

Mr Brendan Freeman

# Woodland House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 24 May 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 13 and 17, Health and Social Care Act 2008 (Regulated Activities) 2014.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodland House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection took place on 19 December 2016 and was unannounced. The inspection was focussed and therefore concentrated on three areas; safe, effective and well led. We had identified that the provider did not have effective systems in place to assess, monitor and mitigate the risks to health, safety and welfare of people who used the service, and that lawful authority had not been sought to deprive some people of their liberty. The provider took action and at this inspection we found some significant improvements had been made.

Woodland House is registered to provide care and support for up to six people with a learning disability. Nursing care is not provided. On the day of our inspection there were six people at the home. The registered manager was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

During our inspection we saw that people felt comfortable with staff and moved about the home as they wished. People were supported by staff who had received training on how to protect people from abuse. Risk assessments had been completed to minimise the risk to people.

People told us and we observed that staff were kind and compassionate in the way they supported and cared for people. People were given support to make their own decisions about their individual care and support needs. We saw that staff respected people's choices and preferences. The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

All the staff we spoke with said that the registered manager was supportive and approachable. The registered manager had continued to make improvements within the home and how it was run, and had developed some systems which helped to ensure the service being offered was safe and of good quality. While progress had been made in this area, formal auditing and a robust checking process had not yet begun.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe and staff had been trained to recognise abuse.

People's money was managed safely.

Staff were recruited in a safe manner.

### Is the service effective?

Good ●

The service was effective.

People had their human rights upheld as the service was operating within the principles of the Mental Capacity Act.

People had choices of where they went and what they did.

### Is the service well-led?

Requires Improvement ●

The service was not well led.

Systems to audit and monitor the service were not yet robust.

Systems to gain feedback from people, their relatives and others had not been fully implemented.

# Woodland House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This focussed inspection took place on 19 December 2016 and was unannounced. The inspection team consisted of one inspector.

We asked the Local Authority and Health Watch if they had any information to share with us about the care provided by the service. As part of planning the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We reviewed the action plan the provider had sent us in response to concerns raised at our last inspection. We used this information to plan what areas we were going to focus on during our inspection visit.

During the inspection we met and spoke with four of the people who lived at the home. We spent time observing day to day life and the support people were offered. We spoke with the relative of one person during the inspection. In addition we spoke with the registered manager, and two care staff. We sampled records including two peoples care plans, recruitment of staff records and other records the registered manager used for the monitoring and improving the quality of the service.

# Is the service safe?

## Our findings

At our last inspection in May 2016 we found the process to recruit staff was not safe, and that the way peoples' money was managed by the home needed to be made safer to reduce the likelihood of people being financially abused. At this inspection we found that these issues had improved.

Although no new members of staff had been recruited recently, existing staff told us that the registered manager had taken up references about them and they had been interviewed as part of the recruitment and selection process. We looked at the recruitment records and noted that the system had improved since our last inspection. All staff had current DBS (police) checks and references had been collected for staff before they began to work with people in the home. The registered manager told us that the systems would be further improved as the home was recruiting an administrator who would monitor these systems. This improvement meant that people were supported by a recruitment processes that helped minimise the risks of employing unsuitable staff.

During our previous inspection we noted that the system used by the registered manager to support people with their finances was not safe. During this inspection we saw that a new system had been introduced. People's money was now locked away in individual containers and only certain members of staff had access to the keys. There was also evidence that each person and the registered manger sat together on a weekly basis and checked their own finances. During this time the registered manager took the opportunity to talk to the person about their money, what they wanted to buy or save for and decisions were recorded at that time. People we spoke with confirmed with us that they were happy with how their money was managed. One person who used to manage their own finances actively sought the support of the registered manager to help them budget, they told us, "[The registered manager] helps me with my money."

Everyone we spoke with told us that they felt safe living in the home. We saw that people looked relaxed in the company of staff and were confident to approach them for support and comfort. A relative told us, "[My relative] is always safe here, safe and sound really."

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused and they were aware of factors which may make someone more vulnerable to abuse. They were aware of the need to pass on any possible concerns regarding the conduct of their colleagues and they knew how to do this. All the staff we spoke with believed any concerns would be responded to appropriately by the registered manager.

People were encouraged to have as full a life as possible, while remaining safe. We saw that the registered manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service. When necessary, measures were put in place to minimise any danger to people. The registered manager had regularly reviewed people's care. We noted that risks to people were reassessed as their conditions changed. This meant that people were more likely to be kept safe and well.

# Is the service effective?

## Our findings

At our last inspection in May 2016 we found that the provider had not applied the principles of the Mental Capacity Act (2005), and associated guidance in respect of making best interest decisions on behalf of people. They had also not applied for authorisations to deprive people of their liberty. This was a breach of regulation 13 of the Health and Social Care Act. At this inspection we found that these issues had improved, and the home was no longer in breach of this regulation.

The 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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). We saw that the registered manager had sought and taken appropriate advice in relation to people living at the home. We saw that appropriate applications had been submitted to the local authority for people who may have been considered to lack capacity to make some decisions. We noted that formal authorisations had not yet been received by the home, but that the registered manager was aware that they were needed and we saw evidence of how they had contacted the relevant authority to try and ensure they were received in a timely manner.

We looked at some people's records and saw that they had been as involved in the process of completing the paperwork about their capacity to make decisions as much as possible. We also saw that relevant decisions had been noted on the persons care records, which enabled staff to know how to support each person appropriately. Staff we spoke with confirmed with us that they knew how to support people safely and in the least restrictive manner possible. In discussions with the registered manager it was clear that they were aware of their responsibilities in relation to any authorisations that might be granted and any conditions upon them. At this inspection we found that the registered manager was working within the principles of the MCA.

When we arrived we saw that some people were up and dressed for the day while others were having a lie in or relaxing in their rooms. People were discussing what they wanted to do for the day and we saw one person answering the home phone, another person answering the front door and a third person making hot drinks for us as we were guests in their home. These actions showed that people felt the house was their home and that people had choices of what they did and where they went within the house.

## Is the service well-led?

### Our findings

During our inspection in May 2016 we found that the provider did not have any systems in place that effectively assessed, monitored and mitigated the risks to health, safety and the welfare of people. At this inspection we found that these issues had improved, and the home was no longer in breach of this regulation. Further developments in this area were required, as the monitoring and auditing of the service had started but was not yet robust or fully effective to ensure that the service improved.

We found that the home had begun to develop processes for monitoring and improving the service. There were new systems in place to review people's care records and check they contained sufficient and accurate information. We found that the system was not yet being applied consistently and that not all the care records we sampled had been regularly updated. This meant that staff may not have had the information they needed to provide a quality of care which met people's needs.

We reviewed some staff files and noted that there had been a significant improvement in the records since our last inspection. We saw that staff records around training and supervision and team meetings were available and showed that this support had been given to staff. Staff we spoke with confirmed this. The system for monitoring that this level of support for staff continued was not yet robust, and the registered manager told us of their plans to improve it. We saw rotas and checks had been put in place since our last inspection to make sure that the cleaning of the home was effective. This meant that systems to check the quality of the service were beginning to be effective.

People told us that they felt that the home was well run. One person said, "I love it here, [the registered manager] is brilliant." A relative told us, "[My relative] has been here many years, people are looked after, and they really get good care."

We saw that there was a comprehensive process for making sure people were safe within the environment of the home. For example records showed regular checks of gas and electricity, emergency lighting and fire extinguishers. We also saw evidence of regular fire drills being done to ensure that people knew how to leave the building safely.

People told us they had been involved in residents meetings, and we saw minutes of these minutes that showed how people's opinions and choices were acted upon. For example one person wanted to have fresh flowers in the lounge area and we were told that were sometimes bought as part of the weekly shop.

We noted that there was a complaints process available and a suggestion box in the entrance hall. However the registered manager told us that these had not been used. The registered manager showed us survey questionnaires that were due to be completed by people, their relatives and professionals. These had not been sent out at the time of our inspection. This meant that there was further work identified by the registered manager to continue to improve the monitoring and checking of the service.

We found that records were more robust and some data management systems had begun to be

implemented. Where adverse incidents happened the registered manager dealt with these on an individual basis very well. The registered manager discussed with us their plans to employ administrative assistance to support them to develop more robust quality assurance processes and continue with the progress that had been made.

Where a service has been awarded a rating by the Care Quality Commission, the provider is required under the regulations to display the rating. We saw there was a rating poster clearly on display in the home. We found that the registered manager understood their responsibility to inform the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe.