

Woodleigh Healthcare Limited

Woodleigh Healthcare (Surrey Branch)

Inspection report

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27 January 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Woodleigh Healthcare (Surrey Branch) is a homecare agency and supported living service provider providing care to people in their own homes. The service is registered to provide care to older people, children, people living with sensory impairments, mental health needs, dementia, physical disabilities and learning disabilities and/or autistic people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

There were 22 people receiving personal care in their houses and flats, and there were 4 people receiving personal care across three supported living services the provider was operating. The service was also operating several other supported living services where people did not receive personal care. As a result, we did not inspect those services.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right Support, Right Care, Right Culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People's were safely supported around their individual risks and staff understood how to maintain and encourage people's independence. There were sufficient staff to cover agreed one-to-one and shared support hours, and people receiving homecare told us staff were generally on time. We were assured that the service were following good infection prevention and control procedures to keep people safe. Care records showed that staff worked with healthcare professionals to achieve positive outcomes for people.

Right Care:

People and their relatives told us they felt supported by staff in a kind, caring and dignified way. People's differences were respected by staff and they had undertaken relevant training to effectively support people. This included training for learning disabilities and autism awareness. People told us the care was generally consistent and staff knew them well. People's right to privacy was respected and staff encouraged people to provide feedback about their care.

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.

Right Culture:

The provider's monitoring systems were not always effective in identifying and acting on shortfalls we found during this inspection. For example, we identified areas of improvement in relation to medicines documentation and storage some of which had not been identified by governance systems the provider had in place. Opportunities for improvement could be missed because monitoring systems in place did not consistently act on staff feedback. The provider supplied us with evidence on how they had addressed these shortfalls. We have reported on this in the well-led section of this report.

The culture of the service was open and inclusive. The three supported living services we visited were situated in residential areas and there were no outward signs to differentiate them from other houses in the street. People and their relatives were complimentary about the service and felt their ideas and concerns would be listened to by the registered manager and the provider. People told us they felt they could approach the management of the service with ideas and suggestions they had. Staff were generally complimentary about management and told us they were able to raise concerns if they needed to.

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

Rating at last inspection

The last rating for the service was good (published 5 October 2021).

Why we inspected

The inspection was prompted in part due to concerns received about staff management of risks in relation to people's care and the culture in the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We did not find evidence of the concerns we received prior to the inspection in relation to risk management and the culture in the service but we identified areas of improvement in relation to the monitoring systems that the provider had in place. Please see the well-led section of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodleigh Healthcare (Surrey Branch) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Woodleigh Healthcare (Surrey Branch)

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection only looked at the 3 supported living services where people were receiving personal care.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

The service had recently appointed a manager who has submitted their application to the Care Quality

Commission to become the registered manager. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 13 January 2023 and ended on 27 January 2023. We visited the location's office on 13 January 2023. We visited the supported living services on 19 and 24 January 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 6 relatives to hear about their experience of the care provided. We spoke with 14 members of staff including the nominated individual, the manager, a team leader and carers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed interactions between people who used the service and staff. We sought feedback from 2 healthcare professionals. We reviewed a range of records. This included 6 people's care records including care plans and risk assessments; and 7 people's medication records. We looked at 6 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe from the risk of abuse when being supported by staff. One person told us, "Very safe, yes. The way they act with me makes me feel safe." Another person told us, "I do actually feel safe." A relative told us, "Yes, I feel very safe. If [carer] has got a query, she'll ring me."
- Staff told us they understood what constituted abuse and the steps they would take if they suspected abuse. One member of staff told us, "A type of abuse is verbal abuse like talking down to a client. I can report to the manager. I can report to CQC or an external body." Another member of staff told us, "Physical abuse can be bruises. I would report to the manager. If it was the manager then I would go to safeguarding."
- There was a whistleblowing and safeguarding policy in place and staff told us they had undertaken the relevant training. One member of staff told us in relation to whistleblowing, "It's when you see anything going wrong like abuse, that you raise it to your manager, and nothing is done then you whistle blow. We have a policy."

Assessing risk, safety monitoring and management

- People and their relatives told us staff had taken appropriate steps to manage risks to people. This included the risks arising from where a person expressed their feelings with an emotional reaction, the risk of injury as a result of seizures and the risk of falling. One person told us, "They know when I need my [medicine for seizures]." A relative said, "He feels safe with his carer and we try to make sure he's not doing [certain] things."
- People told us staff encouraged people to maintain their independence whilst managing risks in relation to their care. One person told us, "It makes me independent living here. I'm always going into town. I know it well." Staff understood the importance of independence. One member of staff told us, "We try to always involve them. We always try to encourage."
- Staff told us they knew how to reduce potential risks in relation to people's care. One member of staff told us, "[Person] has a [walking] frame. It's in the support plan. When [person] is sitting, we put it next to [person]. Another member of staff told us, "There's a PBS (positive behaviour plan). We are always following it."
- Staff had undertaken relevant training and competency checks. For example, all relevant staff had

completed moving and handling competency checks before they were able to work independently.

- Where people had specific risks in relation to their care, there were instructions recorded within risk assessments for staff to follow. For example, where a person could become distressed, there were positive behaviour plans in place which provided staff with instructions on how to identify triggers and reassure people. Where a person was at risk of falling, there was information on how to encourage the individual to walk at a steady pace due to this risk.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Whilst the majority of people had capacity to make decisions in relation to their day-to-day care, staff had undertaken mental capacity assessments where this was appropriate.
- Staff had undertaken relevant training and understood the principles of the MCA. One member of staff told us, "We should never assume somebody lacks capacity unless proven. You should let clients make decisions for themselves and help them. Whether good or bad the decision is to be respected."

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. This included requesting references from previous employers, explaining gaps in employment, photographic identity checks, right-to-work checks for staff from abroad and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff to support people safely. People using the service and relatives told us they had not experienced missed care visits and that visits were generally within the agreed timeframes. One person told us, "Sometimes they're late but if they are, I say that's fine." A relative told us, "They'll apologise if they're late. The office will ring if they know staff are late." Another relative commented, "He's never been left with a visit not fulfilled."
- Where staff were late for their visits, there were systems in place to inform people who used the service. For example, where a person who used the service had made the provider aware of late visits, this had been addressed by the provider who increased the monitoring of visiting times.
- There was a business continuity plan in place for the event of emergencies. This included steps to take if several staff were unable to work at the same time, such as managers and office staff stepping in to cover visits.

Using medicines safely

- Staff supported people with their medicines safely where this was agreed as part of the care package and the provider undertook regular audits to review the quality of the service. However, these audits failed to consistently identify shortfalls or address how improvements could be made. We have further reported on this in the well-led section of this report.

- People and their relatives told us they felt appropriately supported to take their medicines by staff. Where people were able to independently take their medicines, staff supported them to do so by working with families and healthcare professionals. One person told us, "They give me my medication in the morning and at 8pm without fail."
- People had medication administration records (MARs) in place. These were not consistently completed in line with the provider's medicines policy and national guidelines. For example, where staff had administered 'when required' medicines, it was not always possible to see what the outcome was following administration. The provider immediately updated their MARs in response. Whilst there had been no impact on people's care, there were possible missed opportunities to identify these shortfalls.
- Where people were prescribed 'when required' (PRN) medicines for epilepsy and other conditions, there was detailed guidance for staff on how to recognise these were required, the maximum dose and when to contact healthcare professionals. One member of staff told us, "[Person] has epilepsy. If it (the seizure) takes more than 5 minutes, we call 999."
- In another instance, the provider did not consistently monitor the temperatures of medicines stored within the supported living services. These were stored in a central location managed by the provider. When we identified this and informed the provider, they immediately updated their storage practices. As audits did not identify this, we have reported on this in the well-led section of this report.
- Staff had completed training and competency checks to ensure they had the skills to administer medicines safely.

Preventing and controlling infection

- People and their relatives told us staff followed good infection prevention and control (IPC) practices when they supported them. One person told us, "They've always been good with protective equipment."
- The provider told us they had adequate supplies of personal protective equipment (PPE) to ensure staff had sufficient stock for their care visits. There were systems in place to ensure stock was supplied to carers. One member of staff told us, "We are fortunate, any PPE we need, they bring." Staff had undertaken relevant training and understood guidelines in relation the appropriate use of PPE.
- The management team undertook regular spot checks to ensure staff were following national IPC guidelines. This included ensuring that staff were using the appropriate PPE and uniform.

Learning lessons when things go wrong

- There were systems in place to ensure accidents and incidents were recorded and any possible lessons learnt shared. Staff told us they understood their responsibility to raise concerns and record incidents and accidents appropriately. One member of staff told us, "We have meetings. We talk about accidents."
- The provider completed an analysis of accidents and incidents with the aim to see where risks could be reduced in order to protect people from reoccurrence of similar incidents. Analyses we reviewed showed that the provider had considered further staff training and actions were clearly recorded.
- The registered manager understood their responsibility in reporting incidents to appropriate agencies, such as the local authority or the Care Quality Commission.



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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality care through robust auditing.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider's monitoring systems were not always effective in identifying and acting on shortfalls we found during this inspection. Whilst these did not have a direct impact on the care being provided, there was a potential for missed opportunities to improve the quality of the service.
- Medication Administration Records (MARs) were not always completed in line with the provider's 'Medication Management & Administration Procedure' and the national guidance on managing medicines for adults receiving social care in the community. Audits did not consistently identify this. For example, 'when required' medicines did not have an outcome recorded, stock balances were unclear at times, and storage conditions in supported living services, where the provider had taken responsibility for the storage, were not consistently monitored. There were no monitoring systems in place to ensure these medicines were consistently stored in line with manufacturers' instructions, in relation to the temperature at which these should be stored at to ensure that they were effective.
- The provider had already identified the majority of shortfalls prior to the inspection but had not yet implemented an improved MAR. When we made the provider aware of our findings, they immediately implemented the new MARs. However, the new systems need to be embedded in the service.
- Where the provider had sought feedback from staff in March 2022, it was not clear what had been done as a result. For example, 3 out of 9 respondents stated that there was room for improvement in response to the statement "The staff team are caring and work together well". Whilst staff told us during this inspection they worked well as a team, there was no record of the actions taken by the provider as a result of receiving this feedback. When we made the provider aware during the inspection, they immediately changed the processes enabling staff to give feedback online so that their identity could be better protected if they wished to make a disclosure.
- Other audits were effective in addressing concerns. For example, daily notes audits identified staff had not

recorded sufficient information. It was clear what action had been taken to remedy this and there was a subsequent improvement noted as a result.

- The provider had completed audits for other areas such as complaints, spot checks, care plans, care management and health and safety. These had clear actions and timelines recorded by which the action should be completed.
- People and their relatives told us they had the opportunity to give feedback on the care provided and felt they could approach the manager with concerns. One person told us, "Yes, [they send] questionnaires." A relative told us, "I'm sent a questionnaire to express your views. There's one per year, possibly two. We had one before Christmas and someone comes out and asks questions." Another relative said, "We can always contact them if we need."
- There was a structure of governance in place and staff told us they knew where to go if they required support to undertake their role effectively. One member of staff told us, "I have a supervisor. I would always go to her." Another member of staff said, "The manager is approachable if we have questions. There is an on-call number."
- The provider held regular staff meetings to discuss various topics including duty of care, policy of the month and suggestions that staff have to improve the service. The meeting was also an opportunity for management to pass on important messages.

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

- People and their relatives told us that the service was inclusive and person-centred. One person told us, "I am very happy here." Another person commented, "They know me really well, definitely." A relative told us, "The friendly atmosphere you get. They're not clock-watching. There's no poor attitudes or sullenness." Another relative commented, "Excellent care, highly delighted. There's a tight rein on running the care."
- The manager and provider told us they operated an open-door policy and had worked on encouraging people, their relatives and staff to always come forward with concerns and suggestions.
- Staff told us they generally felt supported and valued by their manager and that there was a positive atmosphere at the service. One member of staff told us, "It's managed well. I am very confident to go to [manager]." Another member of staff said, "We all work as a team." A third member of staff said, "They do support and they say thank you."
- We reviewed training records and saw that all staff had completed equality and diversity training in order to empower people to be themselves. The provider told us they understood their role in relation to this and that they encouraged people to discuss cultural and religious needs if they wished to.
- We reviewed records which showed staff had undertaken training on how to support people with a learning disability and/or autistic people in line with legal requirements. The manager had also started to deliver a training workshop to all staff entitled 'Introduction to autism training assessment workbook'. The aims of this workshop included for staff to learn about autism and body language. We saw that staff had engaged with this and gained a better understanding.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) about important events that happen in the service. The provider had informed CQC of events including significant incidents and safeguarding concerns.
- Relatives and the local authority had been informed of incidents and concerns, and the registered manager had notified CQC in line with their legal responsibilities. A relative told us, "They always report if [person is] not feeling well or if something has happened."

Working in partnership with others

- People and their relatives told us staff worked together with healthcare professionals and they had access when they needed this. One person told us, "I don't have to worry. I just tell the carer and they take me to the doctor's." Another person said, "I would ask my carer to take me."
- Care records we reviewed showed that staff had worked with healthcare professionals to achieve positive outcomes for people. This included physiotherapists, GPs and district nurses. Where healthcare professionals were involved in people's care, instructions were followed by staff and there were contact details in case staff needed further advice. We saw the provider had also worked with the local authority's quality assurance team.