

Mr Brendan Freeman

# Woodland House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 6 July 2017 and was unannounced. The inspection team consisted of one inspector. At our last focused inspection in December 2016 we found that people may not have been supported by a service that was well led and constantly strove for improvements. At this inspection we found that improvements had been made.

Woodland House is a care home without nursing for up to six people who have learning disabilities or autism. At the time of the visit six people were living at the home. The home had a registered manager who was present throughout the inspection. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, their relatives and staff told us that people were safe in the home. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice. There were safe recruitment practices and enough staff to support people well. People were protected from possible errors in relation to their medication because the arrangements for the storage, administration and recording of medication were good and there were systems for checking that medication had been administered in the correct way.

Everyone we spoke with told us that they were very happy with the care provided. People had opportunities to participate in a range of activities in the home and community, but staff respected people's wishes when they wanted to be alone in their rooms, or not go on holidays if they preferred to stay at home. Care plans were reviewed regularly.

People told us that their relatives and friends were encouraged to visit and made welcome by staff.

Staff regularly asked people how they wanted to be supported and when necessary people were supported by those important to them to express their views. People were treated with dignity and respect.

Staff understood the needs of the people who used the service and how they liked to be supported. We saw that staff communicated well with each other.

Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills.

People were supported to have their mental and physical healthcare needs met and were encouraged to maintain a healthy lifestyle. The registered manager sought and took advice from relevant health professionals when needed, and understood their responsibilities in relation to the Mental Capacity Act.

People were provided with a good choice of food in sufficient quantities and were supported to eat meals which met their nutritional needs and suited their preferences.

The registered manager assessed and monitored the quality of care through observation and regular audits of events and practice.

## 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 and relatives told us they felt people were safe in this home and we saw that people were confident to approach staff.

Staff demonstrated that they knew how to keep people safe and managed people's medicines safely.

Staff supported people in a timely manner.

### Is the service effective?

Good ●

This service was effective.

People were supported in line with the Mental Capacity Act 2005.

People were involved in making decisions about their care because staff knew people well and communicated with them effectively.

People received the appropriate support to eat and drink enough to maintain their health.

### Is the service caring?

Good ●

This service was caring.

We saw and relatives told us that staff were kind and treated people with kindness, dignity and respect.

Staff sought people's views about their care and took these into account when planning their care and support.

### Is the service responsive?

Good ●

This service was responsive.

People were supported to take part in activities and interest they enjoyed.

People and relatives were encouraged to express their views of

the service and the registered manager and staff responded appropriately.

If needed people could access the provider's formal complaints system.

**Is the service well-led?**

**Good** ●

This service was well-led.

Staff said the registered manager provided them with good leadership and support.

Staff were well motivated and enjoyed working at the service.

There were robust systems to monitor and improve the quality of the service.

# Woodland 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 July 2017 and was unannounced. The inspection team comprised of one inspector.

We asked the provider to complete 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. This was received within the necessary timescale. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and in addition considered feedback provided to us by commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with four people, the registered manager and two members of the staff team. We observed how people were being supported at the home throughout the day. We sampled records, including two people's care plans, two staffing records to review the provider's processes for recruitment, complaints, medication and quality monitoring. After the visit we spoke with the relatives of three people who used the service and a health care professional on the telephone.

# Is the service safe?

## Our findings

All of the people we spoke with told us that they felt safe living in the home. We saw that people looked relaxed in the company of staff and were confident to approach them for support and comfort. One person told us, "It's safe and its comfy here." Another person said, "I like the staff." A relative told us, "She is really safe and I'd say beautifully looked after." Another relative said, "They treat people really well."

People were protected by staff who understood how to recognise and report abuse. The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused and they were aware of factors which may make someone more vulnerable to abuse. Staff we spoke with told us they understood the need to pass on any possible concerns regarding the conduct of their colleagues and they knew how to do this. One member of staff said, "It's really safe and lovely here." All the staff we spoke with believed any concerns would be taken seriously by the registered manager.

People were supported by staff who knew about people's individual risks and actions they would take to keep people safe while not restricting their freedom. We saw people had up to date care files that included risk assessments which had been tailored to suit each person's needs. The registered manager had reviewed people's care plans and risks regularly. There were details of people's specific needs in relation to their health in their care plans which staff told us they could consult when necessary. We noted that risks to people were reassessed as their conditions changed and appropriate medical intervention sought as needed.

Records confirmed that there were procedures in place to record when accidents and incidents had occurred. We noted that for one person who had experienced a series of falls appropriate advice and support had been gained from health professionals to help keep the person safe in the future.

We saw that plans were in place to manage emergency situations. In the event of a fire, emergency evacuation plans were in place and fire drills took place regularly to check whether these evacuation plans worked in practice. The registered manager showed us the safety checks that had been carried out within the building in relation to fire risks which were up to date. Staff we spoke with were consistent in their response to what action to take in the event of a fire or an emergency situation.

We saw that safe recruitment processes were in place to help minimise the risks of employing unsuitable staff. We reviewed staff recruitment files and saw that the recruitment process contained the relevant checks before staff worked with people. These checks included DBS or police checks and written references from previous employers for staff.

People were supported by a core group of staff who had worked at the service for several years. Staff told us that when necessary they were happy to work additional hours which reduced the need for agency staff. This ensured that people were cared for by staff who knew them and their needs. People and relatives told us there was enough staff to support people well. One person said, "I'm not bored here." A staff member

said, "There is always enough staff." Throughout the day we saw that people were supported by enough staff and were not left waiting when they asked for or needed support. We observed that one person became distressed quite frequently and saw that staff responded to them very quickly and patiently. During the rest of our visit staff were attentive and quick to provide people with reassurance and comfort when necessary. People were supported at a pace which was suitable to their needs. Although people had to wait on occasion before they could be supported in the community, we found that there were sufficient numbers of staff available to support people well.

People received their medicines safely and when they needed them. One person said, "They never miss my medication, it is always on time." We saw that medicines were kept in a suitably safe location. The medicines were administered by staff who were trained to do so. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and conditions which would mean that these medicines should be administered. Staff had signed to indicate that they had read these. We sampled the Medication Administration Records (MARs) and found that they had been correctly completed. There were regular audits of medicine administration undertaken by the registered manager who told us that any discrepancies were dealt with immediately.



# Is the service effective?

## Our findings

People and relatives we spoke with told us that the staff were good at meeting people's needs. One person told us, "It's lovely here, I'm happy here." Another person said, "[The registered manager] is really great, he is my friend all of the time." Relatives comments included, "[My relative] is really happy and content, the staff are good and they know what they are doing," and, "The staff treat people really well, I'm relieved [my relative] lives there, I don't worry." Staff we spoke with gave us several examples of how people's conditions had improved since they started using the service.

People were supported by staff who had been trained and had the knowledge to carry out their role well. Staff told us they had received induction training when they first started to work in the home which covered the basic skills and knowledge they needed to meet people's specific care needs. Records we saw confirmed this. Staff then received updates in relation to core training such as safeguarding, medication, health & safety and first aid. Staff communicated well and had systems in place that made sure information was shared as needed.

Staff confirmed that they received informal and formal supervision from the registered manager on a regular basis and felt very well supported. One member of staff said, "The manager is excellent, I've always had regular supervisions." We saw there were staff meetings to provide staff with opportunities to reflect on their practice and discuss people's care plans and activities.

Throughout our inspection we saw that staff sought people's consent and involvement in daily activities at all times. People had been supported to choose their clothes, meals and activities. We spoke with one person who told us they had requested that some of their personal belongings were kept safe by staff on their behalf. We saw that staff were carrying out this request and asked the person how and when they wanted to access their belongings. We found that staff respected people's choices.

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. 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 on authorisations to deprive a person of their liberty were being met. The registered manager told us that they were waiting for the appropriate paperwork about one person's deprivation of liberty to be sent to the home. We saw that other people were being supported in the least restrictive manner suitable for them. We saw that the registered manager had sought and taken appropriate advice in relation to people in the home and the registered manager and staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation

of Liberty Safeguards, (DoLS).

People told us they enjoyed their meals. We observed people eat their lunch which they enjoyed. People told us they were regularly offered a choice of meals and could pick the one they preferred. A relative said, "People get good food." Staff told us that the home did not have set menus, but that people were supported to do their own food shopping and choose what they liked. The records of what people had eaten showed that the food was varied and met people's needs in terms of culture and preference. The lunchtime which we observed was a sociable occasion, with plenty of discussion and prompting from staff. People who required assistance were helped by staff in a dignified manner.

We saw that people were regularly supported to access external health services. People in the home were supported to make use of the services of a variety of health professionals including dentists and GPs. One health professional who we spoke with was very complimentary about the care people received. They stated that staff involved them promptly and were confident that staff would carry out their instructions correctly. They said, "They support people well and action my recommendations, the manager is excellent. Over the years I have been visiting there, people's lives have improved and they are doing very well indeed." A member of staff we spoke with said that staff would regularly support people when they went into hospital and advise other care staff about people's care needs and how they liked to be supported.

## Is the service caring?

### Our findings

People told us that staff were kind. One person said, "The staff are lovely here they are kind and lovely all of them." A relative told us, "They look after [my relative] beautifully; they are very caring and loving." During our visit we spent time in the communal areas and saw that staff interacted with people in a warm and kind way. We saw staff respond to people in a timely, supportive and dignified manner. There was a friendly and relaxed atmosphere within the home. We saw staff sitting, talking and listening to people and provided comfort and support to people as needed.

People were listened to and told us they were involved in their own care and made decisions about their day. We observed staff addressing people by their preferred names and supporting people in line with their wishes. Staff were keen to encourage people to take part in activities they knew people would enjoy and offered reassurance when people became upset. Staff we spoke with had a good knowledge of people they cared for and spoke fondly and respectfully about people they supported. They could describe individual preferences of people and knew about things that mattered to them.

People had been involved in the running of the home as they participated in choosing which member of staff had been given which shifts on the rota. The registered manager explained that they made sure people's choices about which staff supported them and when had been listened to. People and staff we spoke with confirmed this.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager showed good knowledge of this area and told us they had used advocates in the past where people needed impartial support to make decisions about their care.

People told us they valued their own independence and that staff respected this and encouraged it. Staff gave us examples of how they ensured people's independence was promoted. For example, staff told us if people were able to wash themselves or shop for themselves this was encouraged. All the staff we spoke with said they would assist people to be as independent as possible.

People told us that they felt their dignity and privacy was being respected. People we spoke with told us they had privacy when they wanted it and went to their own rooms for private space. One person said, "Staff knock the door every time." Rooms that we had been invited to see had been personalised with people's photographs, ornaments and furniture which all assisted people to feel relaxed and at home. One relative said, "The staff are very respectful and treat [my relative] as an adult." Staff could confidently describe what they did in practice to protect people's privacy and dignity.

We checked staff's understanding of confidentiality. Staff could describe ways in which they kept people's personal information confidential. We saw that documents and electronic records were stored securely. This practice meant people could be confident that their personal information would not be shared inappropriately.

## Is the service responsive?

### Our findings

People and their relatives told us they were happy with the care they received. A relative told us, "It's fantastic there, [my relative] is happy and they have really improved, [the registered manager] is marvellous and gets on with everybody". Where appropriate relatives were involved in the planning and reviewing of care plans. One person said, "My brother comes here to see me and come to my meetings with me." Relatives told us they were kept informed of any changes and their opinions were sought about the care their family member received. People were encouraged and helped to maintain contact with friends and family members, where possible. Relatives we spoke with and records stated that they had regular contact with their relative and were encouraged to visit and support people to pursue the things they liked. Staff told us that they felt that people received care that responded to their needs. One staff member said, "The residents are happy here and the staff know them well."

It was clear that people were well known by staff and they were responsive to their needs. We saw people received care that was individualised because staff knew and understood the people well. Staff shared with us information around people's preferences and how they wanted their care to be delivered. Staff knew people, their families and their backgrounds well. We saw people's care plans recorded when appropriate their family background and their hobbies and interests.

People and relatives told us that there was plenty to do and they enjoyed the activities on offer. One person said, "We go to the café and shops and into town. I'm going to a concert." A relative told us that their family member loved jigsaw puzzles and these were provided at the home. We saw that people had access to cable television in each of their bedrooms as well as Wi-Fi. Since our last visit the home had undergone some improvements which included the refurbishment of the large games room that contained a snooker table and an Xbox for people to use if they wished.

People were encouraged to participate in the wider community. People were supported to go on holidays of their choice or to stay at home if they wished. One person regularly attended a day centre and records showed they enjoyed and looked forward to this activity. People were supported to attend social events such as clubs, shopping trips, football matches and holidays. People from the community were involved in the home. These were mainly people's relatives and friends who visited and took part in some of the activities and helped support the main community events of the home such as Christmas dinner and the summer party.

We saw that there were regular meetings with people living at the home and their relatives to provide an opportunity for them to raise issues or discuss things they liked or wanted to be changed. The registered manager had taken action when people had made suggestions such as improving the games room.

People and their relatives told us they felt able to raise any complaints if they needed to. One relative said, "I know the registered manager would listen to my complaints but he just deals with things straight away, he is a brilliant manager." A staff member said, "If anyone needed to complain they would be listened to I'm sure things would get sorted out." The registered manager had a system in place should people wish to

complain, but no complaints had been received. We did note that four compliments had been received since our last inspection.

# Is the service well-led?

## Our findings

At our previous inspection we found that people may not have been supported by a service that was well led and constantly strove for improvements. At this inspection we found this had improved.

Everyone we spoke with told us that they felt that the home was well run. One person said, "I like everything about living here." A relative said, "The registered manager is lovely, he's good he's always been there for us and he would deal with any problems straight away, you can really trust him." A health professional told us, "The staff know what they are doing and treat people as adults and as part of a large family, the care is excellent."

Staff were aware of the provider's philosophy and vision to promote people's independence and values. Staff described an open culture where people felt they could raise and safely discuss issues that concerned them. Staff told us and we saw that they had regular supervisions and meetings to identify how the service could be developed to improve the care people received.

All the members of staff we spoke with told us that the manager was supportive and led the staff team well. One member of staff told us, "I'm really proud of the home and of [the registered manager], we all are." Staff told us they could speak to senior staff promptly when they needed to.

There were processes for monitoring and improving the service. We saw that the registered manager had ensured checks had been conducted as planned. When adverse events occurred the registered manager had identified and implemented actions to prevent a similar incident from reoccurring. There were systems in place to review people's care records and check they contained information necessary to meet people's current needs. Care records sampled had been regularly updated which enabled staff to provide a quality of care which met people's needs. We saw that significant improvements had been made in this area since our last inspection, and the registered manager told us of their intention to further improve their monitoring and auditing of the service.

We saw the registered manager involved people and their families in the running of the home by holding regular meetings and sending out questionnaires. We saw that the questionnaires were in an accessible format and people had been supported to fill these in themselves where possible. We noted that the registered manager had responded promptly to any concerns that had been raised and had plans to improve the process of gathering and analysing similar information in the future.

Staff were aware of the whistleblowing policy and felt confident in using it should the situation arise. The whistleblowing policy enables staff to feel that they can share concerns formally about poor or abusive practice without fear of reprisal. The registered manager was aware of their responsibilities which included submitting notifications when required to CQC to tell us when certain events happened such, as allegations of abuse. We saw from our records the registered manager had sent us notifications where required.

Since our last inspection the registered manager had completed a level 5 course in management and was

about to begin a university accredited diploma to promote their professional learning. This would enable the registered manager to accurately review the service they delivered against current guidelines.