

Really Flexible Care Ltd

# Woodland House

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service: Woodland House is a small residential care home that was supporting three people with learning disabilities at the time of the inspection. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

One relative we spoke with could not speak more highly of the staff team, the approach they use and the positive impact this has had on the life of their loved one.

The relative told us, "At Woodland House we have had an amazing experience. There is a really homely environment and we take my relative out weekly. They get really lovely food. [Name of keyworker] has been amazing, the best carer my relative has ever had, really in tune with [name of relative] needs."

The service supported people with learning disabilities and autism. This was a small home that applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include having control, choice and independence.

The provider supported people to have greatest choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff supported people to plan their schedules according to their individual needs and wishes, using their own support staff and own cars accessing a variety of opportunities daily with a flexible activity plan designed to respond to people's mood states on the day.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The registered manager had excellent systems and processes in place ensuring risks were very well managed and care was very personalised and reviewed.

Staffing levels, skills and experience were suitable to meet the needs of people and the registered manager had developed a culture of positive behaviour support amongst the staff team.

The provider implemented safe systems for the management of medicines which included staff training, assessments of staff competency and practiced the principles of STOMP which aims to stop the overuse of anti-psychotic medication for people with learning disabilities or mental health conditions.

The registered manager shared lessons learnt with staff and managed complaints and concerns in an open and honest way with clear evidence of actions taken and follow up.

Relatives told us they were involved and listened to in relation to their relatives care needs but no longer receive emergency calls in the night as people's needs are managed well by the staff team.

One health professional we spoke with said in relation to involvement and joint working, "I have very valuable one to one sessions with the registered manager and the deputy manager. They are dealing with very complicated clients and the more difficult challenging behaviours that we come across from an intensive support perspective."

Staff supported people with meals and drinks including specialised diets and to access specialised healthcare when needed.

People decorated their rooms in ways that they preferred and which met individual tastes and supported their anxieties. The provider suitably adapted the environment to meet individual needs of people including the use of communication tools and adaptations to the building itself.

The registered manager and the staff team were very clear about their roles and the impact of good care and used a very consistent approach with excellent personalised positive behaviour support which had greatly reduced incidents at the service.

The registered manager showed ways they were working with other agencies and providers to share ideas and improve services.

The service met the characteristics of Good in Safe, Effective and Caring and most of the characteristics of Outstanding in Responsive and Well-Led. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: At the last inspection the service was rated Good. (23/04/2016.) Overall, since the last inspection, the service rating has improved.

Why we inspected: This was a planned inspection based on previous rating.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was Effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

# Woodland House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector carried out this inspection. The inspector visited the site on 05 March 2019 and we spoke relatives and professionals involved in the service over the course of three further days on 06 March 2019, 05 April 2019 and 09 April 2019.

#### Service and service type:

Woodland House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Woodland House can accommodate up to four people in one adapted building. At the time of the inspection there were three people living in the home. Woodland House have specially adapted the building to meet the needs of the people living there including creating a self-contained flat and garden area for one person at the end of the house.

#### Notice of inspection:

We gave the service 24 hours' notice of the inspection. We did this as we had identified that the people living at the home found visitors very difficult to cope with. We wanted to give the staff team time to explain to people that we were coming so to minimise any distress that our visit might have caused.

#### What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections and is called a Provider Information Return (PIR).

Before the inspection we:

- Reviewed information we received from the provider on the provider information return (PIR).
- Researched feedback received about the provider to CQC as well as online.
- Looked at information about incidents that have occurred since the last inspection.
- Considered any other information received about the service since the last inspection.
- Reviewed the providers own website.
- Analysed notifications we received from the service. This is information providers are legally obliged to tell us following certain incidents or accidents.

During the inspection we:

- Spoke with one person using the service.
- Spoke with the registered manager.
- Spoke with three staff members.
- Gathered information from two care files which included all aspects of care and risk.
- Looked at two staff files including all aspects of recruitment, supervisions, and training records.
- Viewed health and safety records.
- Reviewed records of accidents and incidents.
- Looked at audits and surveys.
- Read complaints and compliments.

After the inspection, we:

- Reviewed further evidence sent to us by the provider.
- Spoke to two relatives of people using the service.
- Spoke with two health professionals involved with the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes supported best practice guidelines and ensured people were safe and staff had training and a good understanding of how to safeguard people.
- For example, one relative told us, "My loved one is safe and feels safe and that is the main thing, I am very grateful every day, they are never worried about going back to Woodland House after visiting the family home."
- Another relative told us, "I think my relative does feel safe because if they didn't feel safe at Woodland House there would be no way that they would get in the car to return after a visit to the family home. However, upon returning to Woodland House they often go and put their arms around the staff there when they get out of the car."
- Staff were aware of how to keep people safe. One staff member said, "Physical abuse would be things like unexplained bruises and not reporting marks on a person; the people working with them would have to be questioned about that. We need receipts straight away to prevent financial abuse. Managers make it clear that we can't use our loyalty cards or gain anything from any offers."
- Another staff member told us, "We have all been trained in safeguarding; refresher training is occurring today. I have done training with the local authority and online so I am very confident in raising any safeguarding issues. I have had to fill in the safeguarding form to the local authority. I received feedback and they advised us. We then took action to increase protection and reduce the likelihood of reoccurrence."

Assessing risk, safety monitoring and management

- The staff completed all health and safety checks, such as, fire systems, legionella, portable appliance testing, water and food temperature records to help keep people safe.
- The service used a 'restrictive intervention reduction file', these recorded details of all incidents which were then reported to the intensive behaviour support team and specialised behavioural management company who following review, trained staff in restrictive practice using positive behaviour support techniques.
- The registered manager told us, "All incidents and accidents are reviewed within a day or two and additional support and referrals sought. We use behaviour monitoring books; one person has a special one for self-injurious behaviour. The intensive support team often come into staff meetings to go through behaviour outcomes and needs with the team."
- Staff told us, "We keep in mind the risk assessments and work as per the care plan. With each person it depends on where they are and their mood. For example, my key client can be relaxed but if their mood is different I would need to use a completely different approach to adapt to them before anything escalates."

Staffing and recruitment

- The registered manager checked all staff to ensure they were suitable for the role and used robust employment processes to do this.

- The staffing levels were based on people's assessed needs and were safe.
- Staff had the right skills and experience for their role and received a thorough induction.
- For example, staff told us, "My induction was very good, I was interviewed then they asked me what I have done before. I brought in my criminal record check and they checked it. I had to read all the files and shown fire and assembly point, they checked my references, my passport and entire work history as far back as school many years ago. They also did their own checks such as, proof of my address, work permit and visas. And before I went on the floor fully I completed shadow shifts and looked at how staff were supporting people."

#### Using medicines safely

- The provider had detailed systems in place for monitoring and auditing the safe management of medicines.
- We checked some of these medicines for processes and stock and everything was correct and in order.
- All 'use as needed' or emergency medicines had detailed protocols linked to the person's positive behaviour support plan and health professionals had signed them off.
- One relative explained to us, "If my relative gets very anxious and experiences challenging behaviour they have a 'use when needed' medicine called PRN. I check when I visit them that they have not had too much of the PRN medicine and find they have not."
- Staff told us, "People have had changes in medicines which impacted on their behaviour. We have had support from the manager as there were times one person was very hyperactive. We have been able to support each other by working together also with the persons family who are a very consistent and important feature in their life."

#### Preventing and controlling infection

- Systems were in place to minimise the spread of infection such as thorough cleaning schedules, the use of personal protective equipment and suitable arrangements for the disposal of continence waste.
- Staff told us, "We use one use gloves and aprons and always keep things disinfected and sterilised. For example, any incontinence waste we use the appropriate bags and clinical bins and face shields if needed. We clean up as soon as possible to prevent the spread of infection."
- The service kept monthly books for recording cleaning schedules and outcomes, fridge, freezer and food temperatures.

#### Learning lessons when things go wrong

- The whole team including the registered manager had a good understanding of processes for learning from when things go wrong and shared this information.
- The registered manager went on to explain and told us, "We hold a debrief for staff after each incident, for more complex incidents we debrief as a team at team meetings and meet with our positive behaviour support trainers and the intensive support team to review restraint and guidelines." This helped to reduce future incidents.
- The registered manager said, "We hold staff meetings each month and at every staff meeting we discuss the care regulations, understanding of safeguarding and feedback of complaints. We also discuss in each supervision the understanding of safeguarding."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager could demonstrate thorough assessment processes and how they supported people through transition periods that met individual needs.
- The people living at Woodland house could experience serious incidents and self-injurious behaviour if staff do not deliver care in line with their very specific needs.
- The registered manager ensured only well trained and experienced staff worked with people to minimise the likelihood of such incidents re-occurring.
- Positive behaviour support encouraged people to communicate their needs in more proactive and less harmful ways preventing people injuring themselves or others when expressing need or emotion.
- Staff told us, "We are always doing things around the service user according to their best interest and choices. We use positive behaviour support techniques."
- By assessing people's needs correctly and working in this way Woodland House staff team had succeeded in greatly reducing the number of such incidents for all people who were using the service.

Staff support: induction, training, skills and experience

- The registered manager provided a robust induction period for staff which included shadowing more experienced staff, time to read and understand care plans and a variety of training courses.
- The service held night meetings for staff working night shifts a few times year and staff came to three daytime meetings in the year also.
- Agency staff was sometimes used at the home but the registered manager conducted the same recruitment checks for agency staff as permanent staff.
- The registered manager supported agency staff to attend the company's own training and the registered manager had completed supervisions and competency checks. This ensured agency staff were appropriately skilled and safe to work with people living at Woodland House.
- Staff felt extremely supported and spoke highly of the culture of training and development. For example, some of the comments made by staff included, "To be honest I don't think I would have been in my position if the management hadn't supported me. Even now they are still encouraging me to do more qualifications. I can call them and they will support me in any way."
- Other staff members said, "Management are very supportive in case you have any family problems they will call you and try to see how they can help. I have experienced things like that myself."

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

- The staff used photo style menus on a board that gave a choice of options.
- A relative told us, "They get really lovely food, they use the kitchen for cooking meals, it is always something nice for breakfast like scrambled eggs. They cook really lovely food."

- Staff were able to explain about people's differing dietary needs and how they encouraged healthy eating.
- A relative also said, "The other thing staff do is try to watch my relatives weight as they love their food. The previous home did not regulate it and my relative got so obese [they] could hardly walk. Woodland House have been working with my relative on their meals and they are now healthy."
- The kitchen was locked at high risk times but staff ensured people had access to the kitchen at all times and supported them while in there to ensure everyone's safety.
- During our site visit we saw one person choose what to eat at times that suited their needs and staff had supported them to make the food.

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

- The environment was very clean and well-kept and people's rooms were personalised to meet their preferences. Staff supported people to choose colours using colour charts.
- The registered manager had changed the door handles for one person who expressed they could not cope with them and so the doors used by that person now have push doors instead which have stopped damage to doors by that person.
- One person expressed they did not want curtains, blinds or window covers so the staff ensured their bedroom faced fields and no-one could overlook the room which supported privacy and dignity while upholding the persons preference.
- A relative told us, "My relatives room is bare but they need it minimal as they do not like other things around. The living space is homelier though and they have lots of lovely pictures up of places they have been to but my relative needs their bedroom to be plain."

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

- Relatives and staff confirmed that people's health needs were met. For example, one relative told us, "My relative wouldn't brush their teeth when they lived at home but they will do that now so Woodland House staff have been working on this with them."
- The registered manager told us, "The doctor comes to the home for people's annual health checks and they go to the dental centre for people with learning disabilities and autism as they have been using the service since they were children."
- One health professional told us, "We had some very good support from keyworkers and staff. They were very knowledgeable and understood people's needs. This supported our observations of people. There was quite a lot of record keeping and monitoring charts we asked them to do once we got in touch and it always got done."
- Staff used sensory stories to support people to prepare for and understand when they needed to visit the dentist or doctor. This supported people to have equal access to health care by reducing anxieties enabling co-operation.

#### Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found that people were being restricted but the provider had completed the proper processes and assessments and involved all relevant others in assessing what was in the persons best interest.
- The registered manager had put a DoLS matrix in place to check expiry dates of approved DoLS so that they could re-assess and apply for the DoLS before they ran out.
- A relative told us, "Woodland House use a really good system where restraint means just sitting next to my relative on the sofa. In their previous home staff would lock themselves in the office and leave [name of relative] to themselves to smash everything and my relative would be seriously self-harming. You do not get that at all at Woodland House. The team leader is really excellent...the staff are doing exactly what I would do if I had unlimited funds."
- Another staff member told us, "We have MCA and DoLS training every year, we do it as a team which is very interesting because you discuss trying to find a balance between people's rights and choices and safety and to know if they have capacity to understand the consequences."

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff received training on equality and diversity. The registered manager tested staff knowledge periodically through supervision, competency checks and spot checks of practice.
- The registered manager gave us examples of how people were supported to express their sexuality. Other people were supported with religious needs and the registered manager confirmed they would make the relevant adaptations to meet any diverse needs of new people who may move in.
- Staff told us they would be happy for a relative own their own to live in the service due to the level of care and good communication with relatives.

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

- Staff told us about one person who now communicated with staff using their picture exchange communication system (PECS). This enabled them to have a voice about their care.
- Relatives confirmed they were involved at all stages of care planning and staff gathered people's views using limited verbal communication, observation and behaviour analysis as people could not easily communicate this themselves and could not cope with sitting through formal reviews.
- One relative told us, "I trust the judgement of the team at Woodland House and reasons for using the alphabet wall as they know what works because my relative is calmer than they have ever been."
- Staff explained how they used observation of people's reactions to learn what they liked and did not like for reviews.

Respecting and promoting people's privacy, dignity and independence

- Each person had a sensory support plan which had been reviewed and updated and held very detailed information around what the sensory need was, how staff should support each sensory need and the consequences for the person of not supporting them in the correct way.
- Similar assessments were in place for nudity, travelling, medication, communication, family contact and behaviour management plans.
- These plans meant staff supported people in ways that enabled them to access the community and learn new skills in ways they could manage and supported their dignity.
- Staff told us, "We give people choice for example with one person they will say 'tea' but this means anything related to food or drink, so I will take them into the kitchen and say, 'ok tell me what you want' and they will show me. The care plans were very detailed and clear and you got to know things from that."
- Each person had in their file, detailed action plans for self-care and independent living skills which included how staff should support them to achieve this. The management team used this information to analyse wishes and found different ways to engage and motivate people in ways they could cope with.
- Relatives told us that staff upheld people's privacy, dignity and promoted independence. For example, one

relative told us, "The other thing, when I was there recently they encouraged my relative to do their own laundry themselves and clear their plate. My relative needs supervision with everything but the staff encourage them to do it for themselves."

- The registered manager told us, "Because one person will strip naked, for dignity and privacy reasons we allocated the same gender staff. We use staff competencies for dignity and respect that are followed through in supervision."
- The registered manager securely stored all paper and electronic records and staff received training on confidentiality and information governance.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager had devised a very creative rota system whereby surplus staff 'floated' across two services and knew the people in both services well. These staff were accessed for additional support during times of staff shortage or additional community activities.
- This had an extremely positive impact on people living in the service who received continuity of care from staff who had an excellent knowledge of their preferred methods of support. This enabled people to continue to thrive within their daily lives and access services not previously possible.
- For example, one relative told us, "What is really amazing about Woodland House is that until my [relative] moved in I was the only person who could cut their hair, never at the hairdressers. This is the first place ever they have been able to cut my relative's hair. Staff do a really good job."
- Another relative told us, "I could never get respite care as respite staff don't understand my relative who can get into self-harming situations quite quickly. It can take six weeks to train someone to work with [name of relative]. I don't know how Woodland House do it but they always manage to cover any staff absence with other staff my relative knows."
- Staff had opportunities for learning opportunities during their working day as the registered manager would suggest other approaches after observing them in practice as well as enabling reflective practice which influenced how the service ran.
- The registered manager told us, "Through team meetings, person centred practice competencies and a shared vision of the service we have been able to put the service's values across in everything we do. We go into as much depth as possible and adapt to the persons needs and wishes."
- We saw evidence of this for one person who was sensitive to noise and was in photographs experiencing trips out in London wearing noise cancelling headphones that enabled them to take part.
- Staff wrote up details about all activities and produced activity sheets with photographic evidence of what had occurred.
- Each photographic sheet of activities had a review page on the rear that staff completed to review outcomes of that activity, people's responses, likes, dislikes and preferences which were analysed to update and better inform care plans and risk assessment guidance. As a result, staff could now support people who previously struggled to be able to go out into the community to take part in a wide-ranging selection of community and home-based activities.
- The registered manager and staff team had gone above and beyond to meet people's information and communication needs in innovative ways complying with the Accessible Information Standard.
- For example, staff had prepared laminated sensory stories for one person on the wall ready for staff to use in a variety of situations. Other systems including laminated communication key rings, a picture exchange system (PECS), an alphabet wall, facial emotion cards, Makaton, computers and photographic tools. This helped to prevent anxiety and minimise self-harm incidents.

- This had also enabled people and their relatives to feel empowered and involved in their care and reviews giving them a voice where they previously had none.
- In their previous placement one person had required four staff at all times and never left the house. They were now out in the community every day with only two staff. The person's quality of life had hugely improved as a result.

#### Improving care quality in response to complaints or concerns

- The registered manager implemented a duty of candour book. This was an excellent way to record all comments and feedback from people, their relatives and other professionals.
- Investigations and responses were very detailed and staff stapled evidence of responses, actions taken and outcomes into the book next to the complaint or concern for evidence. The registered manager agreed and reviewed plans of action and sought more support or resources where needed.
- For example, the registered manager had referred one person to a dietitian for support with their weight. Another person was supported to use their keyboard as well as Makaton to communicate successfully.
- Staff told us, "Any staff member is confident to raise concerns. I've done it a few times and the issues always get addressed appropriately so I am confident. We will also speak to directors if we have any concerns and they come and they do listen. They help to implement things."
- One health professional told us about problem they had in the past on occasion getting through to the service via the telephone due to the poor signal area. As a result, the registered manager told us how they had asked for a new telephone system that enabled people to get through easier. This was now in place and communication among teams had greatly improved.

#### End of life care and support

- The service was not currently supporting people with end of life care but had excellent systems in place to support people if needed. These included training, policies and care plans that had taken into account peoples communication needs and their ability to understand about decision making.
- The registered manager explained, "We have policies in place and would access training. Each person has very detailed health action plans showing what to do if a person became unwell and laminated hospital grab sheets which are colour coded and linked to the persons positive behaviour support plan. The service also participates in the 'red bag scheme' which uses a special grab bag for people with learning disabilities containing all the things important to them to reduce anxiety should they need to go into hospital."
- One staff member confirmed they had already completed a level two qualification in end of life care at college but did not need to use it at the moment. This meant there were already staff with specific skills who could support people, their relatives and other members of the staff team if needed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

### Continuous learning and improving care

- The registered manager showed a particularly strong commitment to developing a culture of continual learning and improvement. For example, they analysed one person's behaviour charts and records of high-level incidents involving property damage and self-injurious behaviour. The staff team agreed one person could not cope with the stimulation of living with other people in addition to the stimulation of being in the community.
- In an innovative response to these findings, the registered manager had created a separate living space and garden at one end of the house. The person now had their own flat and garden area and could cope with going out daily. This had strongly contributed to reducing their challenging behaviours by 90% over the last two years.
- A relative told us, "The new flat works so much better for [name of relative]. It was just too much for them to cope with sharing the space with other people."
- There was really great evidence the registered manager had welcomed the views of people and those involved with their care to learn from concerns and implement changes for improving the quality of the service provided.
- For example, some of the comments from relatives on the quality assurance surveys included 'I have been really impressed with [name of staff] relationship with [name of relative] ...the keyworker input has been excellent. We are so grateful for the efforts made to keep my relative stimulated, protected and safe.'
- Another relative wrote, 'I am very happy with the way [name of relative] is cared for. I can tell they are very happy there. Thank you.' We noted that this relative had ticked excellent under every point on the survey.
- The registered manager told us about how they had responded to past complaints from external professionals about the décor.
- They told us, "Keeping the environment up to standard all the times can be very challenging. After my audit in January 2019, I put a new action plan in place about how we could improve the environment. As a result, we now have a regular maintenance worker onsite which is better as any damage gets repaired quicker and the people could not cope with contractors they did not know."
- We could see during our site visit that the staff team had already completed some of the actions listed in the service improvement plan. For example, a parent's communication tool, fluid and food books, cleaning checks and rooms painted.

### Working in partnership with others

- The registered manager demonstrated a history of being an excellent role model for other services. They worked together with other professionals to collate the correct information needed to analyse people's experiences and needs.



- One social care professional had written, 'I just wanted to say it was a pleasure speaking to two knowledgeable and caring staff members. I know this was just a conversation, however the knowledge and understanding they purveyed was refreshing.'
- Another health care professional told us how the service worked with their whole team of health professionals to ensure people's physical needs were supported.
- They said, "We liaise with mostly senior staff monitoring people's physical health. We assess stool charts, fluid intake and behaviours. We also send in the speech and language therapists, occupational health and psychology and nurses. [Name of registered manager] will point us to speak to the right member of staff at the time."
- The reg manager had worked in partnership with the Intensive Support Team, staff observations, relatives and other behavioural expert input to implement a positive behaviour support plan for each person This described baseline triggers, escalating behaviours and crisis support as well as what to do at each stage. This enabled the staff team to provide a high level of person centred care which reduced people's anxiety and self-injurious behaviours.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives, professionals, and staff gave extremely positive feedback about the registered manager, deputy manager and the whole staff team. The vision and values of the service showed that people were always at the centre of everything the staff team did at Woodland House.
- The registered manager showed an open and honest approach with everyone involved in the care of people at Woodland House. They led by example, were visible in the service day to day and used a coaching style of management to support and develop staff skills and knowledge.
- Staff were extremely motivated and proud of what they had achieved at the service. They explained about the joy they got from seeing all the positive changes in people as well as celebrating the achievements of their colleagues.
- The registered manager had instilled in the staff team a personal dedication to giving high quality person centred care which enabled highly positive outcomes for people
- The registered manager had reported all incidents and accidents to the relevant authorities promptly and reviewed actions needed to reduce the incident repeating. Records were clear, up to date and detailed the input by other professionals.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager ensured exceptionally good governance was embedded into the day to day practice of the staff team and culture of the service generally.
- The registered manager understood they were accountable for the service and conducted a wide range of audits, including one they had designed as an observation tool to learn the quality of staff practice.
- This involved reviewing all areas of staff practice and agreed areas for improvement which were followed up in supervision. Supervision is a process where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff.
- The registered manager and staff team were all able to define their roles, how to put these into practice and they understood the impact of skilled care on the people they were supporting.
- The staff team and the registered manager showed a very good understanding of legislation. This included the requirements of the Health and Social Care Act, Registering for the Right Support and the Accessible Information Standard. They fully understood the responsibilities of their roles. Evidence of how the service had put these into practice was evident throughout the day of our visit in what we saw, read and what we were told.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A variety of outstanding and innovative quality assurance and communication systems were introduced by the registered manager with specialist advice to enable people to have a voice and engage with others. The systems had a real impact on the quality of people's lives, promoting independence and choice and minimised negative behaviours. This was demonstrated over a period of time showing sustainability of practice and outcomes.

- One example of ways the service had involved relatives was the regular newsletters, which were sent out to relatives. These were personalised for each family with photographs of what their family members had achieved and the latest updates about the service in general.

- One relative told us, "We get newsletters, they are helpful and tell us about any new staff and any changes that are going on and we get a monthly report to say what our relative has done each day throughout the month."

- Everyone thought communication was very good indeed.

One relative told us, "I talk to the registered manager and the deputy manager and they both text backwards and forwards. I feel there is good communication."

- Staff told us, "We have staff meetings every month, it's good that we all get a chance to speak. I have had a lot of support as the dynamics were very different at my previous workplace. I feel I know the people we support really well now and we have really made a difference in their lives."

- The provider also held an annual face to face forum for families to seek their views and feedback.