

J C Care Limited

# Woodhouse Cottage

## Inspection report

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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?

Good



### Overall summary

This was an announced inspection carried out on the 7 January 2015. At the last inspection in October 2013 we found the provider met the regulations we looked at.

Woodhouse Cottage is registered to provide accommodation for up to six people who have a learning disability. The home has a kitchen, dining area and two lounge areas on the ground floor. There are six single en-suite rooms with showers on the first floor. There is one bathroom on the ground floor. The home has a well maintained garden area and is within easy walking distance of local amenities.

At the time of this inspection the home had a registered manager. 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.

People we spoke with told us they felt safe and did not have any concerns. People attended 'Your Voice' meetings which included discussions on bullying.

# Summary of findings

However, we found people were subjected to control that was unlawful and excessive, even though the service had involved other professionals in some of the decision making processes.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff received the training and support required to meet people's needs.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines.

Staff talked about assessing capacity in relation to particular decisions. They said people were supported to make decisions and where people did not have the capacity decisions had to be in their best interests.

Suitable arrangements were in place and people were supported and provided with a choice of suitable healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

We observed interactions between staff and people living in the home and staff were respectful to people when they were supporting them. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed. Staff knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the home.

A range of activities were provided both in-house and in the community. People were able to choose where they spent their time. For example, in the lounge areas, in the garden or in their room.

The management team investigated and responded to people's complaints, according to the provider's complaints procedure.

There were effective systems in place to monitor and improve the quality of the service provided.

We found the home was in breach of one of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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.

Staff knew about the different types of abuse and how to report it. However, even though the service had involved other professionals in some of the decision making processes, we found people were subjected to control that was unlawful and excessive.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support. We saw the recruitment process for staff was robust to make sure staff were safe to work with vulnerable people.

People's medicines were stored safely and they received them as prescribed. All staff had received medicines training, which was updated regularly.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective in meeting people's needs.

We saw from the records staff had a programme of training and were trained to care and support people who used the service safely and to a good standard. Staff also had a programme of supervision and appraisal.

People who used the service told us they were involved in making decisions about their care and had keyworker meetings to talk about what they wanted to do. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA). However, two members of staff we spoke with were not sure if they had completed MCA 2005 training.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GPs, opticians and attended hospital appointments.

**Requires Improvement**



### Is the service caring?

The service was caring.

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. We saw staff involved people and supported them at their own pace so they were not rushed. People told us they were happy with the care they received and their needs had been met.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

**Good**



# Summary of findings

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

## Is the service responsive?

The service was responsive to people needs.

People's care and support needs were assessed and plans identified how care should be delivered. The support plans we reviewed contained information that was specific to the person.

People had a programme of activity in accordance with their needs and preferences.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Good



## Is the service well-led?

The service was well led.

The home was managed by a general manager who dealt with day to day issues within the home and the registered manager who oversaw the overall management of the service.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored by the general manager and the provider to ensure any trends were identified and acted upon.

Good



# Woodhouse Cottage

## 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 inspection took place on 7 January 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

At the time of our inspection there were six people living at the home. During our visit we spoke with six people living at the home, five members of staff, the general manager

who dealt with day to day issues within the home and the registered manager who oversaw the overall management of the service. We spent some time observing care and interactions to help us understand the experience of people living in the home. We looked at all areas of the home including people's bedrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at four people's support plans.

The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

Five of the six people we spoke with told us they felt safe and did not have any concerns. One person told us they felt safe most of the time but had experienced a recent situation which made them feel unsafe. People told us they talked with staff about being safe and were told to share any concerns they had. People attended monthly meetings which were known as 'Your Voice' meetings. We looked at some of these minutes and saw they had recently discussed bullying, which included types of bullying and what to do if people felt bullied. We saw information was displayed to help people understand what to do if they did not feel safe or were being abused.

The person who told us they had not felt safe recently had previously reported their concerns to a member of staff but no action was taken. The person's concerns were not shared with the management team, recorded or followed up. This meant the person was not safeguarded from abuse. At this inspection the concerns were shared with the general manager who responded swiftly and appropriately.

We spoke with staff about their understanding of protecting vulnerable adults. They knew what to do if abuse or harm happened or if they witnessed it. The management team understood safeguarding procedures and how to report any safeguarding concerns. Staff we spoke with told us they had received training in safeguarding and this was regularly updated. The staff records we saw supported this. Staff meeting minutes showed they had recently discussed safeguarding and went through the different types of abuse; staff were advised not to become complacent.

The service had policies and procedures for safeguarding vulnerable adults and were accessible to the staff team. We saw evidence that the provider had referred safeguarding incidents to the local authority safeguarding team and to Care Quality Commission. The provider's quality assurance monitoring visit reports showed safeguarding was discussed at each visit.

We spoke with staff and management about risk management and although everyone was confident risk was well managed, we were concerned that professional guidance was not followed when risk was managed so sometimes restrictions and people's freedom were not always supported. For example, a Deprivation of Liberty Safeguards (DoLS) was authorised to prevent one person

from engaging in certain activities even though there was evidence the person had the capacity to make the relevant decisions. A Deprivation of Liberty Safeguards (DoLS) is where a person can be lawfully deprived of their liberties, when they do not have capacity and it is deemed to be in their best interests or their own safety. Another person's records showed that on occasions they did not want to comply with a support agreement that had been set up in relation to the amount of cigarettes they smoked, which resulted in them displaying behaviours that challenge. Staff confirmed they held the person's cigarettes and they were not given additional cigarettes once they had smoked the agreed amount. There was no guidance for staff and no legal reason for withholding cigarettes. Another person was clearly indicating they were unhappy with the arrangements for visiting a relative and were waiting for others to make a decision about the arrangements; however, they had been waiting for this to be reviewed for over six months.

Even though the service had involved other professionals in some of the decision making processes, we found people were subjected to control that was unlawful and excessive. This is a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

Although we had concerns about some aspects of risk management we also saw some good risk assessment and management. For example, we saw people were encouraged to develop independent living skills and their safety and freedom had been assessed appropriately. People had been involved in the risk assessment process and their views were recorded. For example, one person's care records showed assessments were carried out in relation to mobility and transport, behaviour and medication. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

The staff we spoke with were able to describe emergency fire procedures and the actions they may need to take to protect people in the event of a fire. The home's fire risk assessment included smoking and household fuels. Records showed fire safety equipment was tested and fire

## Is the service safe?

evacuation procedures were practiced. The home had in place personal emergency evacuation plans for each person living at the home. These identified how to support people to move in the event of an emergency.

We saw a range of environmental risk assessment had also been carried out which included the fish tank in the lounge area, the loft area, food preparation and electrical items.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience to meet the needs of the people living at the home.

People told us there was enough staff to support them to do what they wanted to do. They said they always received individual support that had been agreed as part of their support package.

The general manager showed us the staff duty rotas and explained staff were allocated as key workers and supported people on an individual basis. The rotas confirmed there were sufficient staff, of all designations, on shift at all times. The general manager told us staffing levels were assessed depending on people's need and occupancy levels and then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home. One staff member told us, "There are enough staff and everyone gets the support they need."

We looked at the recruitment records for three staff members. We found recruitment practices were safe and

relevant checks had been completed before staff had worked unsupervised at the home. We saw this included obtaining references from previous employers and a Disclosure and Barring Service check had been completed. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We looked at the arrangements in place for the administration, storage, ordering and disposal of medicines and found these to be safe. People's medicines were stored securely in locked cabinets in their rooms. We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. We checked the medicines for two people and found the number of medicines stored matched with the number recorded on the Medication Administration Records. This demonstrated people were receiving their medicines in line with their doctors' instructions.

A member of staff told us there was one person who currently administered their own medicines. The general manager said people's independence was encouraged and self-administration of medication was always considered as part of the initial assessment. We saw there were systems in place to accommodate people who wished to self-medicate. This included a risk assessment process which ensured it was safe for the person to do so.

There were no controlled drugs administered at the time of our inspection. A member of staff told us they did not have any medicines that needed to be kept in a refrigerator. However, they said they had access to a lockable fridge at a neighbouring home that was also owned and run by the provider if needed.



# Is the service effective?

## Our findings

We looked at staff training records which showed staff had completed a range of training sessions, both e-learning and practical. These included crisis management, infection control safeguarding and moving and handling. We saw staff also completed specific training which helped support people living at the home. These included introduction to autism, Asperger's syndrome and suicide prevention. We saw there was a mechanism for monitoring training to show what training had been completed and what still needed to be completed by members of staff.

Staff we spoke with told us they had completed several training course during 2014 and these included food hygiene, infection control and medication.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. All the staff we spoke with confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence that each member of staff had received supervision on a regular basis. This ensured staff could express any views about the service in a formal way and in confidence. We saw staff had received an annual appraisal but the general manager told us they were a little behind with the appraisal but did say that each member of staff's appraisal would be completed by the end of February 2015.

We were told an induction programme was completed by all new members of staff on commencement of their employment. We looked at staff files and were able to see information relating to the completion of induction, however, day one and day two of the induction programme and some training had all been signed as completed on the same day. The general manager told us this had been signed on the same day to indicate the induction had been fully completed. They said the form was being used incorrectly and would address this immediately.

Staff told us they had received Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) training. They talked about assessing capacity in relation to particular decisions. They said people were supported to

make decisions and where people did not have the capacity decisions had to be in their best interests. However, two members of staff we spoke with were not sure if they had completed MCA 2005 training.

People who used the service told us they were involved in making decisions about their care and had keyworker meetings to talk about what they wanted to do. People said they could make day to day decisions and were happy with these arrangements. For example, they chose when to go to bed and when to get up.

People's support files contained information that helped staff understand how to support people with decision making. Support files contained mental capacity assessments for particular decisions. For example, one person's capacity to administer their own medicines was assessed and they were deemed to have capacity in relation to this decision. The person confirmed they were happy with these arrangements and said they worked well.

People we spoke with said they enjoyed the meals and always had plenty to eat and drink. They said the arrangements worked well and they liked the food that was provided. One person said, "The food here is lovely." Another person said, "We get lots of different things to eat and the meals are nice."

People were supported to choose meals that took account of their preferences and nutritional needs. One person told us, every week, they asked people what they wanted on the menu the following week and the food choices were then shared with staff who then put them onto the computer. Another person told us they went food shopping with staff and when buying provisions everyone's preferences were taken into consideration.

We saw weekly menus were displayed on the notice board in the home. We were told that each person living at the home cooked a meal on a daily basis. Who's turn it was to cook was display with the menus. One person told us, "I enjoy cooking."

We saw information displayed around the home to help people understand healthy eating and living. People's support files also contained information to show healthy eating had been discussed with people. One person talked to us about their plans to lose weight and said they had discussed this with their keyworker who was arranging for a dietician to provide advice. The person was very happy with the support they had been given.



## Is the service effective?

A member of staff said, “We go shopping and people choose what they want to eat. Each person cooks a meal a week and they have different meal each week.” Another member of staff told us, “Each person picks the meal they want to cook.”

People told us they received appropriate support with their healthcare. One person said, “If I’m not well staff will arrange for me to see the doctor.” Another person told us they had been to the dentist and seen the optician but were not sure if this was recent.

People had health action plans (HAP) but these were not up to date and did not evidence people’s health care needs were being appropriately monitored and met. One person’s HAP stated they had last seen the optician in 2011; there was no other information that indicated the person had seen an optician since. It was unclear when they had last

been seen by a dentist. Their support plan clearly showed the person had mental health problems but their HAP stated mental health was ‘not applicable’. The HAP stated they did not see a chiropodist but other appointment records indicated they had. Another person’s HAP did not contain information about recent health problems but other records showed they had seen their GP several times and they were getting appropriate support from healthcare professionals; their health problem was being properly monitored. They had also had an annual health review and a medication review. We saw that in a recent staff meeting staff were advised to make sure people’s care records were accurate and used as a ‘live document’. We discussed the arrangements for monitoring health with the management team who agreed that they would review people’s health action plans and make sure all aspects of healthcare were being appropriately monitored and met.

# Is the service caring?

## Our findings

People told us they were happy living at Woodhouse Cottage. They were also very complimentary about the staff team who worked there. One person said, "I talk to my keyworker about all sorts. The staff are helpful and friendly. They help me do things that I want to do." Another person said, "They do a good job. It's a good place to live." Another person said, "The staff look after us. If you get upset or emotional they support you."

The home provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care.

People were very comfortable in their home and decided where to spend their time. People told us their rooms were their own personal space and staff respected this. People held keys to their room. During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. Staff spent time chatting with people and it was evident from the discussions they knew the people they supported very well. Staff were allocated to work with people on a one to one basis and had planned activities so everyone was clear about what was happening.

All the staff we spoke with were confident people received good care. Staff provided good examples of how they understood their work place was also the home of the people they supported. One member of staff said, "We are here to help people and support with their independence." Another member of staff said, "People are looked after really well. People are happy." One staff member told us, "Everyone is well looked after."

Systems were in place to help people understand what they could expect from the service. There was information displayed to help inform people. This included a service user guide and information about Leeds advocacy services. At a recent 'Your voice' meeting people had discussed privacy, dignity and choice and what was meant by this. We also saw where people did not have family members or others who could support them, advocates had been involved.

Everyone we spoke with told us their dignity and privacy was respected. We observed staff attending to people's needs in a discreet way which maintained their dignity.

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One member of staff said, "I always knock on the door before entering someone's room." Another member of staff said, "People have privacy when taking a shower."

# Is the service responsive?

## Our findings

People were supported in promoting their independence and community involvement. People told us they took part in a range of activities which included accessing the local and wider community. They talked to us about how they planned their day and consistently said they were involved in this. Everyone had an individual programme and said they were happy with the activities they did. People went out daily and engaged in varied activities such as visiting Leeds and other town centres, playing golf and walking.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. People we spoke with talked about their keyworkers and said they helped them make decisions. Everyone we spoke with said they met their keyworker monthly and talked about their care and support.

People's care and support needs were assessed and plans identified how care should be delivered. The support plans we reviewed contained information that was specific to the person and covered areas such as communication, personal care, behaviour, mobility, health, safety and safeguarding. People's support files contained life story information to help staff understand and know their history. Although we found good information was provided, we noted daily records did not always reflect what had

occurred. One person's daily records and behaviour records contained conflicting information. For example, one record stated they had a 'positive day' but the other record stated they had verbally abusive towards staff and peers. Another day their record stated they had been chatty all day but when we looked at the behaviour record it stated they had been ignoring staff. This meant it was difficult to monitor the person's health and welfare. We spoke with the managers about the findings. They said this was an area that they had started working on to make sure care records were accurate and agreed to monitor these more closely.

People talked to us about their involvement with household tasks around the home which helped develop and maintain independence. People told us they were involved in cooking, cleaning, laundry and household shopping. One person said they were planning on moving to more independent living and felt they had learnt how to do things for themselves.

We saw the complaints policy was displayed in the entrance to the home. The general manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. The general manager told us there were no on-going complaints. People's concerns were listened to, taken seriously and responded to promptly. One staff member said, "I would try and resolve any day to day niggles." Another member of staff told us, "I am aware when people are not happy and I ask if I can help with anything."

# Is the service well-led?

## Our findings

At the time of our inspection the registered manager had been registered with the Care Quality Commission since the 15 April 2013. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

Our discussions with people who lived at the home and our observations during our inspection showed there was a positive culture and atmosphere, which was person centred and inclusive.

People talked to us about 'Your Voice' meetings which were held monthly. They said these were good meetings where they discussed the home and could put forward suggestions to help improve the service. We looked at some of the meeting minutes which showed people's feedback influenced what happened at the service. For example, at a meeting people had discussed getting a new TV. At the next meeting it was recorded a new TV had been purchased.

The general manager told us a resident survey had been conducted in March 2014. This included staffing, choice, safety, support and cleanliness. The results of the survey showed the majority of responses were positive with 'always' or 'mostly' responses. The general manager told us the information from the survey would be used to see how improvements could be made to the home.

Staff spoke positively about the general manager and registered manager and they were happy working at the home. They knew what was expected of them and understood their role in ensuring people received the care

and support they required. One member of staff said, "I love this job, it is so rewarding" and "The home is managed really well." Another member of staff said, "It is an absolute joy, it is the best care home I have worked in" and "The manager is the best manager I have ever had." One staff member told us, "It is very good working here." Another staff member told us, "I love working here. It is a good staff group and we help each other."

There was a system for auditing and these were completed weekly and monthly depending on the area of the service being reviewed. The audits included medication, finances, housekeeping and the environment. We saw the regional managers review visit report for November 2014 which included premises, complaints and staff training. Records included where an issue had been identified; the action to be taken and the person responsible for completing the task and when it should be completed.

Any accidents and incidents were monitored by the general manager and the provider to ensure any trends were identified. The general manager confirmed there were no identifiable trends or patterns in the last 12 months.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. We saw the staff meeting minutes for December 2014 and discussions included the cleaning, keyworker responsibilities, privacy and resident updates. We saw staff meeting minutes also showed quality and safety were discussed on a regular basis. We also saw key worker meetings were held monthly between staff members and people living at the home. The general manager told us a staff survey had been carried out by the provider and they were waiting for the results.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse  The registered person did not have suitable arrangements to ensure people were safeguarded against the risk of abuse.