

Bright Futures Care Limited

Woodville Place

Inspection report

9 & 10 Cottesmore Close
Great Sankey
Warrington
WA5 3UN

Tel: 01925759162
Website: www.brightfuturescare.co.uk

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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

Woodville Place is a 'care home', providing accommodation, nursing and/or personal care for up to four younger adults with sensory impairments, learning disabilities and autistic spectrum disorders. Accommodation was provided across two adjoining houses, over three floors. At the time of the inspection four people were living at the service.

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

Staff were thoroughly inducted into their roles, received regular supervision and supported on a daily basis. However, we noted that training completion statistics required attention. We have made a recommendation regarding training compliance oversight.

Infection prevention and control (IPC) measures were generally in place. Staff were engaged in a regular COVID-19 testing regime, screening procedures were in place for visitors and PPE was accessible and available for staff. We have signposted the provider to some best practice guidance in relation to IPC.

Regulatory compliance certificates were in place. People lived in a safe and secure environment that was well maintained. Health and safety checks were generally completed on a weekly, monthly, quarterly and annual basis. We did note that some weekly checks were missing. This was brought to the managers attention.

Safeguarding and whistleblowing procedures were in place and people were protected from avoidable harm and abuse. 92.3% of staff had completed safeguarding training and staff knew how to escalate any concerns. One relative told us, "There are measures in place to keep [person] safe, the staff really, really care."

People received a safe level of care that was tailored around their support needs and areas of risk. Care plans and risk assessments contained up to date, consistent and relevant information. People received support from a dedicated team of staff who were familiar with the support that needed to be provided and how risks needed to be managed.

Safe medication practices were in place. Staff received the necessary medication training, medication audits were regularly completed, and staff compliance and competency levels were routinely monitored.

Safe staffing levels and recruitment procedures were in place. People received care and support by a staff team who were suitably recruited into their positions. We observed kind, compassionate and a considerate level of care being provided. It was evident that positive, trusting relationships had developed and people were empowered to live as independently as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the statutory guidance which supports The Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the principles of right support, right care, right culture. People's choice, control and independence was supported. Personalised care was provided, staff promoted people's dignity, privacy and human rights and the ethos, values, attitudes and behaviours of leaders and care staff ensured that people using the service lead confident, inclusive and empowered lives.

Overall governance and quality assurance systems and measures were in place. The quality and safety of care was routinely monitored, assessed and developed upon; such measures ensured that a good provision of care was maintained. We did highlight a number of areas that required greater oversight, the manager was responsive to our feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was 'good' (published 10 January 2020)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control (IPC) measures under the 'Safe' key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurances that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to our 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Woodville Place

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.

As part of this inspection we looked at the infection prevention and control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Woodville Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did have a manager registered with CQC. The registered manager 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

We gave 24 hours' notice of the inspection because infection prevention and control arrangements had to be agreed with the provider and put in place prior to our visit; this helped to mitigate the risk of any cross contamination or transmission of Covid-19.

What we did before inspection

We reviewed information we had received about the service and sought feedback from the local authority who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with a senior manager, registered manager, two members of staff, two people living at Woodville Place, two relatives about their experiences of care provided to their loved ones and two external healthcare professionals.

We reviewed a range of records. This included two people's care records, medication administration records and two personnel files of staff who had been recruited since the last inspection. We also reviewed a variety of records relating to the management and governance of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audit and governance data, as well as infection prevention and control policies and procedures.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Safety monitoring measures and the assessment and management of risk was established and regularly reviewed.
- Care records contained tailored information that enabled staff to provide the most appropriate level of care, also ensuring risks were safely managed. Care records contained information such as 'How to keep me safe?'. One member of staff told us, "[People] are as safe as they could be; risks are observed and managed."
- Risk assessments were bespoke and tailored around the needs of the person receiving support. For instance, risk assessments were in place for self-isolation, self-harm and allergies.
- Individual environmental risk assessments were in place for each person. For instance, areas of risks were identified in relation windows, hot water and different aspects of the home. Staff identified the level of risk and ensured measures were in place to keep people safe.
- Regulatory compliance certificates were evidenced during the inspection and routine weekly, monthly, quarterly and annual health and safety checks were in place. Although we did note that several weekly routine checks had not been thoroughly completed.

Using medicines safely

- Safe medicine procedures were in place.
- Staff were fully trained and regularly had their competency levels and performance monitored.
- The medication administration policy was complied with; medicines were administered in accordance with people's care plans and risk assessments.
- Medication audits were completed; these helped to ensure compliance was monitored and any areas of improvement were identified in a timely manner.

Staffing and recruitment

- Safe staffing levels and robust recruitment procedures were in place.
- We received information to suggest there had been a lot of staff changes recently which had led to some staff inconsistencies. However, staffing levels were suitably monitored.
- Staff were safely recruited; the required pre-employment checks were conducted, and candidates were suitably vetted before working at Woodville Place.

Preventing and controlling infection

- We were generally assured that IPC procedures were complied with.
- COVID-19 screening procedures were in place. Visitors were required to sign a COVID-19 declaration form, provide a negative COVID-19 test result and wear the appropriate PPE on each visit.

- Although the environment was clean and well maintained, enhanced/frequently touched cleaning regimes were not in place. We have signposted the manager to best practice guidance.
- Staff had access to the relevant PPE and were engaged in routine COVID-19 testing regimes.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Safeguarding processes were in place and lessons were learnt when things went wrong.
- Staff knew the importance of keeping people safe; 92.3% of staff had completed the required safeguarding training and knew how to escalate their concerns.
- We were assured that safe care was provided. One relative told us, "I'm 100% reassured [person] is safe, [person] is happy and well cared for." One staff member told us, "It's brilliant, I've no concerns with the care being provided." Both people we spoke with told us they felt safe living at Woodville Place.
- Accident and incident reporting procedures were in place. Staff completed the relevant documentation and follow up actions were completed as and when necessary.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were effectively inducted into their roles but overall training compliance required attention in some areas.
- Staff were encouraged to complete mandatory and bespoke training although training statistics for areas such as Positive Behaviour Support (PBS), Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and sensory awareness required greater oversight.

We recommend that the provider maintains a greater level of oversight in relation to training compliance of the staff team.

- Staff expressed that they felt supported in their roles and enjoyed working at Woodville Place but did not always feel they received effective supervision.
- Staff told us, "Staff are well supported, management do support staff" and "There's a lovely relationship between staff and management."

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.

- The provider was compliant with the principles of the MCA (2005).
- People received an effective level of care in the least restrictive way possible.
- Care records contained information in relation to people's capacity support needs and best interest decisions that had been made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, choices and preferences were assessed and supported in line with standards, guidance and law. For instance, principles of the Equality Act (2020) and MCA (2005) were complied with.
- Staff delivered a tailored level of care that was centred around assessed needs and choices.
- The provider ensured the principles of right support, right care and right culture was embedded at the service; people were supported to make choices, independence was promoted and people's dignity, privacy and human rights were respected.

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

- Adaptations, service design and decoration were tailored around the needs and preferences of the people living at Woodville Place.
- The service was in a residential setting and did not identify itself as a registered care home; the environment was homely and inviting.
- Each bedroom had been designed and adapted around the preferences and individual tastes of people living there. Maintenance coordinators helped adapt personal spaces and as such, helped to create environments that were safe, and centred around people's wants and wishes.

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

- Effective nutrition and hydration support was provided; care records made reference to best practice 'eat well' guidance.
- People were supported to make informed decisions about healthy and balanced meals.
- Care records contained people's likes, dislikes and preferences and the level of support people needed. For instance, one care record stated, 'I will make my own sandwiches or cheese on toast with very little support from my carers.'
- People were supported to inform the 'weekly food shop', participated in their own independent shopping and were also encouraged to have 'treat' nights such as take-aways.

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

- Consistent, effective and timely care was provided by dedicated staff and other external professionals such as Learning Disability services, speech, language and occupational therapists as well as GP's and positive behavioural support services.
- People's health and well-being was assessed, monitored and regularly communicated amongst the staff team and external professionals.
- People were supported to live healthier lives; staff arranged routine appointments such as dentist, optician and annual health checks for people living at Woodville Place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We were assured that people were well treated and supported; equality and diversity support needs were respected. One relative told us, "The care (up to now) has been brilliant. We all work together. I've nothing but praise for the home."
- We observed staff engaging with people in a kind, caring and respectful manner. One relative told us, "[The care] is outstanding, [person] really enjoys living there, staff have a great rapport with [person]."
- Equality and diversity support needs were assessed and established from the outset. Care records contained all relevant information in relation to any equality and diversity needs that required support. One relative told us, "[Person] is 100% getting the care they need."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and promoted independence as much as possible.
- Staff supported people to engage in their hobbies and interests, helped develop independent living skills and encouraged people to make decisions around their day to day care. One relative told us, "[Person] is much more mature, has definitely developed their own decision making and confidence levels."
- Staff spoke to people with respect, empowered them to make choices and engaged with people in a positive and supportive manner. People told us, "I love living here, staff help and support me" and "I feel like I can go to staff."

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

- People were provided with opportunities to express their views and were involved in decision making processes.
- Feedback and suggestions were captured from people, staff and relatives. Feedback helped to enhance the provision of care people received.
- Relatives told us their loved ones were well supported and positive relationships had developed. Comments we received included, "[Person] is definitely making progress, [person] has now got a purpose" and "[Person] is independent, not isolating anymore, [person] really enjoys living there."

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 'outstanding'. At this inspection this key question has now been rated as 'good'. This meant people's needs were met through good organisation and delivery.

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.

- AIS was fully understood and complied with; people received the required level of communication support.
- People's communication support needs were appropriately assessed and care records contained the relevant information staff needed to familiarise themselves with. For instance, one record highlighted, 'I require people to speak calmly and slowly, and require regular assurances and direction in unfamiliar circumstances.'
- Easy read material was available. For instance, we saw easy read complaints material as well as visual aids to support communication.
- An external independent consultancy service helped promote and support people's speech, language and sensory integration.
- Staff were encouraged to complete sensory awareness training to help aid communication, understanding and awareness. Although 33.3% of staff still needed to complete this training.

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

- People received a personalised and tailored level of care; people were empowered to have choice and control over their lives and were involved at all stages of their care from the beginning.
- Thorough assessments were conducted, care plans were tailored and staff developed a real sense of the 'person' and their support needs before transitioning to the service. Transition plans/meetings took place to ensure Woodville Place was the most suitable environment for the person.
- Care records contained 'My Care and Support plans', pen picture and sensory profile information. All of which provided staff with specific information about people they were supporting. For instance, one sensory profile contained information about the person's sensory sensitivities and sensory areas of risk that needed to be taken into account.
- People had personalised 'positive behavioural support' plans which outlined detailed strategies, associated triggers and de-escalations techniques staff needed to be familiar with. However, only 63.6% of staff had completed PBS training. Following the inspection, we were informed that further PBS training had been confirmed for the remaining staff.
- We received positive feedback about the personalised care people received. One external professional told us, "Strategies and guidance we provide is always taken on board." One relative told us, "[Person] is

definitely making progress, they [staff and person] seem to be working really well together."

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

- Positive relationships were supported and maintained and people were supported to engage in hobbies and interests that were relevant to them.
- COVID-19 restrictions had somewhat impacted some aspects of social integration over the last 18 months. However, people were safely supported to maintain contact with their loved ones as much as possible. Relatives were supported with face to face visits, phone/face time calls and more recently, people were supported to continue with home visits with their loved ones.
- Hobbies and interests were captured from the beginning; people's weekly planners were centred around different activities that helped to develop and enhance their skills and abilities. For instance, people attended college and youth clubs as well as participating in local walks, sports events and garden games such as badminton and basketball.

Improving care quality in response to complaints or concerns

- There was an up to date complaint procedure in place.
- Relatives and people living at Woodville Place were provided with the complaint procedure and knew how to raise their concerns.
- Complaints were responded to and managed in line with the company complaint policy.

End of life care and support

- No end of life care was being provided at the time of the inspection.

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 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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers and the staff team understood the importance of their roles, ensured risks were managed and complied with regulatory requirements.
- Audits and checks helped to monitor and improve quality performance. Although, we did highlight some areas that required attention. These were discussed at the time of the inspection.
- Areas of risk were assessed, monitored and reviewed; this ensured people received the safest level of care and risk was managed and mitigated as much as possible.
- The manager was aware of their regulatory responsibilities and requirements; they understood the importance of liaising with CQC and the local authority as and when needed.
- The manager was responsive to our feedback and expressed how passionate he was about the service and providing the care people needed.

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

- An open, inclusive, person-centred and empowering culture had been created. Principles of right support, right care, right culture were embedded; people received a holistic level of care and good outcomes were achieved.
- People were supported to make decisions about their day to day care and were offered different opportunities which supported their independence. For instance, one person enjoyed attending a local youth club and another person was no longer at risk of self-isolation due to the inclusive and positive relationships that had developed.
- The delivery of person-centred care meant that people achieved good outcomes. One relative told us, "[Person's] communication is a lot better."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour as well as legal and regulatory responsibilities were complied with.
- The manager ensured open, honest and transparent lines of communication were maintained. Relatives told us, "They [staff] tell me everything I need to know, we've been included with everything from the beginning" and "There's good communication with all staff."
- Accident and incident reporting procedures were in place; the necessary people and services were liaised with and investigations were carried out accordingly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged and involved people, the public and staff in the quality and safety of care being delivered; positive partnership work had been established.
- People, staff, and relatives were encouraged to share their feedback; we saw evidence of satisfaction surveys being circulated. However, there was little evidence to suggest that feedback/suggestions were always responded to.
- There were daily handovers to discuss each person living at Woodville Place as well as other aspects of service delivery. We did receive some feedback to suggest that communication could be improved between the staff team as well as external agencies.
- Staff told us they were well supported and felt valued. One staff member said, "It's a brilliant team."