their training.
- Staff received regular supervision and an annual appraisal. Staff told us they felt well supported in their roles. One member of staff said, "I have regularly supervision, but I do not have to wait if I have anything I need to discuss".

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

- People had sufficient to eat and drink. Some people prepared their meals in their flats and apartments whilst others choose to eat in the communal dining room or a combination of both.
- The support people needed to eat and drink was clearly recorded in the plan of care. Food and fluid charts were in place for people at risk in addition to regular weight monitoring.
- People were supported with eating healthier. One person was choosing to buy readymade meals for their

evening meal. The chef was meeting with this person to see what they could do to improve the menu. The registered manager said they felt this was about the person maintaining control and independence.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff had ensured people received support, as they needed, from specialist services. This included speech and language therapists, dieticians, physiotherapists and chiropodists. The advice given by health care professionals had been included in people's care plans and followed by staff.
- People had access to the community learning disability team. They also worked with a behaviour support team to support people who may challenge the service. Their advice was incorporated into the care plan. Appointments were recorded and included the reason for the appointment, the outcome, and if another appointment was needed.
- People attended regular dental appointments and were encouraged to maintain good oral hygiene.
- A visiting health professional told us, "They respond positively and promptly to requests to monitor health for example taking a person's weight and completing a urine test". They said staff could be more mindful of providing healthier drinks with lower sugar content.

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

- Wood House was a large purpose built service. This was larger in scale than what we would register using the Registering the Right Support principles. However, each person had their own flat or apartment with some shared communal spaces such as a dining room, lounge and sensory room. There was an enclosed shared garden, which was being made into a sensory garden.
- People's flats and apartments were homely and had been personalised to reflect their tastes and interests. Some people on the ground floor had access to a private garden area.
- The ground floor corridor was not homely. There were notice boards containing policies and procedures and other staff information which detracted from it being people's home. By day two of the inspection, the staff had removed some of the information and were making plans to make this area homely for people and less clinical.
- A refurbishment and decoration plan were in place. During the inspection, some kitchens in people's flats were being replaced. The registered manager told us, this would include some bathrooms being refurbished so they were more accessible such as walk in showers.

Supporting people to live healthier lives, access healthcare services and support

- People had health action plans and hospital passports which contained information should they need to spend time in hospital or required regular reviews with health professionals.
- One person had a medical condition that had not been reflected in the person's documentation. This was addressed by day two of the inspection. However, the impact to the person was minimal as staff had a good awareness of the condition and the importance of regular health checks. These checks were being completed such as regular eye tests and chiropody appointments.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- Staff understood the importance of seeking consent and involving people in day to day decisions. They had received training in the Mental Capacity Act.
- Appropriate applications had been submitted to the local authority for DoLS. There was a system to monitor their progress and when an authorisation was due for renewal.
- Mental capacity assessment and best interest decisions had been completed when necessary. For example, people had capacity assessments for personal care, locked doors and living at Wood House. The main entrance had a key pad entrance system.

# 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 now 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 told us they liked the staff that supported them, whilst others seemed comfortable sitting with staff in the communal lounge or their flats. A relative said, "All the staff are caring, and they are wonderful staff".
- People's equality and diversity needs were identified within their care plans. Staff received training in equality and diversity to be able to meet people's individual and diverse needs. There was a person centred approach to the delivery of care in line with the principles of Registering the Right Support.
- Staff were knowledgeable about people and described people in a very individualised way.

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

- People were involved in making decisions about how they wanted to be supported. Their views were sought on how they wanted to spend their time, what they wanted to eat and other day to day decisions.
- People had access to advocacy services. An advocate helps people to access information and to be involved in decisions about their lives.
- People 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.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked and sought permission before entering people's flats or apartments. Personal care was provided behind a closed door to ensure the privacy and dignity of the person. Staff were heard asking permission to assist people, offering reassurance and clearly explaining to them what was happening.
- People were supported to have time alone. For example, one person was supported by two staff. Staff told us that the person would let them know if they wanted them to be present in the flat or if they should withdraw giving the person some privacy and space.
- People were encouraged to be independent and this was promoted by staff working in Wood House. Care plans included what a person could do for themselves and what support they needed.
- People could live alongside people or live in their own flats and apartments. The accommodation enabled people to be independent if they wanted such as doing their own cooking, laundry in their own flats. Some people had been supported to move onto more independent living due to the support that had been given in respect of life skills.

## 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 now remained the same.

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

- A professional highly complimented the service in supporting a person in an emergency when they moved to Wood House on a temporary basis. This included making the home safe for the person, recruiting additional staff and working with the previous care provider. This had been done in a very short time frame and had been successful. They were now working alongside the new provider to aid the transition to the person's new home. Another health professional shared the same view telling us, "The woodhouse team have worked hard to maintain this short term placement."
- The service had been responsive to people's changing needs. For example, two people had returned to Wood House because of placement break downs. They had helped people to stabilise including reducing medications that had been prescribed. They were now exploring with the person and their family alternative services such as supported living.
- People's care plans contained comprehensive information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. These had been kept under review and updated as people's needs had changed.

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.

- Each person had information on how they communicated within their care plan. This included how staff should support people to make decisions.
- Staff were observed using varying methods to communicate with people. This included Makaton a sign language for people with learning disabilities, intensive interaction and using photographs and pictures. Staff confirmed they had received training in supporting people to communicate effectively.
- Care plans and some policies were in an accessible format. Written in plain English, including pictures and photographs. There was a notice board that included pictures of the staff that were on duty, activity boards and a menu board which were in an accessible format. The chef said they were building on this and taking photographs of each meal, so this would have more meaning for people.

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 were supported to maintain contact with their friends and family. A relative said they were always made to feel welcome. They said it was good because they worked alongside staff and they were still very much part of their loved one's care.
- Care plans included what people liked to do, including social activities, hobbies or attending the local church. It was evident people did the things they wanted to do. One person said they liked to go bowling, whilst another said they were going shopping and another out for coffee and cake. Some people attended day centres. It was evident that activities were planned regularly for people based on their interests.
- Where people were only staying in the home for a short period, activities they had done before they moved to Wood House continued, such as attending a specific day service.
- The registered manager said they were looking to expand the activities that were taking place and purchasing equipment such as electronic devices for people's use. There were board games and arts and crafts that people could do when they were at home.
- Entertainers regularly visited the service such as singers, a zoo lab and theme days had been organised such as a day at the musical. Other activities included music therapy and aromatherapy. One person told us a donkey had visited the home and they had walked a goat in the summer which had been very enjoyable. It was evident people were supported to try new activities as well as those they regularly enjoyed.
- People were protected from social isolation and were supported to access the local community on a regular basis. This was in line with the principles of Registering the Right Support.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures in place and these were available in an easy-read format. The provider took complaints seriously.
- There was a suggestion box for people, visitors and staff to post their comments through.

#### End of life care and support

- The service was not supporting anybody at the end of their life. However, end of life preferences including spiritual needs had been recorded. Some people were being supported to set up funeral plans in consultation with family.
- The home had experienced two deaths in the last 12 months. To specifically support the people, staff had helped them create a memory booklet with photographs. People had been supported to make cards and express how they were feeling about the loss of their friends.
- The memory booklet helped them to talk about their feelings with staff and other people in the home. One person was happy to share the memory book with us and talk about the two people.

# 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 not remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had been working in their role as registered manager since February 2019. They were very knowledgeable about the people living in the home having worked there previously. It was evident they were positive about the staff team and their commitment to providing care that was person centred.
- People sought out the company of the registered manager either in the office or in the communal areas of the home. A relative told us they felt the service was well managed. They were consulted and empowered to make suggestions on how care was delivered.
- Staff were provided with incentives to deliver high quality care and support. There was a recognition scheme to reward staff that demonstrated excellence at work and an employee of the month award. These were shared with people and their families through the quarterly newsletter. An area of the home had been designated to display pictures of the staff and the good work they had done helping celebrate these achievements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and 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 role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths. The rating of the service was clearly displayed within the home and on the provider's web page.
- The registered manager was visible, available to speak and help when staff needed additional support or advice. The registered manager was supported by a deputy manager, team leaders and support workers. Staff were committed to providing care that was tailored to the individual.
- There was good communication between the management and the staff. Staff said the management was approachable. Daily handovers were taken place to keep staff informed of any changes and coordinate the care being provided.
- Regular audits were completed, and these were supported and overseen by the provider. The area manager visited regularly to check on the quality of the service. Action plans had been developed to make improvements to the service.
- The registered manager understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.

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

- Annual surveys were completed with people and their relatives to gain their views on the service helping with the continual monitoring of the service. The registered manager had devised an action plan in response to the feedback. Overall, the feedback from the most recent survey was positive.
- Meetings were held with the people living at Wood House. There were also service user forums where they met up with people from other homes in the local area. This was a forum to gain people's views and an opportunity to meet and socialise with people from other services.
- Staff were engaged and involved in regular team meetings. Staff said they were more confident to raise any concerns or make suggestions under the new manager.

Continuous learning and improving care

- There was ongoing training for all staff. A member of staff said, "There is lots of training, I have just done a course on recognising if people are unwell, which will be useful".
- The registered manager met up with other managers working for the provider. Good practice was shared during these meetings to aid learning and improve services for people. For example, key findings from inspections across the provider's services.

Working in partnership with others

- The registered manager and the staff worked effectively with other health and social care professionals to meet people's specific needs. Care plans showed evidence of professionals working together.
- A visiting professional said, "I cannot fault this service, all staff are caring and supportive of people when I come to visit". They said there was good leadership and staff made themselves available to support them when they visited.