

Choice Support Woodgate

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

About the service:

Woodgate is a residential care home that accommodates up to six people with a learning disability. People had complex communication needs and used body language, signs and facial expressions to let staff know how they were feeling. At the time of the inspection there were five people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

The service had improved so people could be assured that they would be treated with dignity, privacy and respect at all times. People benefitted from being supported by staff who knew them well, including their likes, dislikes and preferred routines. Staff knew how to interact with people who had limited verbal communication, so they could understand their needs and respond to them.

The registered manager and staff team had worked in partnership with other professionals to minimise risks to people's safety. After a challenging period, the environment had returned to one of calm and relatives reported that people were safe. There were arrangements to make sure there were enough staff available to support people when they needed it.

Staff received ongoing training and support to ensure they had the necessary skills and knowledge to meet people's individual needs. 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.

People had access to health care services in a timely manner and partnerships had been developed with a range of health care professionals. Mealtimes were social occasions where people sat together, and staff made sure people had enough to eat and drink. People continued to receive their medicines when they were needed.

Guidance was available for staff to follow about how to meet people's health, social and personal care needs. People were given informed choices about how they would like to spend their time and asked if they had any concerns about their care. Activities took place in people's home, including sensory sessions and people also had the opportunity to go out.

People benefitted from the open and inclusive culture that was implemented by effective leadership from the management team. There was a culture of learning from best practice and of working collaboratively with other professionals and health providers to ensure partnership working resulted in good outcomes for

people. Relatives said the service was well run and they would recommend it to others.

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

Rating at last inspection and update: Requires Improvement (last report published)

The last rating for this service was requires improvement (published 24 20 June 2018) and there was one breach of regulation: People were not consistently treated with dignity and respect. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Woodgate

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:

The inspection was carried out by one inspector.

Service and service type:

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

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.

Notice of inspection:

The inspection was unannounced.

What we did before the inspection:

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

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

During the inspection:

We were introduced to everyone and spent time with people in the lounge. We joined four people for lunch. We spoke with the registered manager and two support staff.

We viewed a range of records. This included two people's care records and multiple medication records. We looked at staff training records. We also looked at a variety of records relating to the management of the service including, health and safety records, audits and quality assurance reports.

After the inspection:

We telephoned three relatives to gain their experience of the care provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person's needs had changed significantly. A professional told us that this person's challenging and unpredictable behaviour had impacted on the safety of others. People had not always felt safe and staff described the environment as tense. This person had now been supported to find an alternative placement which met their specific needs.
- A commissioner from the local authority told us that during this period a number of safeguarding concerns had been raised. They reported that the service had worked in partnership with them to develop action plans to address the risks and had implemented all their recommendations.
- A relative said, "There was a resident at the home that was very challenging, and it made me not want to go there. I felt for them as I thought this could be my relative. It is all fine now. The home dealt with it really well under the circumstances".
- Staff had recreated a quiet environment for people. People were settling back into their own routines and as a result, their anxieties had decreased.

Assessing risk, safety monitoring and management

- Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. Electrical and gas appliances were maintained, and fire equipment regularly serviced.
- Staff knew how to evacuate people safely in the event of an emergency as they received regular training. There was a programme of fire drills. A night time drill had been arranged for the following night to make sure day and night staff were confident of the action that needed to be taken if there was a fire.
- Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Guidance was available to staff, so people were helped in the right way. This included supporting people to move around their home using equipment, to minimise the risk of a person choking and to receive the appropriate treatment if they had an epileptic seizure.

Staffing and recruitment

- Staffing levels were assessed and reviewed according to people's individual needs and in liaison with the local authority.
- Everyone needed staff to support them with their daily living tasks and to go out. There were enough staff available to support people in their home, so they could go at their own pace and were not rushed. A relative told us, "Yes they are safe. There is always a minimum of two staff around".
- There were relief staff and arrangements with a staffing agency to deal with situations when care staff

were not able to work.

- Checks on new staff included obtaining a person's work references, identity, employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Using medicines safely

- Medicines systems were organised, checked and audited. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff completed training in medicines administration and their competency was checked to make sure they continued to practice safe medicines administration and to be clear about their roles and responsibilities.
- Staff understood how to follow medicines guidance. People had a medicines profile which detailed why the person was taking each medicine and any side effects. Protocols directed staff when people should be given medicines prescribed as to be given 'only when needed' and for topical creams that needed to be applied to specific areas of the body.

Learning lessons when things go wrong

- Staff knew and felt confident to report and respond to incidents and accidents.
- The registered manager monitored and analysed all events so that action could be taken to reduce the chance of the same things from happening again.
- An analysis was undertaken of what had happened before, during and after any incident between people. This was to establish if there were any known triggers and what worked well in lowering people's anxieties. Lessons learned from these events were shared with the staff team.

Preventing and controlling infection

- Staff followed a cleaning schedule to make sure the service was clean and free from unpleasant odours.
- Staff were trained in the prevention and control of infections and had access to personal protective equipment.
- The provider's laundry procedures were followed to help prevent the spread of infection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this. 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

- People's physical, social, emotional, cultural and religious needs were assessed in line with best practice and guidance, so the provider could be confident they could be met by the staff team.
- Information was gained from a range of health and social care professionals and consideration given to how a new person would fit in with the characteristics and routines of people already living at the service.

Staff support: induction, training, skills and experience

- The provider inducted staff and provided ongoing training in the areas they had identified as relevant to their roles. This included moving people safely, first aid and epilepsy awareness.
- Relatives said staff had the right skills and knowledge to support people. One relative told us, "Staff know how to get people up out of their chairs safely". Another relative commented, "Yes, staff have the right skills. They all come over as being friendly and warm to engage with people".
- Over the last few months, informal discussions with staff had replaced structured individual supervisions and team meetings as the main way in which the staff team was supported with their development. Staff said this had been an effective response to the pressures placed on them by the behaviours of one person living at the service. The registered manager had now reinstated team meetings, supervised each staff member and planned further sessions for the year ahead.

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

- People were shown photographs of meals and their choices were used to develop the weekly menu.
- At lunchtime people were able to eat independently as they had been provided with adapted plates and cutlery. The meal was relaxed, and people were able to eat at their own pace.
- Staff followed professional advice when serving meals to make sure it was of the right consistency to minimise the risk of a person choking.
- People were protected from the risk of poor nutrition as staff encouraged people to eat and sought professional advice if there were any changes in their eating patterns. When it had been identified that one person had lost weight, they had been provided with snack boxes which were replenished throughout the day.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People's health needs were identified and monitored by staff through observation and discussion. A record was made of all medical appointments and outcomes, so their needs could be met.

- People were supported to access health care services when they were needed. One person was consistently ill due to a medical issue. The registered manager initiated a best interest meeting with their family and a range of social and health care professionals and a decision was made to operate. This person was then supported to recuperate at the service with staff who understood their body language and gestures.
- Relatives said they were kept informed of their loved one's well-being. One relative told us, "The staff pick up on any medical problems straight away and let me know". Another relative said, "Staff are soon on the phone if she is not well".
- Each person had a hospital passport which set out the most important things medical staff needed to know, should they be admitted to hospital.

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.
- People's consent was sought before providing any care. When people did not have the capacity to make a specific decision, decisions were made in their best interest.
- Staff understood who had a DoLS and had communicated what this meant to people's relatives. The registered manager reviewed DoLS which had a limited time period, to make sure they were reapplied for in a timely manner.

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

- The accommodation was provided on the ground floor so people with limited mobility and who used a wheelchair could move around more easily.
- There was a wet room and adapted bathroom so people with limited mobility could have a bath or shower according to their choice.
- The garden was accessible with a patio area with seating provided.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant that people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure that staff consistently supported people in a way that upheld their dignity. One person, who required staff support, had left the shower without being fully covered and the door had been left open when they were on the toilet. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- Respect and dignity had been discussed with the staff team and the registered manager had checked their understanding and practice in this area.
- Staff supported people in a way that upheld their privacy and dignity throughout the inspection.
- Relatives concurred that the staff team was respectful to the people they supported. One relative told us, "He is always clean and nicely dressed". Another relative said, "Yes, staff are respectful. It is a warm and supportive environment".

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and trusting relationships had been developed with staff. When staff spoke to people, they made sure they were at their level to aid communication. A staff member described how they were "Emotionally attached" to people, in that they felt a sense of loss if circumstances changed and they no longer cared for a person.
- A relative told us, "Everyone is being cared for really well".
- Relationships with family members and those who were important to people were developed and maintained. One person had a befriender who visited them on a regular basis. A relative told us, "We don't have to say when we are coming. We turn up whenever we want". Another relative said, "They keep us up to date with everything".

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

- Service user meetings were held where photographs and pictures were used to aid conversations about meals, activities and people's rooms. A record was made of people's responses.
- Everyone had complex communication needs. Staff understood people's verbal and non-verbal communication and could therefore respond accordingly. One person used a particular name/sound for

their relative. This relative explained that when their family member used their name, staff would phone them up, as they knew that this meant that they wanted to talk to them.

- People met with their keyworker to discuss and review progress towards their goals and aspirations. A quality review in April 2019 highlighted that some people had lost interest and motivation in their goals and they were being reviewed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

People's needs were met through good organisation and delivery of care.

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

At our last inspection we recommended the provider review activity provision for people to ensure activities matched people's preferences and people could access the community equally. This was because some people went out less frequently than others. The provider had made improvements.

- People were supported to follow their interests. Staff produced a photographic display each month of what people had done with their time and where they had been. This showed pictures of people going to the park and out for a cup of tea.
- A relative told us, "Staff take him out on activities. You can tell if he is bored by the way he moves, and he is not bored. He was planting bean seeds last week". Another relative said, "She likes to do her own thing a lot and staff know that".
- There were regular structured activities such as aromatherapy and bingo, provided by external professionals. A Pet as Therapy dog had been trailed at the service and people's feedback was that they would like it to continue. A professional told us that on occasions when they had visited, people had spent long periods watching the television.
- Care plans contained detailed information about people's likes, dislikes, routines, personal history, cultural and religious needs. A one-page profile gave staff a clear summary of the most important things they needed to know about each person. Staff knew about people's interests and preferences which helped them to provide care in a personalised way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had limited or no verbal communication. Each person had been assessed by the provider's communications officer to see if they would benefit from technology to aid their communication. Two people had been provided with a button to press if they wanted to request a cup of tea or to go to the toilet.
- People were provided with photographs and pictures to help them choose their meals and to aid conversations about activities.

Improving care quality in response to complaints or concerns

- People were asked if they had any suggestions or concerns at regular resident meetings. The complaints procedure was available in easy read format.
- The provider understood that people may not always be able to make a complaint verbally. Staff compensated for this by being aware of any changes in people's moods, routines, behaviour or health.
- Relatives said they were in regular communication with staff and therefore felt confident to raise any concerns or complaints. A relative told us, "If I had any worries or concerns the first person I would talk to is the registered manager and we would sort it out, but I've not had to contact her about anything".

End of life care and support

- People and their family members had been consulted about people's wishes at the end of their lives. The amount of detail varied about people's wishes with regards where people wanted to live and the things and people they wanted with them at the end of their lives. The registered manager intended to revisit end of life plans to ensure consistency and to make sure people had all the important things and people around them at the end of their lives.
- The provider understood the importance of working closely with healthcare professionals, so people experienced a comfortable, dignified and pain-free death.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was visible leadership within the service that inspired staff to provide a quality service. The registered manager had supported the staff team through a challenging time and developed a positive culture at the service.
- The registered manager led by example, showing patience and understanding when supporting people. One person indicated they did not want any pudding at lunchtime but did not leave the table. The registered manager offered them a variety of puddings, until they found one that the person liked. The person then smiled and began to eat their pudding.
- The provider understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.
- Relatives said the service was well-led and that they would recommend it to others. Comments included, "It is definitely well-led. I would recommend it because it is warm and caring and well organised"; and, "I would recommend it because they are really good carers and they really look after my relative".

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

- People benefitted from being supported by a staff team who were motivated and understood their roles and responsibilities. Daily meetings and records ensured that important information about people's care was handed over between staff shifts and actioned.
- There was a structured programme of checks and audits which identified areas for improvement. When shortfalls had been identified, an action plan was put in place to address them. Progress was reviewed by the registered manager and operations manager.
- The registered manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths.

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

- There were regular service user meetings where people were asked about what they wanted to do and anything they wanted to change to improve the service they received.

- Staff felt supported and listened to. They said they could approach the registered manager at any time about anything and they would receive a positive and professional response.
- The provider had identified that quality assurance surveys were not as effective as they could be in gaining feedback from people, relatives and professionals. They were in the process of developing surveys that were specific to the people at Woodgate, so any feedback could be acted on.

Continuous learning and improving carer

- Information gathered from audits was used to develop the service and make improvements. An audit of the premises in May 2019 identified number of areas such as the lounge wall and kitchen ceiling which required redecoration. During the inspection the registered manager received a start date to commence painting of the kitchen ceiling.
- The registered manager kept up to date with guidance and advice through accessing the providers policies and attending registered managers conferences. They ensured best practice was disseminated the staff team.
- Staff were actively encouraged and supported to undertake continuous learning and had opportunities to pursue a fulfilling career.

Working in partnership with others

- The provider worked in partnership with other social and health care professionals such as GP's, community nurses and occupational therapists.
- Joint working with the occupational therapy team had resulted in one person obtaining a wheelchair which was designed for their individual needs. Partnership with the local authority had led to one person transferring to a service which could better meet their changed needs.