Isand (Domiciliary Care) Limited

Woodleigh Care

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

This was an announced inspection carried out on 11 and 12 October 2016 and was announced. At our last inspection on 4 and 5 June 2013 we found the provider met the regulations we looked at.

Woodleigh Care offers supported living accommodation for up to 15 people. The service is based in three houses in Huddersfield located a short distance from each other.

At the time of our inspection the service had a registered manager in post. 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 and associated Regulations about how the service is run.

People felt they were safe and protected from harm. Staff had a clear understanding of abuse and were familiar with how to report any safeguarding concerns. Risks to people had been appropriately assessed, managed and reviewed.

Recruitment processes were found to be safe and the registered provider carried out ongoing background checks to ensure staff were suitable to work with vulnerable adults. People received their medication as prescribed and effective systems were in place which ensured this was managed safely. Building safety checks were carried out regularly.

Staff received an appropriate induction and were found to be up-to-date with their training programme. Regular supervisions and appraisals were taking place.

People were supported to access a range of healthcare professionals. Each person had a health action plan which was regularly reviewed. People had regular tenants meetings to agree menus and they were assisted to purchase food and drink and prepare meals. Each house had fruit and bottled water available and special dietary requirements were managed appropriately.

Staff were familiar with the Mental Capacity Act (2005) and knew how this applied to their role. Decision specific mental capacity assessments and best interest assessments were recorded in care plans.

Staff helped to promote a calm, friendly living environment where people were able to direct the support they received as they were given choice and control. Staff knew how to protect people's privacy and dignity and people we spoke with confirmed this happened. Staff knew the people they supported well and people told us they liked them.

Care plans were detailed and person-centred. They contained information about people's support needs and described how they wanted to receive their support. People also had 'personal care plans' which were styled to encourage their involvement in care planning. Care plans were reviewed with people and their

families on a regular basis.

People were able to access a wide range of resources in the community to pursue their hobbies and interests as well as attending workplaces. They were supported to go on trips and holidays which were based on their choices. A number of themed events were also held in each of the houses.

A number of audits were in place which were carried out by the registered manager, clinical services manager and quality and compliance manager. These were effective as they highlighted concerns and showed action had been taken.

Staff spoke positively about the support they received from the registered manager and we found a positive culture amongst the staff team. The registered provider had an awards system in place to encourage staff development.

Complaints were recorded and investigated and people received an appropriate response.

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

Systems used to ensure the safe management of medicines were found to be effective. Staff knew how to report abuse if they were concerned about people's safety.

Recruitment checks were carried out before staff commenced their employment. Risks were assessed, managed and reviewed regularly.

There were sufficient numbers of staff working in the service and the provider ensured this was based on people's dependency levels.

Is the service effective?

Good

The service was effective

Staff received support through a robust induction and ongoing training, supervisions and appraisals.

Staff demonstrated a sound understanding of the MCA and care plans contained decision specific capacity assessments.

People were encouraged and supported to choose their own meals and they received a balanced diet. People were enabled by staff to access a range of healthcare professionals.

Is the service caring?

Good

The service was caring

People told us their experience was positive and staff were caring. Staff were confident people received good care. The living environment was homely and people's own living space reflected their interests.

Staff were familiar with the people they supported and knew how to respect their privacy and dignity.

Is the service responsive?

Good

The service was not always responsive

People's care and support needs were assessed and care plans identified how person-centred care should be delivered. Care plans were regularly reviewed.

Complaints were investigated, acknowledged and people received an appropriate response.

People were supported to access a range of activities in the community and events took place in their homes.

Is the service well-led?

Good

The service was well-led

There was a positive culture amongst the staff team who were complimentary about the management team. People knew and liked the registered manager.

A system of audits were regularly completed by the registered manager and clinical services manager. Quality management systems were found to be effective.

Woodleigh Care

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 was planned to check 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.

This was an announced inspection carried out on 11 and 12 October 2016. The provider was given 48 hours notice because the location provides supported living services to people in their own homes and we needed to be sure that someone would be in.

An adult social care inspector carried out this inspection. At the time of our inspection there were 14 people receiving personal care from Woodleigh Care.

We spoke with six people who received this service as well as four members of staff, the registered manager and the clinical services manager. We spent time looking at documents and records that related to people's care and the management of the service. We looked at three people's care and support plans.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports. We contacted the local authority and Healthwatch. Healthwatch stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The local authority had not reported any concerns.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe receiving this service. One person told us, "I feel safe upstairs." Staff we spoke with felt people were safe and protected from harm.

All the staff we spoke with told us they had received safeguarding training and training records we saw showed staff had completed this training. Staff were able to describe different types of abuse and how people's behaviour might change if they were being harmed. Staff told us they would report any safeguarding concerns. One member of staff told us they had reported a safeguarding concern to the registered manager who they said took appropriate action.

Staff we spoke with were familiar with the registered provider's whistleblowing policy. One staff member told us, "We have a number for whistleblowing. I wouldn't think twice about doing that." 'Whistleblowing' is when a worker reports suspected wrongdoing at work. Staff were also familiar with external agencies they could contact to report abuse. We saw information on abuse and how to report this was on display in each of the houses we inspected.

The registered manager had sent us appropriate notifications about safeguarding incidents which had occurred.

The registered provider used a staff dependency tool to determine the number of staffing hours required to meet people's care and support needs. People we spoke with told us there were enough staff to meet their needs. During our inspection we saw where people had been supported by staff to enjoy trips out in the community, there were still sufficient numbers of staff in the houses.

The majority of staff we spoke with were satisfied they had enough staff on each shift. One staff member told us, "I'm happy with that. It's very rare we are short staffed." Another staff member said, "There's enough staff on each shift. Only one staff member we spoke with felt there difficulties in covering staff sickness.

We looked at the management of medicines and saw systems were in place to ensure this process was safe. We saw medicines were stored securely and temperatures in those areas were recorded on a daily basis.

We looked at the medication administration records (MAR's) for five people and found these were consistently completed. Where medicines were prescribed 'as and when required' (PRN) we saw there were clear instructions for staff to refer to. This meant staff were familiar with the circumstances when it would be appropriate to offer these medicines. Where people had been prescribed topical creams and lotions, we saw staff routinely recorded each application.

We saw evidence of staff training in medicine management and up-to-date medication competency checks were in place for all staff responsible for administering medicines. Weekly medicines audit were carried out by the registered manager. The clinical services manager also carried out medication audits. These systems and processes helped to ensure people received their medicines as prescribed.

We looked at the recruitment process for three members of staff and found this was safe. We saw detailed interview records which helped the registered provider establish staff were suitable for the role applied for. We saw gaps in employment history had been explored. There was evidence of employment references and identity checks along with background checks carried out with the disclosure and barring service (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who received this service were protected from individuals who had been identified as unsuitable to work with vulnerable people. The registered provider had a system for monitoring DBS renewals which meant these checks were refreshed on a regular basis.

Risks to people were appropriately assessed, managed and reviewed. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Care plans we looked at contained a range of risk assessments which were up-to-date and showed how risk was effectively managed. These covered, for example, aggressive behaviour, absconding, and compulsive behaviour. Risk assessments identified the type of risk and provided guidance as to how the level of risk should be lowered by staff. For example, one risk assessment we looked at described how staff should redirect the person when they were agitated using music, DVDs and by talking to them.

We saw there were systems in place to analyse and monitor accidents and incidents. Detailed incident reports had been completed and we saw these had been analysed and where necessary, information to identify trends and themes had been gathered.

We saw fire tests were carried out weekly, fire equipment checks took place fortnightly and once a month a fire evacuation was practiced. We saw weekly building checks looked at, for example, the use of window restrictors, first aid boxes, water temperatures and emergency lighting. This meant people were supported to live in a safe environment.

Good

Is the service effective?

Our findings

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.

Throughout our inspection we saw people were offered day-to-day choices by staff. We saw people were in control of choices around meal planning, their living environment, what they wanted to do each day and their goals. Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected.

We saw care plans contained decision specific mental capacity assessments which covered decisions people were unable to make without support. For example, MCA assessments covered finances, why a person needed one-to-one support and the use of specific medicines. Where people had been assessed as not having capacity, we saw best interest decisions had been recorded to ensure staff had relevant guidance to follow.

One person's care plan noted, '[Name of person] would need support from independent outside professionals to make any big, life changing decisions and his capacity would have to be assessed at the same time'.

The registered provider's PIR stated, 'Service users choices promoted and respected. Capacity and best interest documentation in place for all areas that could be considered a restriction'.

People we spoke with felt staff were sufficiently skilled to carry out their roles. One person said, "When they do their job, they do it right."

Staff received an induction which included an introduction to the house and two days training covering subjects such as first aid, safeguarding, food hygiene and moving and handling. We saw additional training in Autism awareness and Epilepsy had been provided for staff which was relevant to their role. Staff also shadowed experienced members of the team over a week. One staff member who described their induction told us, "I thought it was really good. It made me feel more confident going in."

The staff training matrix we looked at showed staff had received up-to-date training in a range of mandatory and specialist subjects. Staff told us they received an alert via text when they were due to attend training. The registered manager said all staff were completing the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The registered manager told us, "I spend a lot of time coaching my staff." We saw staff consistently received quarterly supervisions which were recorded as evidence of ongoing support. The registered manager always

added their comments to the supervision record which ensured they had an understanding of any staff issues. Records we looked at also showed people received an annual appraisal which was a more in-depth meeting to review their development.

We looked at how the service ensured people were involved in choosing meals, meal preparation and having enough to eat and drink and found this was well managed.

One person told us, "They ask us what we'd like to eat for a certain date." The same person said staff were supporting them to ensure their special dietary needs were met. One staff member told us, "We do try to encourage a healthy, balanced diet." Another staff member said, "We have pictures of meals. All service users get to pick their choice."

At weekly tenant meetings people decided what they wanted to add to their menu planner. People then took it in turn to undertake food shopping with the support of staff. Staff told us they involved people as much as possible in food preparation. We saw all products stored in fridges were labelled with dates opened which ensured people were not at risk of eating out of date food. Fresh fruit was available in each of the houses we visited and people had access to bottled water in fridges.

The health action plan for one person noted, 'I should eat plenty of fruit and veg to maintain a healthy diet'. Care plans contained information on people's food likes and dislikes. These arrangements meant people were supported to ensure they maintained a healthy diet which met their needs.

People we spoke with told us staff supported them when they needed access to healthcare. Each person had a health action plan (HAP) which recorded the involvement of a range of healthcare professionals such as dentists, chiropodists, opticians and GP's. The HAP was recorded in an 'easy read' style which meant people were able to be part of their health planning.

The care plan for one person stated, '[Name of person] should be supported to ensure they maintain a healthy weight'. We saw people were weighed on a monthly basis and found people had maintained a healthy weight. The HAP was reviewed on a regular basis.

The registered provider's PIR stated, 'All service users registered with GP and supported to attend health appointments, registered with local services such as opticians, dentist'.

Care plans contained a hospital passport which contained a summary of their healthcare needs which could travel with them if they had an unplanned visit to hospital.

Good

Is the service caring?

Our findings

The houses we visited were homely and welcoming. We saw people's rooms reflected their interests and tastes which meant they were person-centred. One person told us staff had supported them to purchase a new bed. They also said they were being helped to redecorate their room.

People told us they liked where they lived. One person commented, "I've never had it so good. Absolutely perfect." Another person said, "I like living here." We found staff helped to create a calm and relaxing atmosphere in the houses we visited. One staff member said, "It's their house, not our house." We observed staff communicated with people in a friendly and supportive style which ensured people were able to direct their own support as much as possible.

People told us they liked the staff and felt well supported by them. One person commented, "Staff are actually brilliant." Another person commented, "They've been nice to me." A third person told us, "They're nice people." We asked staff whether they felt people received good care. One staff member told us, "I think so, especially with the team we've got. They do genuinely care about the people they're supporting." People were supported by staff to hold a weekly tenant meeting which covered areas such as safeguarding, menu planning, and holidays.

Staff we spoke with were able to show an in-depth knowledge of the people they provided care and support for. They knew about people's interests, likes and dislikes, how to communicate effectively with them effectively and the goals people wanted to achieve. Throughout the service there was a strong emphasis on people becoming more independent and celebrating their achievements.

One health professional who wrote to the clinical services manager had commented, '[Name of registered manager and her staff are always very warm and welcoming and cooperate fully with any request asked of them by myself. It is very obvious that [name of person's] progression is down to their care and commitment. On the second day of our inspection, one person made themselves a sandwich and told us, "They showed me how to make this myself."

Each person had a key worker allocated to them. The registered manager told us key workers were responsible for ensuring people's needs were met and liaised with the management team. We saw people were able to choose which staff member they wanted as their key worker.

One person told us that when the clinical services manager visited the house to check medicines in their room were being safely managed, they always asked them for permission to go into their room.

Staff we spoke with consistently spoke about the importance of helping people to maintain their privacy and dignity. One staff member told us about the steps they took when providing assistance with personal care. They said, "We make sure curtains are closed and bedroom doors are closed. Another staff member told us they always knocked on doors. They told us, "I wouldn't even knock and go in, I'd knock and wait." One person who confirmed this happened said, "They knock on my door and wait and ask if they can come

in."

One professional who we contacted as part of our inspection told us, 'In my experience the level of care demonstrated by Woodleigh is first class, communication is excellent, managers and care staff are very co-operative and demonstrate a high quality level of care for their service users.'

Good

Is the service responsive?

Our findings

We looked at the systems the provider used to handle and respond to complaints. We saw records of complaints and where the registered provider had acknowledged these and responded to people. However, we noted that some complaints regarding the same concern had been acknowledged, although there was no formal record of how the provider had responded to this issue. The clinical services manager told us they met with people to discuss these concerns as written responses were not always appropriate for people receiving this service. Following our inspection, the registered provider submitted the tenants meeting record for September 2016 which showed the clinical services manager had met with people to address their concerns. We saw further evidence which showed where this was followed up at one person's monthly keyworker review in September 2016.

People we spoke with told us they would approach staff if they wanted to make a complaint. One person said, "I'd tell my key worker or [name of registered manager]. We saw how complaints could be made was covered in the service user guide. This meant the registered provider was open to receiving feedback about the service.

Care plans we looked at contained detailed records of people's care and support needs and were person-centred. This meant staff had sufficient information to provide effective care. We asked one member of staff about the care plans. They told us, "When I first started reading them, I felt I got a really good knowledge of people before I started support them."

Care plans identified people's physical health needs, such as personal care. One care plan stated, '[Name of person] prefers to have a shower each day. Staff will need to prompt him to use shampoo and wash his hair. Other sections in care plans covered communication, pain management, mental health and eating and drinking.

In each house we saw people had 'my life, my goals' which sets targets they wanted to meet with the support of staff. Care plans we looked at showed evidence of people being supported and encouraged to become more independent. One person's care plan recorded one of their goals as 'cook a meal from scratch for my family'. We saw they had done this in August 2016.

Each person had a 'personal care plan' (PCP) which was a person-centred folder, and was designed based on their interests and hobbies and provided information about what they liked and disliked. For example, one person's PCP had pictures of their favourite singers and film stars. The PCP covered, for example, music interests, family, important people to me, morning and evening routines and communication with the person. The information was written in an 'easy read' style which meant people were supported to be part of their own care planning including setting goals.

PCPs had a section dedicated to 'How to make sure I am comfortable and at the centre of my review'. This meant the registered provider took steps to ensure the person was able to be part of their review. We saw people took part in their own reviews which were carried out on a regular basis. These considered the

outcomes from previous reviews and showed objectives were being met. For example, where one person wanted to attend a religious celebration, they had been supported to do this. Reviews looked at improvements, challenges and strategies to ensure successful outcomes.

During our inspection, one person was assisted by staff to go to Blackpool and another person was returning from a holiday abroad where they had been supported by staff. We saw one person was taken to the theatre by a staff member and staff were looking up film times for another person who wanted to go to the cinema. We found people were able to choose where they wanted to go for trips and holidays.

Through our conversations with people and records we looked at, we found people were supported to be active and accessed a wide range of community resources. One person told us, "There's always something to do." For example, people went to the gym, the swimming pool, bowling, horse riding, cinema, college and work placements. Each person had an activities planner. Within the houses we saw regular themed events were held. For example, talent shows, sports days, an awards night to celebrate achievements and a Mexican night had taken place. At the time of our inspection a Halloween night had been planned.

We saw people's religious beliefs were supported as one person who wanted to attend a place of worship had done so on occasions with the support of staff.

The registered provider's PIR stated, 'Service users have an annual holiday wherever possible. Vocational opportunities available at projects - bakery, gardening and textiles. Also opportunity to attend education centre'.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who registered with the CQC in September 2016.

The registered manager told us they were well supported in their role by the clinical services manager. The clinical services manager regularly visited the houses to carry out their own service checks. They had a weekly catch up with the registered manager to discuss any issues regarding the service. The registered manager was supported by a deputy manager.

There was positive feedback about the registered manager's leadership in the home. We saw they were a visible presence who were known to people who used the service, and worked, where required, alongside staff in delivering care and support. One person told us about the registered manager, "She's brilliant. She's always there if you need her."

Staff comments about the registered manager included; "[Name of registered manager] is one of the best managers I've worked with. If I have any concerns I always come straight to [name of registered manager]", "[Name of registered manager] has got a very good working relationship with the staff team", "If I had any concerns I know I can go and speak to [name of registered manager]" and "[Name of registered manager] is great."

We saw evidence of monthly team meetings which were recorded in detail. They covered topics such as health and safety, safeguarding and discussions from tenants meetings. We saw actions from previous meetings were followed up and signed off once they had been completed. For example, in July 2016 the flooring in one kitchen area had become loose. At the August 2016 meeting it was recorded that the flooring had been replaced.

On a weekly basis the registered manager carried out a health and safety audit to ensure all regular building and maintenance checks had been completed. Weekly and monthly health and safety checks and quarterly infection control audits had commenced in September 2016. We were told peer audits where managers of other services run by the registered provider would carry out checks were commencing November 2016.

The clinical services manager carried out a monthly key performance indicator check which looked at risk management, medication, meeting service user needs and staff training. On a quarterly basis the clinical services manager carried out a medication audit.

We saw a comprehensive annual audit of the service had been completed by the quality and compliance manager in June 2016. Where maintenance issues had been highlighted as a concern, we saw appropriate action had followed with repairs and the replacement of tumble dryers and fridge freezers. We saw other examples where timely action had been taken in response to identified needs.

The registered provider had a system of bronze, silver and gold awards in place which were designed to

encourage and support staff development. For example, this meant staff could receive training and support to become a team leader or work towards a management role. We saw staff were actively taking part in this scheme. One staff member who was working towards an award commented, "I think it gives you insight about the team leader role."

Staff told us they worked in a positive working environment where there was a strong team ethic. One staff member said, "This is one of the best services I've worked in." Another staff member told us, "I love the job. It's rewarding." A third staff member commented, "I think we've got a good team now."