

Healey Care Limited

# Woodleigh House

## Inspection report

Woodlea Road  
Waterfoot  
Rossendale  
Lancashire  
BB4 7BD

Date of inspection visit:  
05 May 2016  
06 May 2016  
09 May 2016

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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

We carried out an unannounced inspection of Woodleigh house on the 5 and 6 May 2016. Woodleigh House is a large Victorian house registered to provide accommodation and personal care for 10 adults who have a learning disability. The service also provides an extra bedroom for respite care. Accommodation is provided in single rooms, two of which have en-suite facilities. The home is part of a wider service provision which includes a day care facility and evening activities which are accessible to the local community. Woodleigh house is situated in the village of Waterfoot, Rossendale in Lancashire.

The service was last inspected in December 2014 and was found compliant in all areas inspected.

At the time of this inspection there was a registered manager employed. 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.

During this inspection we received positive feedback from people who used the service, visitors and health professionals. People expressed satisfaction with the service provided and spoke very highly of the staff that supported them. Relatives told us they felt staff were very professional and had a sound knowledge of the needs, wishes and feelings of the people using the service.

We saw the service had robust processes and procedures in place to maintain a safe environment for people using the service, staff and visitors. Detailed monthly health and safety checks were done which covered all rooms and the outside space of the property. These checks covered areas such as windows, flooring, home furnishings, electrical and gas appliances.

People told us they felt safe living at the home. Safeguarding referral procedures were in place and we noted appropriate notifications to the local authority and the Commission had been made. Staff showed a good understanding around recognising the signs of abuse and had undertaken safeguarding training.

Adequate staffing levels were observed over the two day inspection and staffing rotas we looked at showed a consistent level of staffing was maintained. People indicated their needs were met appropriately and restrictions were not made on activities. Staff told us they did not feel rushed with their daily routine and this enabled them to spend time conversing with people and supporting with activities. We observed regular staff interaction to support this.

We found a good recruitment system in place and a thorough induction process for all new staff. Staff told us they felt the induction process equipped them well to undertake their role as a support worker.

Processes were in place for appropriate medicines management and staff were adequately trained. We observed safe administration of medicines and noted individual risk assessments in people's files to support

medicines prescribed 'as necessary' and variable doses'.

We saw the service had created detailed individual risk assessments for all people using the service to promote positive risk taking. These risk assessments considered the persons wishes and feelings.

We saw detailed care plans which gave clear information about people's needs, wishes, feelings and health conditions. These were reviewed monthly and more often when needed by the person's key worker.

We saw evidence of detailed training programmes for staff. People we spoke with indicated that staff had the correct knowledge and skill base to effectively support people with a learning disability. In addition to this, staff were working towards the QCF Qualifications and Credit Framework. This is a diploma in health and social care, formally known as an NVQ (National Vocational Qualification).

Staff spoken with were aware of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be unable to make their own decisions. The manager also demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

We saw that people's nutritional requirements were being met and choices were offered throughout the day around meals. We observed people making themselves snacks and drinks throughout the day and contributing to the preparation of meals. Individual risk assessments had been created when necessary and weight monitoring charts were in place. We noted appropriate referrals had been made to dieticians and instructions were strictly followed in cases where people had known dietary requirements.

We saw positive staff interaction and engagement with people using the service. Staff addressed people in a respectful and caring manner. The service had a calm and warm atmosphere. We observed people laughing and conversing. People using the service gave positive examples of staff interaction.

People using the service indicated they were happy with the service. We saw positive feedback from people using the service by means of 'service user questionnaires' and feedback at service user meetings. We also noted positive feedback from relatives and staff about the registered manager. People told us they were happy to approach management with any concerns or questions. We saw evidence that an 'open door' policy was followed.

## 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

People indicated they felt safe. They were supported by care staff who were considered to be of good character and had been recruited using a thorough and robust procedure.

The service had detailed environmental risk assessments and procedures and had adequate processes in place to ensure these were reviewed effectively.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of safeguarding procedures to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed effectively and there was good guidance in place for staff about how to support people in a safe manner.

### Is the service effective?

Good ●

The service was effective.

Systems were in place to ensure staff were sufficiently trained in supporting people with a learning disability. Staff received a robust and detailed induction period prior to commencing employment which equipped them to effectively undertake their role.

Staff and management had an understanding of best interest's decisions and the MCA 2005 legislation.

Supervision and appraisal was carried out effectively and in line with the service policy requirements.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

### Is the service caring?

Good ●

The service was caring.

People told us they were treated with kindness and their privacy and dignity was respected by staff.

Staff were knowledgeable about people's individual needs and it was evident people's care and support was provided according to their wishes and preferences.

People were involved in decisions around their day to day lives. People and their families were involved in the care planning process and were invited to care reviews.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People told us they had choice and ownership of their day to day lives.

Care records were detailed and clear. Care was adapted to meet people's individual needs and requirements.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

There was a good range of activities offered and people were encouraged to take part in activities of their choice.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service had a registered manager employed who was registered with the Care Quality Commission and was qualified to undertake the role.

The registered manager monitored the quality of the service provided through audits, observation and gathering feedback from people who used the service, staff and visitors.

Staff told us they felt well supported by the registered manager in their role and were able to approach her with any issues. The registered manager operated an 'open door' policy.

# Woodleigh House

## **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 was 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 inspection took place on 5 and 6 May 2016 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of our inspection there were nine people receiving care at the service.

We reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with six people who used the service and three relatives. We talked with three support workers the registered manager and a health care professional.

We looked around the premises. We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service. We looked at the results from a recent customer satisfaction survey.

# Is the service safe?

## Our findings

People we spoke with indicated they felt safe in their home. Comments included, "The carers are very nice to me" and "I am safe there are lots of staff to help me". Family members also told us they felt their relatives were safe whilst living at Woodleigh house. One relative said, "It makes me feel happy as I know my [relative] is safe. The staff are so nice and my [relative] always wants to return after having home leave". We spoke with a health care professional who had regular input at the home. They told us, "People are always happy and look content when I visit. I have no issues with the service".

We looked at what processes the service had in place to maintain a safe environment and protect people using the service, visitors and staff from harm. We found the service had detailed monthly environmental health and safety checks. We noted the checks covered each room in the building and the outside space of the property. Checks were done on specific areas within each room such as windows, flooring, electrical appliances, gas appliances and furnishings.

We noted individual risk assessments had been done to cover areas such as use of gas and electrical equipment, emergency lighting, fire extinguishers and vermin control.

We found the service had a designated member of staff in charge of appropriate checks for water temperature. These checks were done monthly. We saw a detailed up to date log in relation to this with consistent water temperatures.

The registered manager told us it was the responsibility of all staff to carry out visual checks of the premises and equipment on a daily basis and report issues when required. However, it was the responsibility of the registered manager to review all risk assessments and sign the documentation. We noted the service had a range of detailed policies in place to guide management in areas of risk, such as reporting of injuries, diseases and dangerous occurrences regulations, (RIDDOR), emergency and crisis (disaster plans) and infection control matters. We found policies had been read and signed by staff.

The registered manager told us the service employed a maintenance person who would be responsible for any general maintenance. We noted the service also used a number of external agencies for jobs which included the maintenance and repair of gas and electrical issues.

We checked what provisions were in place to manage the risk of fire. We found the service had detailed fire risk procedures in place and detailed annual fire risk assessments were followed. We noted other checks such as emergency lighting and fire extinguishers had been done and were up to date. We saw staff fire training was also in date.

The registered manager told us audits of equipment and furnishings were carried out. These audits covered areas such as the examination of people's bedroom furniture, kitchen furniture and equipment and other fixtures and fittings throughout the building. The registered manager told us she would ensure these checks were carried out by herself or an external contractor. We noted these audits were completed and up to date.

We noted observations were done by the registered manager on staff conduct around following health and safety procedures safely and effectively.

We found the service had a 'general statement of intent' around health and safety issues. This detailed that, "The Company believes that excellence in the management of health and safety is an essential element within the overall business plan. A good health and safety record goes hand in hand with high productivity and quality standards".

We looked at how the service protected people from abuse and the risk of abuse. We noted the service had policies and procedures to support an appropriate approach to safeguarding and protecting people which included areas such as adult protection, child protection, hate crime and female genital mutilation (FGM). Staff spoken with showed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. We saw that staff had also had training on positively responding to behaviours which challenged.

Staff we spoke with were clear about what action they would take if they suspected abusive practice. We noted staff had up to date training in recognising the signs of abuse, safeguarding and protection of vulnerable adults scheme (POVA).

We found the service had considered individual risk assessments for each person using the service to promote 'positive risk taking'. These risk assessments highlighted the level of risk to the person dependant on situation. They had been reviewed in line with policy guidance. These risk assessments were used as part of the person's care plan. The assessments highlighted the individual's wishes and feelings.

The registered manager told us she would undertake observations on support staff around ensuring people who used the service were supported safely and effectively around positive risk taking and that staff followed individual risk assessments and protocols in relation to this. We saw evidence this was being done.

We looked at accident and incident reports covering a twelve month period. We noted where significant harm had happened appropriate referrals had been made to the local authority and the Commission for further investigation. We saw a well organised system and audit trail with relevant information of all referrals and outcomes.

We looked at staff rotas from three weeks before the inspection and the week of inspection. We noted adequate staffing was present over the two days of the inspection and this number of staff was consistent throughout the rota. We also found processes were in place to maintain consistent staffing arrangements. The registered manager told us this would be assessed by individual need and individual time tables for activities. The registered manager told us if extra staff were needed then staff would be used from the other homes in the group. Staff members told us at times it could be busy, "As so much happens on a daily basis activity wise". However it never got to a point where staff could not cope or it became dangerous. Staff also told us that if extra staff were required due to activities then the registered manager would arrange suitable cover.

People who used the service told us there was always lots of staff to help them and over the two days of inspection we observed good staffing levels. All the people we spoke with told us they went out with staff on a daily basis. One person said, "I go out lots. I go for lots of walks and picnics in the summer. I choose what I want to do every week. Sometimes I go swimming, out for dinner or to the pictures. It depends what I want to do". Another person told us how the staff would help with anything they required.



We looked at how recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of three members of staff. The recruitment process included candidates completing a written application form and attending a face to face interview. We noted recruitment files had appropriate information in line with current guidance. We saw required character checks had been completed before staff worked at the service and these were recorded. The files also included employment history, proof of identity, POVA and a Disclosure and Barring Service, (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We saw evidence of effective disciplinary processes in line with procedural guidance. The registered manager told us she would keep a detailed audit trail for all disciplinary action. We saw evidence that this was being done fairly and consistently.

We looked at the way the service supported people with their medicines. We found there were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered. Staff had access to a range of medicines policies, procedures and nationally recognised guidance which were available for reference. These were situated in the secure medicines room.

We noted individual risk assessments for medicines had been done for each person using the service. These risk assessments captured individual need preference when taking medicines. We also found the service had also considered individual risk assessments for the use of 'as needed' medicines.

We found designated support staff were responsible for administering medicines. We saw that all designated staff had completed medicine management training. The registered manager told us that she assessed the staff member's competence to administer medicines safely and in line with best practice guidance. We saw evidence that these assessments had been done.

The registered manager told us audits of medicines administration records (MAR) were done to ensure these were being completed correctly. We saw evidence that this was being done. We observed the dispensation of medicines during the inspection and noted this was done safely and in line with current National Institute for Health and Care Excellence Guidelines (NICE). NICE provides national guidance and advice to improve health and social care.

We looked at the arrangements for the safe storage of medicines. We found medicines were being stored safely and securely. Medicines were stored securely and temperatures were monitored in order to maintain the appropriate storage conditions. There were systems in place to check aspects of medicine management practices on an on-going basis.

# Is the service effective?

## Our findings

The people we spoke with told us they were, "Happy" with the care and support they received at the service. They indicated they were supported well. Comments included, "I like it here. I like my key worker. I chose her because I like her" and "People listen to me and smile a lot. I love living here". Relatives spoken with expressed their satisfaction with how effective the service was. One person said, "All the staff know what they are doing. There is a core team and they are fantastic. They really know my [relatives] needs well". Another relative told us how living at the service has, "Opened up my [relatives] world and given them a life again as well as giving me my life back".

We noted the service had processes in place for staff training. These processes were being followed effectively. We looked at the training records of all staff. We noted staff training was up to date. This detail was clearly displayed on a 'training matrix. This was reviewed and updated by the registered manager on a monthly basis. We noted a variety of training subjects were offered such as, dealing with behaviour that challenged, autism, person centred planning, positive response and equality and diversity. The registered manager told us staff had recently received training in relation to supporting people with dementia and learning disabilities. This training was in the form of a drama group and proved to be very successful.

The registered manager told us staff were working towards the QCF Qualifications and Credit Framework. This is a diploma in health and social care, formally known as an NVQ (National Vocational Qualification). Some staff had previously obtained their NVQ 3. And were now working towards NVQ 4.

Staff told us they felt they received an appropriate level of training to enable them to effectively undertake the support role. One staff member told us, "Training is good we are offered a good variety. I have recently spoken about a training course whilst in supervision and the registered manager has already booked me on it". We noted following any training session the staff members were asked to complete a 'training evaluation form'. This was to enable the service to monitor the effectiveness of the training course.

We looked at the services induction processes for new staff. We noted induction processes were in line with the services policy. We noted the service had a specific 'induction work booklet' with various sections over a 2 week period which the inductee was required to complete. Sections included a 'service specific' section which covered the familiarisation of the premises, dress code and fire procedures. Other areas of the induction covered, paperwork, key policies and procedures, continual professional development, maintaining safety and welfare of self and others and familiarisation of people using the service. Once the initial induction and shadowing experience was completed the inductee would then continue on a 'continued induction development plan' for the following six months before being signed off by the registered manager. Staff spoke with told us the induction process was effective and prepared them for the role.

We looked at the care records of three people using the service. The care records showed consideration had been given to people's ability to make decisions in all aspects of their lives. We looked at decisions about handling money, health monitoring and weight and room access. We noted various methods were used

such as pictures. We noted essential life plans were present which detailed the person's likes and dislikes, people and things which were important in the person's life and daily routine. In addition to this we saw a 'detailed story so far'. This contained additional support needs, personal evacuation information and additional support plans.

We noted people had been supported to contribute to their individual file and other means of communication had been used such as easy to read documents and documents written in large print which were user friendly. People we spoke with told us they were able to make decisions about their day to day living and likes and dislikes and that these were respected by staff. One person said, "I choose what I want to do and where I want to go. Staff listen to me". Another person told us how they enjoyed spending time in their bedroom alone and this was respected by staff.

The registered manager told us that people using the service and their families were involved in care plans and decision making wherever appropriate and if the person was not able to make an informed decision then a decision was made on their behalf in line with current legislation. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. We noted the registered manager had submitted applications to the local authority for a number of people using the service and was actively liaising with the relevant teams in relation to the progress of applications. The registered manager kept a clear audit trail of this. The registered manager and staff spoken with showed a good understanding around depriving somebody of their liberty and the restrictions placed as part of the DoLS process.

The registered manager told us staff received supervision every three months. Effective supervision provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. We noted the service used standard topics such as work practices, support plans, attendance and training. We saw evidence that supervisions were being held in line with the services policy and noted plans were in place to schedule supervision meetings. Staff spoken with told us they thought the supervision sessions were effective, helped identify any further training requirements and gave a good environment to discuss any worries and issues they may have in a confidential setting.

We noted a staff self-appraisal tool had been used in some instances prior to an appraisal meeting. The registered manager told us it was a good way to assess any further support needed in the role. Which enabled the staff member to identify any professional development opportunities and contributions and accomplishments over the year along with testing out practices around service user involvement. This tool offered a solid base for discussion for the appraisal session.

We looked at how people's nutritional requirements were being met. We saw meal times were appropriately spaced and flexible. We observed positive staff interaction with people using the service around the encouragement of meal preparation. We saw that people were encouraged by staff to assist with meal

times, preparing the tables and making drinks. We saw people had choices around meal preference. People we spoke with confirmed this. They told us they accompanied staff on a weekly basis to the supermarket. One person told us, "I love the food. I can have what I want. It's good and I help to make it". Over the two day inspection we observed people discussing meal times, deciding what they were to have. The registered manager told us meal preferences were discussed on a weekly basis to encourage people to plan for the week. However people did not need to stick to the plan should they wish to have something different.

Processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out and individual risk assessments had been considered. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake.

Health care professionals including general practitioners and dieticians were liaised with as necessary. We noted health issues and hospital visits had been reduced due to the close relationship the service had with health care professionals at the local doctor's surgery. One health professional said, "I have worked in my professional role with the service for over eight years and have always worked well with the service. The registered manager is very pro-active and on the ball with referrals. All people using the service have an admittance avoidance plan to prevent unnecessary hospital admissions and this proves to be very effective. I have an excellent relationship with all the staff". The registered manager told us this service worked extremely well and reduced stress and anxiety for people using the service around their health needs.

We noted each person had a detailed 'hospital grab pack'. This contained essential information on the person around areas of health, medication, likes and dislikes and how they would prefer to be supported should they need to attend hospital. The registered manager told us this pack proved to be invaluable in the event of a hospital admission.

During the inspection we noted several areas of the premises needed redecoration and refurbishment. For instance wallpaper was damaged and badly scuffed in the living areas and carpets were in need of updating. Whilst arrangements were in place for routine maintenance and repairs, the registered manager acknowledged the requirement for this refurbishment to be done.

We recommend that the provider implements a time scaled redecoration/refurbishment plan to upgrade the home and to ensure the home is maintained in good decorative order.

## Is the service caring?

### Our findings

People indicated that they felt the staff team were caring and their dignity was respected. One person told us, "I like the staff. They are kind to me and help me". Another person told us staff would sit and talk with them if they had any worries which made them feel better. Relatives we spoke with told us they felt the staff team were very caring and compassionate. One person said, "I have no concerns with my [relative] living at the service. The staff are always very caring and listen to my [relative] which is very important to them". Over the two days of inspection we observed some positive interaction between staff and people using the service. People appeared at ease around staff and would laugh and joke with them. People were spoken to in a respectful and friendly manner. We saw positive examples of people being cared for considerably by staff.

We observed staff providing support in a positive way by involving people in routine decisions. Staff we spoke with gave clear examples about how to uphold people's dignity and privacy. People indicated that staff considered their choices. Over the two days of the inspection we observed people spending time in their rooms. People told us they enjoyed time colouring, craft making and watching television. We noted people had designated rooms which they could use to listen to music. One person said, "I sometimes watch television or listen to music in my room on my own. I can watch television downstairs if I want to". We observed people moving freely around the property.

We spoke with family members and friends about their experience when visiting the service. Everyone we spoke with gave positive examples about visiting. One person said, "I visit all the time. It is like having an extended family. I am made to feel very welcome and am always offered a drink". Several family members told us that staff would pick them up from home if they were struggling to visit. One person said, "Nothing is ever too much trouble. The staff are excellent. Very accommodating".

We saw all people using the service had a key worker. The key worker took a social interest in the individual and helped develop opportunities and activities for them. They also supported the person by providing oversight of shopping to ensure maintenance of clothes, food and toiletries. One person told us how much they liked their key worker and how they had been involved in selecting them.

We saw evidence that residents meetings and forums were held. The registered manager told us these meetings were held every two months. We noted activities were discussed along with trips and meals. Safeguarding and complaints procedures were re-visited and feedback was given by the registered manager on any service changes and any issues raised at the last meeting with updates of actions taken. People we spoke with told us they liked participating in the meetings. This involvement helped give a sense of ownership.

We saw that all people were involved in their care planning and the person's wishes and feelings were evident throughout the files. Relatives we spoke to told us they were involved where ever possible. One relative said, "I am always involved in reviews and they always keep me updated with any changes. I feel they have a very effective system around keeping families involved".

We noted staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

We noted that there was a strong emphasis on life, domestic and social skills being promoted. All activities were focussed on the person gaining their independence both in the house and in the community. We saw evidence of this over the two days of inspection. We observed staff supporting people with their daily chores and kitchen duties.

We found that people using the service were involved in the recruitment of support staff and participated in the interview process. The registered manager told us people using the service would continue to be part of the person's probationary period and asked to complete, "User friendly" assessments around on-going professionalism. The registered manager told us this had proved to be very successful as people using the service had ownership of their support staff team.

The registered manager told us advocacy details were easily accessible for visitors and people using the service. Advocacy information was covered at residents meetings. We noted that there was no one using the advocacy service at the time of inspection.

There was evidence that the service provider had a clear vision and set of values based on privacy and respect. It was clear when speaking with people using the service, staff, other professionals and relatives that people's rights to choice, dignity, independence and privacy were respected.

## Is the service responsive?

### Our findings

People spoken with indicated that they enjoyed living at the service. People told us they were happy and it was their home. One person said, "I have friends here and I like the staff". The person continued to name all the staff members and what they liked about them. Relatives spoken with also told us they were happy with their relatives living at the service. One relative said, "The staff really care for my [relative] and the main thing is that my [relative] loves the staff. That's the most important thing to me. There is always a very relaxed atmosphere when I visit. It feels like a home".

We looked at how the service assessed and planned for people's needs, choices and abilities during the transition into the service. The registered manager told us there were processes in place to assess people's needs before they used the service. The assessment involved gathering information from the person and other sources, such as families and care professionals. We looked at three people's care records and noted that the pre-admission assessments were detailed with relevant information. We noted appropriate information was considered and documented such as what the person considered to be important to them and their wishes and feelings around moving.

The registered manager told us that each person using the service had a person centred care plan (PCP). We noted care plans in response to identified needs and preferences. These included detailed directions for staff to follow on meeting the needs of the person. People we spoke with and their relatives told us they had been part of their care planning process.

We looked at three of these care plans and noted relevant documentation was evident to support the development of the care planning process and the delivery of care. We saw that each of the plans had a very detailed daily living requirements summary. This covered areas such as mood and motivation, de-escalation techniques, behaviour plans, support needed around domestic tasks, family contact, dietary needs, personal care requirements and mobility. We noted these care plans were reviewed on a monthly basis or more often if required. The registered manager told us it was the duty of the key worker to review them monthly and document any changes with oversight from her. This ensured the correct level of care and support was given. We noted the service recognised that needs could change and had correct procedures in place to assess this.

We noted great emphasis was placed on daily activities. The registered manager told us this was considered a large part of the person's day. We noted over the two day inspection people leaving the service to pursue activities. People we spoke with told us they organised the week ahead but these plans could change should they decide they no longer wished to participate.

The registered manager told us people using the service sat on a 'committee' to discuss participation in local events. People told us they entered the local scarecrow making competition and were currently deciding what theme they would use this year. We noted participation in other events such as coffee mornings, family BBQ, mother's day lunch and a charity car wash. People we spoke with told us they enjoyed being part of this and felt that their contribution was meaningful which gave them a true sense of

worth and belonging.

The registered manager told us the local aqua pool was hired by the service every week so people could enjoy the pool and jacuzzi. We also noted small group activities and short break holidays were arranged.

We found positive relationships were encouraged and supported by staff. Several people told us they had regular home leave and others had regular contact with their families. Relatives we spoke with told us they were always made to feel very welcome and offered refreshments during their visit. Relatives spoken with made positive comments about the service encouraging family contact and placing no restrictions day or night around visiting times. One person said, "I feel I could visit my [relative] at any time day or night and always be made welcome. Woodleigh House has a good caring atmosphere about it, with friendly helpful staff and that is definitely a big plus".

We looked at how complaints and compliments were managed. We noted the service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had robust systems in place for the recording, investigating and taking action in response to complaints. Detailed chronologies were kept and were easily accessible and a good audit trail was kept by the registered manager.

Staff told us they felt supported to raise concerns. We saw evidence of this in supervision notes and staff meetings. Staff members told us that any issues would be dealt with effectively and professionally by the registered manager.

We saw evidence that people who used the service also had opportunity to discuss any issue of concern regarding their care and support in general day to day discussions with staff and their key workers. This meant any issues raised as concerns would be responded to quickly. The registered manager told us the complaints policy and procedure was revisited at every residents meeting and people were encouraged to raise any issues during the meeting. We saw evidence that this was being done in the meeting minutes. We also saw positive examples of responses to complaints by people and their families. People told us they felt confident that any issues raised would be dealt with appropriately. People were able to tell us how to raise a complaint and felt comfortable approaching the registered manager when necessary.



## Is the service well-led?

### Our findings

The service had a registered manager in post. The registered manager had responsibility for the day to day operation of the service. Throughout all our discussions it was evident the registered manager had a thorough knowledge of people's current needs and circumstances and they were committed to the principles of person centred care.

People we spoke with told us they liked the registered manager. They told us she would help them with anything and was very nice. Relatives we spoke with gave very positive comments about the manager. Comments included, "The registered manager is fabulous" and "The registered manager is good. I can approach her with anything". Staff told us the registered manager was always present in the home which made her easily accessible should they need advice or support.

We noted the service had a wide range of policies and procedures in place. We noted staff were required to read and sign the relevant policies. This provided staff with clear information about current legislation and good practice guidelines. We noted that all of these policies had been reviewed and updated to reflect any necessary changes. The registered manager told us it was her responsibility to ensure this was done and staff would be required to familiarise themselves with any changes in procedural guidance. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We saw the service had effective audit systems in place. These included environmental audits, medication audits and audits of people's care files. These were effectively reviewed and in line with procedural guidance. We noted a 'house service' audit was also present. This audit was in response to feedback from people using the service and their families by means of questionnaire. This was reviewed by the registered manager and responses to complaints and compliments were discussed at residents, family and staff meetings.

We looked at some of the responses from the questionnaires. People indicated they felt welcome when visiting and staff were always available to speak to. People who used the service and their families felt they had the support they needed and the registered manager was always approachable. We noted one family member comment which said, "I think you are all doing a brilliant job and I am struggling to come up with an area for improvement".

The registered manager told us staff meetings were held every three to six weeks. We saw an audit trail for this. We noted these meetings were used to feedback any complaints, compliments and any good or bad practice examples. Staff we spoke with told us the meetings were useful and provided an environment for everybody to come together and discuss any new ideas, plans or issues they may have. One staff member told us, "I feel I have good input on developing the company. The registered manager is always willing to listen to new ideas and will give them a go if they are realistic and if not she will offer an explanation into why".

During the inspection we observed and spoke with support staff that appeared enthusiastic and positive about their work. They displayed a good work ethic. They were well informed and had a good working knowledge of the role and responsibilities of supporting a person with a learning disability. Staff appeared very positive about the attitude of the registered manager and how she managed the service. They told us they had received relevant training which equipped them to undertake their roles effectively as support staff and felt well supported by the wider management team. Comments from staff included, "I enjoy working here, we are a good team and work together well" and "The service is absolutely brilliant to work for".

Over the two days of the inspection we noted the registered manager to be very approachable. She considered the service to be well led. The registered manager told us she took her role very seriously and felt the staff did too.

We noted the service had a 'statement of purpose' which clearly outlined the underpinning principles of the service and its commitment to ensuring people received high quality care and support. Whilst respecting the privacy, dignity, individuality and freedom of choice and aiming to build a therapeutic and harmonious, happy client/ carer relationship.

We also noted the provider had a 'mission statement'. The aim of this was, "To provide an appropriate service to people with a learning disability who may have behaviours which are considered to challenge services and who are in need of supported accommodation/ residential care. To ensure each person using the service receives the correct level of support to enable them to live a full and satisfying life and to encourage involvement in a range of activities. To facilitate independence and work holistically to reduce any challenging behaviour".