

# United Health Limited

## Woodview Care Home

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. Our last inspection took place in September 2013 when we found the service

to be meeting standards relating to consent to care and treatment, care and welfare of people who use services, safety and suitability of equipment, requirements relating to workers, complaints and records.

Woodview Care Home provides accommodation and nursing or personal care to eight people with learning disabilities.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

# Summary of findings

Relatives felt their family members were safe and their welfare was protected. There were sufficient staff to meet people's needs and keep people safe. Conversations with staff and the registered manager demonstrated that they were aware of local safeguarding procedures and had the necessary knowledge to ensure that people were safeguarded from abuse. An effective recruitment procedure was in place to minimise the risk of abuse.

Woodview Care Home protected people's rights and ensured wherever possible people were involved in making decisions. People were involved in a range of day to day decisions and we noted that the staff adapted their communication to meet the needs of the person they were supporting. Staff and the registered manager were up to date with current guidance to support people to make decisions. Any restrictions placed up on people were made in people's best interest using appropriate safeguards.

Staff were positive about the range of training courses they received and the further training courses they were encouraged to undertake in order to provide effective care. Staff received regular supervision and an annual appraisal. Supervisions ensure that staff receive regular support and guidance and appraisals enable staff to discuss any personal and professional development needs.

Relatives were positive about the way in which the home supported their family members' healthcare needs. They told us they were involved in review meetings where healthcare needs were discussed and were kept up to date about any appointments about, or changes to people's healthcare needs. A visiting GP confirmed that the home effectively met and responded to any changes in people's healthcare needs.

People were offered varied, balanced and nutritional meals. Staff had received training about how to meet people's nutritional needs and were able to explain how they safely assisted people to eat and drink. Our lunchtime observation confirmed that people received appropriate nutrition and assistance to eat and drink.

We observed staff interacting with people in a sensitive, patient and understanding professional manner. Staff had a clear understanding of how people expressed their needs and made decisions. They responded in a caring and patient way. A number of accessible documents and tools were in place to support people to make decisions and inform them about the service. Observations throughout our inspection demonstrated that the staff at Woodview Care Home had a clear knowledge of the importance of dignity and respect and were able to put this into practice when supporting people.

Throughout our inspection we saw that staff responded to people's needs and the way in which they communicated discomfort or unhappiness in a timely way. People's support plans contained comprehensive, person centred information about people's individual health and support needs and preferences. Woodview Care Home were proactive in providing and finding activities to meet people's differing needs and preferences. A wide range of group and individual activities were provided.

Relatives spoken with during our inspection visit told us they had no complaints with the service. People were supported to maintain contact with their relatives and we saw that the home had embraced the use of technology to support this. Relatives told us that they were able to visit at any time and felt welcomed.

Relatives, people visiting the home during our inspection and staff were positive about the registered manager and the way in which she led the service. One member of staff commented that the registered manager "Has high standards. She leads by example". Comments from relatives about the manager were also positive. They told us that the registered manager was always around, always approachable and proactive in trying to make the service as good as possible.

A system was in place to continually audit the quality of care provided at Woodview Care Home. We saw that this incorporated a range of weekly and monthly audits relating to all areas of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Relatives we spoke with were confident that their family members were being cared for in a safe way.

There were sufficient staff to meet people's needs and keep people safe. Staff had a good understanding of abuse and were aware of their responsibilities in reporting any concerns about possible abuse. An effective recruitment procedure was in place to minimise the risk of abuse

Woodview Care Home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received training and demonstrated a good understanding of the DoLS and the Mental Capacity Act (MCA) and how these applied in practice.

Good



### Is the service effective?

The service was effective.

Support plans contained detailed information about people's healthcare needs. These were regularly reviewed and updated in order to ensure that they were accurate and reflected any advice given by healthcare professionals. Health Action Plans and Hospital Passports were in place to record and assist healthcare professionals to meet people's needs.

Staff received comprehensive training and were actively encouraged to undertake further training. Regular supervision and an annual appraisal were provided to support staff to fulfil their roles and responsibilities.

People were offered varied, balanced and nutritious meals. Staff had received training to safely meet people's specific nutritional needs. Our lunchtime observations demonstrated that people were appropriately assisted to eat and drink.

Outstanding



### Is the service caring?

The service was caring.

Relatives told us that the staff were kind and caring. Observations showed that staff were kind and compassionate to people and support was provided in a caring way.

People's privacy and dignity were respected and staff were knowledgeable and caring about people supported by the service.

Information was communicated in a variety of ways to meet the needs of people living at the home. People were given the opportunity and enabled to make choices and decisions wherever possible.

Good



### Is the service responsive?

The service was responsive to people's needs.

Good



# Summary of findings

Staff responded to people's needs in a timely way and were aware of the way in which people communicated their needs.

Staff were committed to gathering information about people's preferences and backgrounds in order to provide person centred support. People's support plans were amended in response to any changes in need. Staff told us that they were informed of these changes during staff handovers.

Activities were provided to meet the differing needs of people living at the service. Staff told us that they were happy to work different hours in order to support people to attend evening activities such as football matches and concerts.

## Is the service well-led?

The service was well-led.

The registered manager was visible and ensured there were opportunities for people, relatives and staff to provide feedback and influence the service.

The home had an open and transparent culture in which good practice was identified, shared and encouraged.

Systems were in place to ensure that the quality of the service was continually assessed and monitored.

**Good**



# Woodview Care Home

## Detailed findings

### Background to this inspection

We inspected the service on 23 July 2014. We used verbal communication and Makaton to speak with one person living at Woodview Care Home. Makaton is a recognised communication system which uses signs and symbols to help people communicate. Other people living at the home were unable to verbally communicate their experiences to us. In order to gain their experience we spent time observing the care provided in the lounge and dining areas of the home. Our observations enabled us to see how staff interacted with people and to see how care was provided. We also telephoned the relatives of five people in order to gather their views about the care provided to their family members.

We spoke with the registered manager, six support workers and the home's handyman in order to ask them about their experience of working at Wood View Care Home.

A GP and a Qualifications and Credit Framework (QCF) assessor visited the home during our inspection. We spoke with both professionals in order to gather their experience of working with Wood View Care Home.

We reviewed a range of records during our inspection visit, including three care plans, daily records of people's care and treatment, and policies and procedures related to the running of the home. These included safeguarding records, quality assurance documents and staff training records.

The inspection team consisted of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who used this type of care service.

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. We reviewed the PIR together with other information we held about the home prior to our inspection, this included information such as safeguarding concerns and incidents reported to us by the home. Our review of this information enabled us to ensure that we were aware of, and could address any potential areas of concern. Prior to our inspection we also contacted the commissioners of the service in order to obtain their views about the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded after October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

Relatives we spoke with were confident that their family members were being cared for in a safe way. One relative told us, “We’re totally happy with the service and totally trust the manager and staff”. Each of the five relatives spoken with told us they had never raised any concerns about the safety of the care their family member received at Woodview Care Home.

We spoke with a GP and a Qualifications and Credit Framework (QCF) assessor who visited during our inspection, each of whom felt that people were cared for safely. The QCF assessor said they regularly visited the home and undertook observations of staff practice as part of their role and commented, “I’ve never seen any unsafe care practices, either from the staff I’ve been observing or from any other staff”.

We spoke with three members of staff about how they safeguarded people living at the service. Members of staff were able to explain the different types of abuse and were clear about the actions they would take if they suspected that any form of abuse had taken place. Their responses demonstrated that they had the necessary knowledge to ensure that people were safeguarded from abuse.

Practice observed during the day of our inspection further demonstrated the service’s commitment to safeguard people. Towards the end of our inspection a member of staff identified that a person’s day service had failed to administer their prescribed medication. They reported this to the registered manager who took swift action. The registered manager contacted the person’s GP for further advice about the missed medication. Following this, they then reported the concern to the person’s day service and asked them to submit a safeguarding alert to the local authority. They said that they would also submit a safeguarding alert. This, together with our review of safeguarding information prior to and during our inspection showed us that Wood View Care Home appropriately identified safeguarding concerns and followed local procedures in order to safeguard people.

Staff were knowledgeable about the home’s whistleblowing policy and said they would whistle blow in order to report any unsafe practice observed. One staff member stated, “There’s always lots of staff on so we all can see how others relate to people and act if necessary”.

Our conversations with staff evidenced that an effective recruitment procedure was in place to minimise the risk of abuse. Staff informed us that they had provided proof of their identity as well as references from previous employers to assure the home that they were of good character. They also said that Disclosure and Barring Service (DBS) checks had been undertaken before they began to work at the home. DBS checks help employers make safer recruitment decisions.

The Mental Capacity Act (2005), (MCA), is a legal framework which prompts and safeguards decision-making. It sets out how decisions should be taken where people may lack capacity to make all, or some decisions for themselves. It applies to decisions relating to medical treatment and accommodation as well as day to day matters. The basic principle of the act is to make sure that, whenever possible, people are assumed to have capacity and are enabled to make decisions. Where this is not possible, an assessment of capacity should be undertaken to ensure that any decisions are made in people’s best interests.

Observations throughout the day of our inspection showed us that, wherever possible, people were empowered to make choices and decisions about their support. People were involved in a range of day to day decisions and we noted that the staff adapted their communication to meet the needs of the person they were supporting. For example, staff presented verbal choices to one person and then observed the facial expressions and body movements they used to indicate their choice. Choices were presented to another person by staff placing their hands in front of the person and allocating a different choice to each hand. The person then pointed to the hand representing the choice they wanted. Pictorial cards were also used to support people to make decisions about food choices.

Our review of the care plans for three people further reflected our observations. Each plan contained clear, person centred information about the support people needed to make day to day decisions. For example, one person’s care plan stated, “Use picture cards and simple clear explanations. When giving me decisions to make, please make sure that I am not tired and there is no noise to interrupt me.”

We spoke with the registered manager and three members of staff about the MCA and reviewed a range of records relating to it. Our conversations demonstrated a clear awareness of how the MCA applied within their day to day

## Is the service safe?

practice. Our review of records showed us that capacity assessments were undertaken when required and were followed by best interest meetings if needed. We saw that people's relatives, staff and relevant health professionals were involved in these meetings. Our findings demonstrated that Woodview Care Home followed the MCA in order to make decisions, act in people's best interests and protect people's rights.

The Deprivation of Liberty Safeguards (DoLS) are part of the MCA and aim to ensure that people are looked after in a way which does not inappropriately restrict their freedom. The registered manager was aware of a recent Supreme Court ruling and had submitted DoLS applications to the different local authorities that funded people's care at the home.

When needed, we saw that referrals were made to the alternative to restraints team, part of the local Community Learning Disability Team. These referrals were made to ensure that the least restrictive alternatives were considered prior to restraints such as lap-belts and seat harnesses being put in place to safeguard people. We saw information about these restraints within people's care plans and noted that these were regularly reviewed to see if they were still required.

Conversations with staff and our review of training records showed they had completed training in safeguarding adults, MCA and DoLS. The registered manager told us these areas were discussed in staff meetings and said they also tested staff knowledge by asking questions such as, "What is the MCA?" within supervision sessions.

Our review of records and our conversations with staff and the registered manager provided evidence that an effective

system was in place to record, analyse and identify ways of reducing risk. Staff spoken with were clear about the accident and incident reporting processes in place. We saw that the registered manager reviewed completed accident and incident forms in order to identify any recurring patterns and take action to reduce any identified risks.

People's care plans included person centred risk assessments. For example, each care plan reviewed contained a safeguarding risk assessment detailing people's individual vulnerabilities and the measures needed to ensure their safety when out in the community. Risk assessments were regularly reviewed and updated, or created following any accidents, incidents or changes in need.

We saw that environmental risk assessments were undertaken and noted that the registered manager undertook a number of regular audits about the safety of the premises. There was an on-site handyman and staff told us that any safety issues relating to the premises were reported and dealt with promptly.

There were sufficient staff to meet people's needs and keep people safe. The staff team were well established; it was not uncommon for staff to tell us that they had worked at the home since it opened in 2005. Staff told us that the home was never short-staffed and said that they covered any staffing shortfalls in order to ensure that people were cared for by staff familiar with them and their needs. They told us that the registered manager and the deputy manager were always available for support outside of office hours.





# Is the service effective?

## Our findings

Each relative we spoke with was positive about the support their family member received at the home. One relative commented that the staff, “Know all my [family member’s] needs”. Relatives were also positive about the way in which the home supported their family member’s healthcare needs. They told us they were involved in review meetings where healthcare needs were discussed. One relative said, “Staff keep us in touch with any medical appointments our [family member] has”. Relatives also told us that the home contacted them to inform them of the outcome of any healthcare appointments as well as to let them know when their family member was unwell.

Observations and our conversation with a visiting GP confirmed that Woodview Care Home effectively met and responded to any changes in people’s healthcare needs. For example, the GP was called after staff expressed concern that one person looked unwell and seemed tired. We spoke with the GP when they visited. They said that the home, “Always get in touch when they have any concerns” and reported that the staff were, “Really tuned into what’s usual or not usual for a person”. They told us any information they needed was always provided and said that any checks or observations they asked staff to complete were always undertaken.

The GP said they, “Enjoyed” visiting and reported that their practice had a good relationship with the home. The registered manager told us that they welcomed and encouraged GP’s from the local practice to ‘drop-in’ to have breakfast and /or drinks with people. They hoped that this would result in people being familiar with the GP’s, and therefore being as comfortable as possible should they need to be seen or examined by them.

People’s support plans contained information about their health needs. In addition to plans about specific conditions, such as epilepsy, we noted that plans were in place for a range of other health needs, such as how to meet people’s optical, hearing and skin care needs. Each plan contained detailed information and/or photographs in order to ensure that people’s health care needs were met.

Referrals were made to healthcare professionals such as speech and language therapists, physiotherapists and occupational therapists when needed. Visits from these professionals were recorded in people’s support plans and

the plans were also updated to reflect any advice given. Each plan also contained a Health Action Plan; these are recognised good practice documents which ensure that people with learning disabilities access a range of services to meet their health needs. Each person also had a ‘hospital passport’ which contained clear, accessible information to enable people’s needs to be met should they need to be admitted to hospital.

Staff said they received information about people’s healthcare needs within daily handovers and were familiar with the information within people’s support plans. One member of staff told us the registered manager allocated time each month for each member of staff to read people’s support plans in order to make sure they were up to date with information within them. They also said that they received regular updates about areas of practice from the registered manager and deputy manager. For example, they said that the deputy manager was the home’s moving and handling trainer and said, “She’s always telling us if we’re doing things right or if things or laws have changed”.

Our review of the provider’s training records demonstrated that staff received a range of relevant training, including training about people’s healthcare needs. We saw that training had been provided in oral hygiene, epilepsy, podiatry care and medication. Our conversation with the registered manager demonstrated that the training provided was inclusive and enabled staff to support each other, as well as people living at the home. For example, they told us that all staff, including the housekeeper and the handyman, had undertaken hearing impairment and Makaton training to assist them when communicating with people living at the home and with colleagues who had a hearing impairment.

The registered manager stated, “I’m keen for all the staff to learn as much as they can”. They had created a study room with a computer for staff and said that staff undertaking further training were allocated dedicated study time. Staff were positive about the training they received. One member of staff stated, “The training is brilliant. Without a shadow of a doubt we get training about everything”. The Qualifications and Credit Framework (QCF) assessor said the registered manager was proactive in ensuring that staff accessed any available training and stated, “Everybody always seems to doing some training. I’m very impressed”. Our review of training records provided evidence that all





## Is the service effective?

the longstanding staff held National Vocational Qualifications (NVQ's). A number of these staff and newer staff had also started QCF training courses; the qualifications which have recently replaced NVQ's.

We spoke with staff about supervision and appraisal. Supervisions ensure that staff receive regular support and guidance and appraisals enable staff to discuss any personal and professional development needs. They told us that they received regular supervisions as well as an annual appraisal. They spoke positively about their supervisions and said they felt supported by their colleagues. The registered manager said that different areas of practice were discussed within supervisions in order to identify if any further training or support was required.

We found that staff received a comprehensive induction to familiarise themselves with their role. New staff accessed mandatory training, an induction course provided by the local authority, as well as Skills for Care's Common Induction Standards (CIS). These are a set of recognised standards for people working in adult social care. New staff also shadowed established staff in order to get to know people's needs and how the service operated. Staff told us that their induction had prepared them for their role and were appreciative of the support they received from their colleagues.

We spoke with the registered manager and three members of staff about meeting people's nutritional needs. A rolling, home cooked menu was in place which encouraged healthy eating by including five differing vegetables and fruits each day. Fresh fruit, snacks and drinks were available and provided to people throughout the day.

We spent time with people whilst they had lunch and found that the atmosphere was calm, relaxed and that the lunch time was well organised. Using Makaton, one person used a 'thumbs-up' sign to tell us that they had enjoyed their lunch.

A member of staff sat with each person in order to assist them to eat. Food and drinks were left within people's reach and different levels of support were given when needed. For example, staff supported some people by discreetly cutting up their meals, whilst other staff members sat beside people giving one-to-one physical assistance and verbal encouragement. Appropriate aids such as plate guards and large handled cutlery were in place to promote people's independence when eating.

A number of people living at the home had swallowing difficulties and/or specific nutritional needs. Staff had received training about how to meet these needs and were able to explain how they prepared softened diets, thickened fluids and how people should be positioned to ensure safe swallowing. We saw records documenting that staff had been trained and assessed as competent to administer nutritional fluids through a Percutaneous Endoscopic Gastronomy (PEG) tube. This is a tube which is placed directly into the stomach, through which to receive fluids, medication and nutrition. We observed one member of staff administering nutritional fluids to a person through a PEG tube. The member of staff ensured that the person was in the correct position, explained each step of the procedure to them and continually observed them for any signs of discomfort.

# Is the service caring?

## Our findings

Relatives we spoke with during our inspection felt that Woodview Care Home was caring. One relative described the staff as, “Kind and caring.” The GP that visited during our inspection stated, “The staff are so caring; they know people so well”.

Relatives told us that they felt involved and were kept up to date about the care and support their family members received. This was particularly important given that a majority of the relatives of people living at Woodview Care Home did not live locally. Relatives were aware of the content of their family members support plans, with one relative commenting, “They are available for us to read at any time”. Relatives told us that they attended annual review meetings and were invited to other meetings about their family member’s care.

A recent comment from a relative within the home’s visitor’s book expressed their appreciation for the care shown not only to their family member but also to relatives. It stated, “You not only go the extra mile and then some for the young people in your own care but you do it for the families too”.

Staff spoke in a fond and caring way about people and told us that they enjoyed working at the home. One member of staff told us, “I love coming to work, it’s like a big family and a second home here”. A second member of staff said, “We pull together and do everything we can to make this a happy house”.

The registered manager told us that they were proud of the standard of care they and the staff provided and told us about the achievements people had made as a direct result of the care, dedication and encouragement of the staff. For example, they told us that one person who was previously unable to verbally communicate, could now use single words to communicate their needs as well as a “high five” gesture.

The registered manager also told us that the Makaton and communication training staff had undertaken promoted one person’s independence by resulting in them having an increased range of signs to express their needs, choices and preferences. Our observations showed us that members of staff promoted people’s independence wherever possible. For example, we frequently heard staff encouraging one

person to self-propel their wheelchair. Staff continually encouraged this person and gave them lots of praise when they reached their destination; this resulted in laughter and big smiles from the person concerned.

A number of people living at the home had communication difficulties. We saw that the staff spent one-to-one time talking with people. They spoke in a kind, natural and inclusive way with each person, regardless of their communication difficulties. They consulted and explained any care or support they provided and observed and gave each person time to respond to the information and/or any choices presented to them. Staff were aware of how people communicated their needs and adapted the way they communicated to meet the needs of the person they were supporting. Touch was used to appropriately, either to reassure people or to offer one of the many hugs observed during our inspection. People responded positively to the person centred approach of staff and demonstrated this by their positive body language, smiles and laughter.

We saw that people’s support plans included communication grids. These detailed how the person communicated, together with the meaning of non-verbal sounds, behaviours or gestures people used to express their needs. This is recognised good practice which assists staff to know how to present information to people and understand people’s responses to it. For example, one person’s communication grid stated that information should be presented to them, “In short phrases and a low, gentle tone”. The communication grid for another person described the differing ways and signs they used to express their agreement, these included clapping their hands to express pleasure and using the Makaton sign for ‘yes.’

A number of accessible documents and tools were in place to support people to make decisions and inform them about the service. For example, there was a board within the hallway of the home with photographs of the staff on duty. A ‘who’s who’ information guide was also provided. This again had photographs of each member of staff and listed information about their role, qualifications and hobbies and interests. An area of the hallway near to the front door of the home displayed accessible, picture and easy read versions of the home’s statement of purpose, welcome guide and complaints procedure together with other useful information leaflets. Communication aids such as picture and symbol cards were also available to support people to make choices.

## Is the service caring?

We spoke with the registered manager about privacy and dignity. Whilst the home had a nominated dignity champion, the manager expressed their view that, “we are all dignity champions”, and told us that the staff team had recently entered an on-line dignity competition. We saw that the dignity champion ensured that a file within information about dignity was kept up to date and noted that this also included a copy of the home’s dignity policy. This was titled, “Privacy, dignity, choice, fulfilment, rights and independence.”

We spoke with staff about how they promoted and respected people’s dignity. Their responses demonstrated a holistic approach and reflected the ethos outlined in the provider’s policy document. For example, one member of staff talked about the importance of providing people with opportunities to make choices and involving people in decisions. Another staff member stated, “We’re all different so for me it’s about doing things in the right way for that person”. Staff also provided practical examples of the way

in which they ensured people’s privacy and dignity. For example, they told us that they ensured people were appropriately covered when supporting them with personal care needs and told us that they always knocked on people’s doors before entering their rooms.

Observations throughout our inspection demonstrated that the staff at Woodview Care Home had a clear knowledge of the importance of dignity and respect and were able to put this into practice when supporting people. For example we saw people knocking on people’s doors before entering their rooms and discreetly altering people’s clothing in order to protect their dignity. At one point during our inspection, we saw three members of staff congregate around one person. On investigating this further we found that the person concerned was being given nutritional fluids through their PEG tube. Staff told us that they did this as a matter of course in order to protect this person’s dignity.

# Is the service responsive?

## Our findings

Throughout our inspection we saw that staff responded to people's needs and the way in which they communicated discomfort or unhappiness in a timely way. For example, two staff immediately responded to the vocal sounds one person used to express discomfort and repositioned them in their chair. Another member of staff responded quickly to lessen the anxieties of one person by ensuring that they were able to watch and listen to a DVD of their favourite songs.

Staff told us that they were informed of any changes to people's needs during the handover meetings which took place between each shift. We reviewed the handover notes used to inform this meeting and found they contained detailed information about how people had been during the shift, the needs they had been supported with, any health or medical appointments attended, people's nutritional and fluid intake and any activities they had undertaken.

The support plans at Woodview Care Home contained comprehensive, person-centred information about people's preferences and individual health and support needs. A separate support plan was in place for each identified area of need. The plans were easy to follow and provided detailed step-by-step descriptions of people's individual routines. Photographs and/or images were included in some plans to ensure that staff were aware of how to meet any specific needs. For example, one person's support plan included photographs of how they should be positioned at night-time. We saw that people's support plans were reviewed each month and updated following any changes to ensure they accurately reflected people's needs.

People's support plans also contained information about their preferences, likes, dislikes and the people who were important to them. We saw that staff knew people's likes, dislikes and the people and things which were important to them. Staff used this information to prompt their interactions and conversations with people. We noted that people responded positively to the range of ways staff used this type of information. For example, one person smiled when staff spoke with them about a forthcoming visit from a family member, whilst another person laughed and smiled when the staff spun them round in a chair which had been purchased particularly for them.

Each relative spoken with was positive about the range of activities their family members undertook. One relative commented, "My [family member] always seems to be doing something or going out". Another relative stated, "My [family member] goes regularly to see Sheffield United play at home".

We found that staff supported people with a range of external day time and social activities to meet people's individual preferences. The home had a mini bus and staff told us that most people used this at least once a day. Observations during our inspection confirmed this. During the morning of our inspection some people visited a local park using the mini bus and a trip to a local museum took place during the afternoon of our inspection.

We noted that staff also provided a range of internal and external activities and interactions to meet people's differing preferences and needs. For example, staff told us that one person with complex needs liked to have their hands and feet massaged and undertook this during the course of our inspection. Another person liked to look through books and we saw that staff spent time sat beside them pointing to and talking about things within the book. People reacted positively to the person-centred approach of the staff supporting them and demonstrated this by their body language and continued engagement in the activities.

One member of staff said, "It's really rewarding seeing people doing things they enjoy". This member of staff told us about the range of activities they regularly undertook, such as trips to local shopping centres, parks and museums. They also spoke of the range of activities they had tried to discover people's preferences and stated, "It's like striking gold when you see someone's face light up because we've found something they like". They told us that an example of this had been one person accessing the local ice-rink and being pushed in their wheelchair around the ice at speed by one of the instructors at the ice rink.

Woodview has an on-site hydrotherapy pool which is used by members of the public and community groups. People living at Woodview have access to one hydrotherapy session a week. We saw that one person was supported by staff to use the pool during our inspection. The home also had an accessible, level access, decked garden area with raised beds which people had been supported to grow fruit and vegetables in.

## Is the service responsive?

Some people attended external day services during the week. The registered manager told us that communication with these services was generally good and that key information about people's needs was shared by phone calls or communication books.

The registered manager told us that people had a presence in the local area and used community facilities whenever possible. For example, they told us that people were supported to visit local shops to buy items of food and that people received a warm welcome when they visited the local pub for drinks and meals out.

Staff told us that they were happy to work different hours in order to support people to go on holiday or to go to football matches or to see their favourite pop stars. For example, one member of staff told us that they and a colleague had worked late in order to support one person to go to a Robbie Williams concert in Manchester.

People were supported to maintain contact with their family members and we saw that the home had utilised the use of technology to support this. For example, there was a computer with a webcam and an I-pad had also been purchased to enable people to 'face-time' their relatives. Relatives told us that they were able to visit at any time and felt welcomed. One relative told us, "We are always encouraged to stay for a meal when we visit our [family member]". The registered manager told us that staff supported people living locally to visit their relatives at home and remained with them to provide support if needed.

Relatives spoken with during our inspection visit told us they had no complaints with the service. One relative said, "We've no concerns at all, although we'd know what to do and who to contact if we were concerned". The registered manager confirmed that there were no current complaints at the home.

# Is the service well-led?

## Our findings

Relatives, people visiting the home during our inspection and staff were positive about the registered manager and the way in which she led the service. The registered manager was visible throughout our inspection and spent time interacting and supporting people. Staff told us that this was usual. One member of staff described the registered manager as, “Supportive” and said, “The manager is always contactable and there for staff and residents and keeps us on our toes. She’ll often ask us how much a person has had to drink or check to make sure that we know about any changes”. When asked if they thought the service was well led, another member of staff stated, “Definitely. Alice is a good manager. She knows everything that goes on in the home. She doesn’t miss a trick!”

Staff told us that the registered manager acknowledged and praised good practice and also provided feedback about any practice they felt could be improved. One member of staff commented that the registered manager “Has high standards. She leads by example”.

Comments from relatives about the manager were also positive. They told us that the registered manager was always around, always approachable and proactive in trying to make the service as good as possible. When commenting on the manager’s leadership, one relative told us, “She’s tough with the staff at times to encourage them to improve their work”.

The GP and the QCF assessor who visited the home during our inspection visit told us that there was an open, transparent culture at the home. They were positive about the way in which the registered manager and staff team were welcoming and supportive of others in order to share good practice and raise awareness of the needs of people with learning difficulties. For example, the GP told us that medical students on placement at the practice spent a day at the service as part of their induction. The registered manager confirmed this and said that three medical students had recently spent a day with them. We saw that these medical students had written the following in the service’s visitors book: “Woodview is a lovely home with such a welcoming and friendly environment. Everyone seems very happy and we look forward to coming back”.

At the time of our inspection, the QCF assessor was visiting to support a 16 year old who was undertaking a modern apprenticeship at the home. They told us that apprentices were welcomed, included as part of the staff team and were able to access the same training as substantive members of staff. The QCF assessor was positive about the leadership shown by both the registered manager and by the staff team working at the home. They told us that staff and the registered manager, “Have always guided, taught and supported apprentices and shown them what good practice looks like”.

The registered manager was appreciative of the way the provider supported them to lead the home and commented, “They can’t do enough for me”. They told us about a number of relevant courses they had been supported to attend by the provider; these included an infection control course for managers and courses at Leicester University about managing services for people with learning disabilities and understanding and maintaining CQC standards within care homes.

We found that the service encouraged feedback from relatives in order to review and improve the care and support provided. Given that a number of relatives did not live locally, the registered manager told us that the service arranged an annual barbeque for people and their relatives which included a relatives meeting. The manager said that they and members of staff did not attend the relatives meeting. This was so relatives had the opportunity to openly discuss the service and any concerns they may have. Relatives chaired and took minutes of the meeting which were sent directly to the provider’s head office. The manager told us that the ‘who’s who’ book we saw in the hallway of the home was the only action arising from the most recent relatives meeting. They also informed us that a twice yearly newsletter was sent to relatives and other people who regularly visited the home.

The registered manager and staff spoken with during our inspection told us that staff meetings took place. Our check of records evidenced that a range of staff meetings took place throughout the year. Staff told us that they were able to raise issues within these meetings and felt that their views and contributions were listened to.

We saw that there was a system in place to continually audit the quality of care provided at Woodview Care Home. We saw that this incorporated a range of weekly and monthly audits relating to all areas of the service. For

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example, our review of audit documents included audits of support plans, personnel files, medication, social activities, privacy and dignity, health and safety as well as a range of audits relating to the safety of the premises. Each audit document reviewed clearly recorded the actions required to address any identified shortfalls together with timescales. We saw that these actions were fed into the next audit and checked in order to ensure that they had been completed.

A range of other quality assurance checks also took place. For example, the provider undertook six weekly visits to

review the quality of the service and the registered manager told us that they often undertook 'spot checks' by visiting the service outside of their usual working hours or at weekends.

Information reviewed prior to our inspection showed us that the registered manager submitted statutory notifications about safeguarding alerts and for incidents affecting the service. Records reviewed during our visit demonstrated that these concerns were appropriately reported to other agencies, such as the local authority safeguarding team.