

Woodley House Limited

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Inspection report

Woodley House, Woodley Street
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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: Woodley Court is a residential care home for people with a learning disability. At the time of the inspection, 16 people were living at the service. Although this is larger than current best practice guidance, the impact on people was mitigated by the fact that accommodation was provided in three houses; the cottage, the bungalow and the main house. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. The accommodation was built around a large central courtyard which was secure and well maintained. Each building was accessible from the courtyard. This meant that people were able to move from building to building and to interact with one another when they chose.

People's experience of using this service:

People were relaxed and happy with staff and showed by their actions , they trusted them. We saw reminders for staff that were centred on improving people's experience and staff were encouraged to plan holidays and activities for people in a timely way. The outcomes for people using the service reflected the principles and values of Registering the Right Support in that people were involved in the local community and staff promoted individual choice.

People continued to be safe at the service. Staff completed risk assessments and people were supported to stay safe, whilst not unnecessarily restricting their freedom. Staff reported incidents and accidents and they were investigated and reviewed, to reduce the risk of them happening again. Medicines were managed effectively and safely.

Staff were knowledgeable about people's care and support needs and received training to maintain their knowledge and skills. Care plans contained detailed information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

Staff were caring in their approach and protected people's privacy, dignity and promoted their independence. People were treated equally, without discrimination and information was presented to them in a way they could understand.

People continued to receive a service that was responsive to their individual needs and preferences. Most people had complex needs and staff involved other professionals, to ensure they gained a full understanding of the factors influencing each person and further developed an individualised approach to their care. They had access to a range of activities and were encouraged to participate in events in the local community.

The registered manager, deputy manager and staff were open and committed to learning and improving the service further. They monitored the care provided and had an action plan outlining the improvements they were working on. A example of a recent improvement was the refurbishment of the central courtyard that provided a pleasant place for people to spend time and chat with others.

Rating at last inspection: Good (report published September 2016)

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

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

Woodley House Limited

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 conducted by one inspector and an Expert by Experience with experience of care of people with physical disabilities. 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:

Woodley House is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We assessed the information in the provider information return. This is information providers are required to send us key information about the service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with 12 people who used the service to ask about their experience of the

care provided and one relative. We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We spoke with six members of staff including the deputy manager, care staff, and a housekeeper. We also spoke with the registered manager.

We reviewed a range of records about people's care and how the service was managed. This included looking at three people's care records and seven people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

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

- People told us they felt safe at the service. A relative said their family member was "Very safe and very settled."
- Information in accessible formats was available within each house about abuse and safeguarding.
- Staff were aware of the signs of abuse and the actions they needed to take if they identified a concern. They had confidence the management team would address any concerns, although knew how to report a concern to the provider and external agencies if required. The registered manager was aware of their responsibilities for reporting safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and were safely managed. The potential risks to each person's health, safety and welfare were identified and care plans were developed to guide staff on how to protect people.
- When people had behaviours that might pose a risk to themselves or others, behaviour support plans were in place, which provided information for staff on possible triggers and cues, along with actions for staff to take to calm them.

Staffing and recruitment

- Staffing levels were set to provide the level of support each person required. There were no current vacancies at the service; however, some staff were on long term leave/absence and agency staff who knew the service, were used to maintain staffing at the planned levels.
- A visitor told us they felt there were enough staff to provide the care people needed.
- During the inspection, we observed some missed opportunities for engaging with people when staff were busy with routine tasks such as preparing lunch and other staff were accompanying people on external trips. The registered manager told us they would review the deployment of staff to overcome this issue.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- We found there wasn't a protocol in place to ensure the consistent administration of one medicine for a person, that was prescribed to be given as required, although protocols were in place for other as required medicines. The registered manager agreed to immediately address this.

Preventing and controlling infection

- The environment was visibly clean and housekeeping staff were clear about their responsibilities for maintaining cleanliness and preventing infection.

- Staff completed training in infection control and food hygiene. They used personal protective clothing and equipment as required and it was readily available throughout the service.

Learning lessons when things go wrong

- Incidents were reported and documented by staff. The registered manager reviewed incidents and identified learning from them. Staff told us they received feedback about the changes required to prevent similar incidents occurring again. For example, changes to support for a person following a fall.

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

- People's needs were assessed and care was planned to support people's needs and reflect their wishes and choices.
- Staff had access to information and guidance on people's mental health conditions, how these affected their behaviour and how they should be supported.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in areas the provider identified as relevant to their role and the needs of people using the service.
- Staff given opportunities to review their individual work and development needs through supervision and appraisal.

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

- People were offered choice and they told us they enjoyed the food provided.
- Staff supported people at mealtimes; however, we observed that staff did not maintain a presence in the dining room when a person was eating. Instructions for staff were that the person should be observed when eating. We raised this with the registered manager, who told us they would speak to the staff concerned to ensure the person was supervised at mealtimes.

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

- The premises and environment were adapted for people's needs. There had been recent improvements to the outside space and internal environment and each person was able to choose the décor for their bedrooms, which were pleasantly decorated. A person told us they chose their wallpaper and another person was going out that day to choose new furniture for their room.
- Risks in relation to premises and equipment were identified, assessed and well managed. Required maintenance and safety checks were completed. We observed a person being supported to access the stair lift safely.

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

- People had access to specialist learning disability and psychiatric services and staff liaised closely with the services to ensure people were reviewed when required.
- Arrangements were in place to enable people to access routine health checks such as the dentist, optician and chiropodist.

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 the principles of the MCA were followed and DoLS authorisations were applied for when necessary. When conditions were in place for DoLS these were being followed.
- Staff received training in the MCA and DoLS and understood their responsibilities in relation to this.

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; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff were very caring in their approach and showed understanding of people's complex needs. People had good relationships with staff and we observed one person hugged a member of staff when they came over to them and another with their head resting on a staff member's shoulder snoozing lightly.
- We gave a person pictures of faces with sad and happy expressions and they circled the happy face to show they were happy living at the service.
- However, we observed one staff member did not react appropriately to a person's behaviour on one occasion. We notified the registered manager and they immediately arranged for the staff member to be re-deployed to another area and told us they would address the issue with them.
- Staff respected people's privacy and maintained their dignity. We observed staff wiping a person's mouth gently after lunch and on another occasion observed staff sensitively and discreetly responding when a person was incontinent.
- Staff used people's chosen names when speaking with them and respected a person's chosen ethnicity. We observed a person was encouraged to make their own hot drink to maintain their independence. A person told us of how they volunteered at a local sweet shop, delivering leaflets with the support of staff. We were also told a person was now able to take the local bus to the day centre, thus increasing their independence.

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

- People were involved where possible in their care planning and there were easy read and pictorial care plans in place. The manager told us of plans to involve people's relatives more in the care planning process.

Is the service responsive?

Our findings

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

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

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

- People received individualised care and support based on their needs and preferences.
- Care plans were detailed and provided a good level of information about how staff could best support people. Some people had complex behavioural needs and their care plans gave information about possible triggers of behaviour and cues along with strategies staff could use to support the person and reduce their distress.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, one person was unable to communicate verbally and they used objects of reference to indicate their wishes. These were everyday objects that had a connection for the person with the activity or choice. The person's care plan provided lots of examples of the objects of reference the person most frequently used.
- Most of the interactions we observed between staff and people using the service were positive, supportive and encouraging. Staff listened to people and were skilled in identifying their wishes. However, on one occasion when we relayed a person's request to a member of staff they were dismissive of it and told us the person did not really want it. Later, the person showed by their action that they did. The registered manager said they would discuss this in the staff meeting scheduled for later in the week.
- People were supported to access the local community and engage in a range of activities based on their interests. Two people volunteered in local shops and people regularly visited the local shops and events at the village hall.

Improving care quality in response to complaints or concerns

- Complaints were documented, investigated and used to improve the service provided.
- People were provided with information in accessible formats, including signs and symbols, to explain how to make a complaint.

End of life care and support

- No one was receiving end of life care at the time of the inspection. However, staff had worked with people and their relatives to identify their wishes in advance, to ensure these were recorded and could be re-visited in the future.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Processes were in place to promote high quality, person centred care and support.
- The management team told us of quality improvement initiatives they were undertaking to further improve the quality of care provided. This included a review of the activities offered and a review of how families were involved.
- The management team showed an open approach and commitment to learning from incidents and concerns; using these to further improve the service. They acted immediately to address issues we raised during the inspection and indicated they would utilise these as learning opportunities for staff.

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

- The registered manager was aware of their responsibilities for reporting incidents and making notifications to the CQC.
- Staff told us the management team were approachable and they had confidence that any issues they identified would be addressed.
- A wide range of quality audits were completed on a monthly basis and learning identified. The registered manager had an action plan to address areas from the audits and other improvements they were introducing. The provider visited regularly and completed their own audits to ensure the quality of care provided. They provided support to the registered manager. We reviewed minutes of a management meeting held the previous month; these showed discussion of a range of issues pertinent to the people using the service, health and safety, maintenance and staff.

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

- People using the service and staff were engaged and involved. The service also provided opportunities for family and friends to be involved, such as the summer barbeque and charity fund raising events.
- Meetings were held for people using the service and notes from these were provided in easy read format and using signs and symbols, to enable people to engage as much as possible.
- Staff told us that they and people using the service were treated fairly and equally.
- Regular meetings were held for staff. Notes of the most recent meeting showed good attendance. A range of topics were covered from updates about people using the service, to training, mental capacity assessments and safeguarding.

Working in partnership with others

- Each person using the service had a health action plan and information for other agencies; if the person required an emergency admission to hospital for example.
- Information was available on noticeboards to facilitate contact with other agencies who may be involved in the person's care and support. For example safeguarding information and contact details.