

Mr Brendan Freeman

# Woodland House

## Inspection report

22 Woodland Road  
Northfield  
Birmingham  
West Midlands  
B31 2HS

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Woodland House is a residential care home for people with learning disabilities and autism spectrum disorders, providing personal care to six people at the time of the inspection. The service can support up to six people.

The building deliberately had no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also encouraged to wear their own clothes that didn't suggest they were care staff when coming and going with people.

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

People were safe living at the home. Staff had received training so that they knew how to protect people from harm. At the time of our site visit, we found there were enough numbers of suitably recruited staff on duty to meet people's needs to keep people safe. People were supported by staff who knew their needs well, but had not all received training on people's unique health conditions. Staff supported people with their medicines. Systems to prevent and control the spread of infection needed some improvement.

People were offered a choice of foods and where appropriate, received additional support with their health care needs. Staff worked with external health and social care professionals and ensured people were supported to access these services when they needed them to maintain their health and wellbeing. People were supported to have maximum choice and control of their lives and staff. During inspection we did see that one person was restricted from using a bathroom as the door was locked. Alternative options had not been explored that are less restrictive.

People's support focused on them having as many opportunities as possible for them to gain new experiences and maintain independence.

The service was rated as Good in all five key questions at the last inspection in July 2017.

However, at this inspection, we found they key questions for Safe, Effective and Well-led were rated as requires improvement.

We also found during the inspection that there was a breach of Good governance again with systems not being in place to identify and mitigate any risks to people and failing to ensure the service was compliant with regulations. Also, the registered manager had failed to keep themselves up to date with current regulatory requirements and best practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

This was a planned inspection based on the 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors on 07 January 2020.

#### 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.

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

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, health professionals and Healthwatch who work with the service.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with three members of staff, the registered manager, assistant manager and a support worker. We also spoke to one health professional who was visiting people who use the service on the day.

We reviewed a range of records. This included two people's care records and medication records. We looked at resident and staff meetings and training records. A variety of records relating to the management of the service, including audits of the systems and processes in use, compliments and complaints, quality assurance questionnaires and policies, and procedures which were currently being reviewed.

After the inspection

We spoke with a professional who regularly visits the service and two family members to gain their feedback on the service.

# 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 now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe in the home and that they could talk to staff. One person told us that they had spoken to the registered manager about concerns they had, they felt they were listened to and were happy with the actions taken. A relative told us, "I feel [family member] is safe there".
- Staff had received safeguarding training and the staff member we spoke to could explain what abuse was and actions they would take should they suspect abuse.

Assessing risk, safety monitoring and management

- Staff knew people well and could tell us how they would support people.
- Risks to people were not consistently being identified, resulting in risk assessments not being effective in reducing the risk to people using the service and staff members. There were inconsistencies in the risk assessments in place of how to identify triggers of behaviours which may cause distress, lack of robust actions in place to reduce the risk and how to manage situations should they arise, based on known previous history.
- The providers quality checks were not always effective in identifying potential risks. There were no environmental audits and on the day of the inspection we saw in one toilet had hot water pipes which were exposed, some radiators did not have covers fitted to minimise the potential to cause harm or injury. We also saw a broken pane of glass in a toilet door which was sharp.
- There were radiators around the home which had no covers, this could have resulted in harm or injury from burns. This risk had not been considered by the registered manager.
- Staff had received health & safety training such as fire and conflict management. There were also personal evacuation plans in place for people detailing the support they would need in the event of an evacuation.

Staffing and recruitment

- People and staff told us that they felt there were enough staff to support the needs of those who live in the home.
- We were told that the home does not use agency staff and any gaps were covered by their staff team, deputy or registered manager. We were told they did not like to use agency due to the impact this would have on the people living in the home.
- The staff team is an established team with very few changes and this is important to the stability of those who live in the service.

#### Using medicines safely

- We saw that provider had systems and processes in place to ensure medicines were ordered, stored, administered and disposed of safely.
- On the day of the inspection the deputy manager had identified a medication error during her daily audit. There was evidence to show that safe procedures had been followed once the error had been identified and assurances were given that further discussions with staff members would take place.

#### Preventing and controlling infection

- Staff had completed infection control training and there was evidence of protective equipment such as gloves and soap being available. However, there was a toilet on the first floor for use by people using the service which did not have a hand wash basin. This meant that people had to leave the toilet and walk to a bathroom further down the landing or downstairs to wash their hands after using the toilet. This is not good practice for promoting good hand hygiene or preventing infection.
- The home and environment were clean and tidy.

#### Learning lessons when things go wrong

- Records did not evidence any lesson learnt from any incidents or accidents which had occurred. There was no evidence seen during the inspection to confirm such discussions take place.



# 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 now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met consistently.

Staff support: induction, training, skills and experience

- We saw evidence of staff meetings, during these training was discussed and planned, depending on what management and staff felt was needed most.
- A member of staff told us they felt, "They had enough training and support from the management, to be able to meet the needs of people and to keep them safe".
- The training records showed staff had not received training in some key areas of people's need. None of the staff had received training on how to meet the needs of people with a learning disability and/or autism, or specific mental health conditions that people experienced. This omission was discussed with the registered manager who said, "They would look for some training in these areas." We will review this at the next inspection.

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

- The registered manager was not aware of good practice such as registering the right service. The use of technology had not been looked into which could have reduced the use of restrictions in some areas of the home.
- We saw there were weekly visits from community learning disability health professionals, and people were encouraged and supported by staff, to have health checks by using the community services such as Doctors, Dentists and Opticians.
- We spoke with two health professionals who are involved with people who live at the home. One health professional told us, "I visit each week and they [people using the service] are very settled and they [staff] manage them [person using the service] well". Another health professional told us, "They [the home] have faced some challenges with the persons changing needs but they [the home] have put everything in place, as asked. I have no concerns".
- We saw staff knew people's needs and wishes well.

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

- Advice had been sought from the Speech and Language Therapy (SaLT) for a person whose swallowing was deteriorating. Staff told us they were aware of the guidance of the dietary needs for this person.
- We saw that people were given choice of meals and drinks during our inspection and those who were able to, made their own food and drinks in the kitchen. We observed those who needed support to eat were supported appropriately.

Staff working with other agencies to provide consistent, effective, timely care

- Health professionals told us that if staff had any concerns they had contacted them to ask for support for the people living at the home.
- We saw that staff involved other agencies when needing additional advice.

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

- In line with registering the right service the home was homely and domestic in size.
- The décor in the home was on the whole, in good order and people's rooms contained things which were important to them.

Supporting people to live healthier lives, access healthcare services and support

- One person using the service had gained weight and the staff had spoken to health care professionals for advice. Staff were aware of offering healthy choices, although this was not observed during the inspection. However, the person has the ability to make their own choices and decisions.
- One person told us they had been encouraged to go to the dentist when they had toothache although they said they did not like going but they knew they needed to. Oral health care plans and assessments were completed for all people in the home.
- Health checks and details of professionals visiting people in the home or in the community were documented in the individuals plan of care. Health action plans are documents which state what is needed for the person to remain healthy, including the support they may require.

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 when this is in their best interests and legally authorised under the MCA.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training in and had some understanding, people's rights under the MCA and when to act in their best interests to ensure people's safety and welfare is maintained.
- Where people required applications to be made under the Deprivation of Liberty Safeguards, the management team had completed these.
- One person required medication to be given covertly at times and there is evidence of best interests decision meetings taking place with other, appropriate health professionals.
- However, we saw some restrictive measures were being used, such as doors and wardrobes locked to prevent access by some people. There was no evidence from discussions with staff or reviewing records that less restrictive options had been explored. The registered manager agreed these could have been less restrictive and alternative ideas would now be explored and discussed. This will be reviewed at the next inspection.

# 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 Good. At this inspection this key question has now remained the same.

This meant 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

- We observed people interacted well with staff and enjoyed the conversations, which were appropriate to their individual preferences and interests. People were encouraged to be open and honest and the conversations being held showed this.
- Staff recognised people's individuality and the importance of treating everyone as an individual, and not becoming institutionalised. One staff member told us, "We don't want people to become institutionalised, here it's not formal and rigid. People like going back to their rooms, going to different places, they don't all like going to the same place. We give people choice of what they want to do".
- One person asked a staff member for a hug and they were happy to do this. The resident clearly felt comfortable and happy.

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

- We saw evidence of residents meeting being held, giving people the opportunity to be involved in decisions.
- We observed people being given the opportunity to make decisions about their day to day lives during the inspection. This included planning the annual holiday, which led to a lot of conversation and excitement.

Respecting and promoting people's privacy, dignity and independence

- We saw that people being supported to maintain as much independence as possible, this was important to the service users, management and staff. Possible ways to support this were explored such as travelling to work independently using ring and dial transport service.
- People showed us their rooms. They were supported to make their rooms individual to them with personal belongings.
- People's records were stored securely so their personal information was kept safe.

# 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 now remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People were involved in making decisions about where they would like to go and things they want to be involved in. This included annual holidays, the registered manager identified that the home needed to plan two holidays to meet the different preferences of people. These had now been booked for this year.
- Although we were informed that staff spoke to people and we saw that people's preferences were recorded in their plans of care, we did not see evidence of people and their relatives, being invited to attend formal care reviews so that they felt involved in their care. Relatives [of people] told us when asked if they were invited to care reviews, "Not really, they keep me up dated though".

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 carer's.

- In plans of care and quality assurance questionnaires, we saw some pictorial communication methods were used, to support people to make their wishes and feelings known.
- During the inspection we spoke to the registered manager and deputy manager about the Accessible Information Standard. While some information was available in different formats they did not have a clear knowledge and understanding of what accessible information formats was and their obligations were. The deputy manager assured they would look into this more.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw that one person was supported by a volunteer at the home, to go to watch the football at his preferred club periodically and he spoke passionately about this.
- Most people were supported by the staff to go into the local community most days and accessed local cafes of their choice. Staff told us that these cafes had got to know people by name. The staff told us they had also taken people to the local working men's club where there is a bar and a disco, which people told us they enjoyed.
- One person had a job and worked two days a week and the home encouraged him to maintain this role, which gives him good opportunities to meet new people. The person told us that they enjoyed going to work.

- Families are able to visit at any time and one family member told us, "We call in randomly, we do call about 10 minutes before we go to make sure they [person living at the home] is ready for us. They are friendly, and everyone knows us".

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

- Information was displayed on how to make complaint and we saw different formats explaining this, so people living in the home knew how to complain.
- There was evidence of a complaint being raised by a person using the service and the registered manager had supported them, took appropriate actions and the person told us they were happy with the result.

#### End of life care and support

- The registered manager has had conversations with people and family about advanced care planning. Some have been happy to discuss this and provide information, but others do not wish to discuss this at this time and this has been recorded.

# 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 has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The audits completed by the management team were not robust enough and there are areas in which no audits are completed at all. This has the potential for risks not to be identified such as the exposed hot water pipes and broken glass in the toilet door window that we saw, resulting in possible harm or injury to people using the service and staff.
- Audits of records had failed to identify when the information was not up to date. They had also failed to identify when behavioural monitoring charts, used by health care professionals, did not have accurate information, used to base their interventions on.
- There were no audits of the environment which would identify areas of potential risk so that action could be taken to mitigate risk. Such monitoring systems would have identified failings in the lack of a wash hand basin in the toilet, resulting in poor hand hygiene.
- Audits had not identified restrictive practices were being used, this would have triggered reviews of measures in place.
- Systems operated did not ensure that the registered manager was aware and kept up to date with good practice and new innovations.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The registered manager has not kept themselves up to date with current regulatory requirements, good practice and guidance. Although, they did acknowledge that they were responsible and accountable for their own and staff continued learning.
- The registered manager told us he has no current plans in place of how they are going to improve the service.
- We saw training had been provided for staff and completed however, this did not include all aspects of support required for people at the home.

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

outcomes for people

- The management and staff understood the importance of promoting an open culture and empowering people.
- The culture was open, and everyone's input was listened to and valued by gathering information from surveys and service user and staff meetings. We found the atmosphere was friendly and relaxed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a complaints procedure available and the registered manager understood their responsibility about the duty of candour and ensuring people felt able to be open and honest.

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

- There are links with the local community with people going into town, cafes, work and other places of interest.

Working in partnership with others

- The registered manager worked with other health and social care organisations to achieve better outcomes for people. This included healthcare professionals who worked closely with staff to meet people's health needs.
- A health professional told us they had provided training following the change in needs of a person using the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems were either not in place or robust enough to demonstrate safety was effectively managed. |