

Nestlings Care Ltd

Woodhall House

Inspection report

City Gate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Date of inspection visit:
04 May 2022
05 May 2022

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06 April 2023

Ratings

| Overall rating for this service | Inspected but not rated |
|---------------------------------|--------------------------------|
| Is the service safe? | Inspected but not rated |
| Is the service effective? | Inspected but not rated |
| Is the service caring? | Inspected but not rated |
| Is the service responsive? | Inspected but not rated |
| Is the service well-led? | Inspected but not rated |

Summary of findings

Overall summary

The published date on this report is the date that the report was republished due to changes that needed to be made. There are no changes to the narrative of the report which still reflects CQCs findings at the time of inspection.

About the service

Woodhall House is a children's home providing treatment of disease, disorder or injury to up to three people. The service provides support to children and young people aged between 10 and 18 years who have difficulties with emotional wellbeing and mental health. At the time of our inspection there were three people using the service.

Ofsted are the lead regulator for Woodhall House as it is a children's home. The service is also registered with the Care Quality Commission for the regulated activity of treatment, disease, disorder or injury.

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

Staff had received enough training to keep service users safe and to undertake their jobs effectively. Safeguarding was taken seriously and timely actions to protect service users had been taken when needed.

Service users, parents and carers spoke highly of staff, telling us that they were respectful, kind and that they felt comfortable raising concerns when needed. Service users also told us that they felt like they had been included when making decisions about the care that they had received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risks had not always been identified or had not always been mitigated as much as practicably possible. For example, the provider had not assessed and mitigated all potential risks associated to ligaturing, fire safety as well as the management of sharps.

Incidents of self-harm had not always been investigated in a way which minimised the risk of similar incidents reoccurring, meaning that service users had not always been protected from the possible risk of further harm.

Systems had not always been effective in monitoring the service provided. For example, making sure that important daily, weekly and monthly checks had been completed.

An effective system had not been used to make sure that all provider policies that were being used were up to date, included the most up to date best practice guidance and legislation and contained up to date information that reflected current systems and processes.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they would meet the underpinning principles of Right support, right care, right culture:

Right support: Model of care and setting maximises people's choice, control and Independence. The service adopted the least restrictive practices underpinned by a positive behaviour approach. Right care: Care is person-centred and promotes people's dignity, privacy and human rights. Staff knew children well and responded to them appropriately and sensitively. Children took part in activities and pursued interests tailored to them. The service gave children opportunities to try new activities. Staff acted appropriately as advocates for children when they were best placed to do so.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff knew and understood children well. They got to know children well and considered this a key element of personal care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 17 September 2020 and this is the first inspection.

Why we inspected

We undertook a full inspection of the service as it is newly registered and has not been inspected previously.

Enforcement and Recommendations

We have identified breaches at this inspection and have issued and have issued warning notices in relation to safety and governance. Although the provider took actions to address the concerns we identified both during and after the inspection, further improvements are still required.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive and will re-inspect the service to make sure that improvements have been made.

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.

Inspected but not rated

Is the service effective?

The service was effective.
Details are in our effective findings below.

Inspected but not rated

Is the service caring?

The service was caring.
Details are in our caring findings below.

Inspected but not rated

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Inspected but not rated

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Inspected but not rated

Woodhall 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 under the Health and Social Care Act 2008.

Inspection team

This inspection visit was carried out by two inspectors from the Care Quality Commission.

Service and service type

Woodhall House is a children's home, providing support to children and young people aged between 10 and 18 who have difficulties with emotional wellbeing and mental health.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced which means that the provider was unaware of the inspection until we arrived on site.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the inspection visit we spoke to people who lived at Woodhall House along with their parents and carers. We spoke to staff members, including managers, as well as members of the senior leadership team. We also spoke to external stakeholders who were involved in the care that was being delivered to the people living at Woodhall House.

We reviewed information during the visit, such as policies, procedures and personal records. The provider also sent us information following the inspection visit.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service.

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

- The provider had policies and procedures for safeguarding children and adults. However, we found that the safeguarding children policy being used was out of date and did not refer to the most up to date guidance.
- Safeguarding policies contained information about most types of abuse. There was information for managers to refer to which detailed when a safeguarding referral should be made as well as where it should be made to.
- All staff who we spoke with were aware of the safeguarding process and told us that any concerns would be reported to their line manager.
- We found evidence that safeguarding children and adults was taken seriously and that referrals to external bodies such as the local authority or police had been made promptly when needed.
- On occasions when safeguarding concerns had been identified, service user care plans had been updated to keep them safe.
- All staff had received training in safeguarding for adults and children that was suitable for their roles. This included a mixture of on-line as well as face to face level three safeguarding children training which was in line with best practice guidance.

Assessing risk, safety monitoring and management

- Comprehensive risk assessments had been completed when service users had been placed at the home. This included making sure that they could be cared for safely. All service users had been given the opportunity to transition to the home over a period of time, providing an opportunity to familiarise themselves with their surroundings.
- All service users had risk management plans which contained key information to support staff in keeping them safe. We saw evidence that regular risk reviews had been undertaken to determine if any further action was needed and positive behaviour support plans had also been completed.
- However, service user records including the most up to date risk management plans were not always immediately available for staff to follow and did not always reflect all new behaviours that had been identified.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as risk management plans reflecting all identified risks for service users were not immediately available. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The risk of ligaturing had not been fully assessed. Although the provider had a policy in place for managing ligatures, this had not been followed. Potential ligature points throughout the home had not been fully assessed, and there was insufficient information in individual risk management plans to keep people safe.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as the risk of ligaturing had not been fully assessed. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. Evidence was provided that reminders about ligature risks had been added to individual records. Additionally, environmental risk assessments were also provided. However, these did not contain enough information and had not been done in line with the provider's policy.

- There were other mitigating actions to keep people safe from ligaturing. For example, all service users were monitored regularly, and staff had been trained in the management of ligatures as well as having access to ligature cutters in the event of an emergency. At the time of inspection, no incidents of harm related to ligatures had been reported.
- The provider had not operated an effective system to manage sharps, such as kitchen knives. On the day of inspection, we found that there was a sharp missing, despite the checklist saying that it had been accounted for.
- On checking daily records that had been completed between 28 February and 28 April 2022, 15 checks had been missed. In addition, on occasions when sharps had been identified as not being present, there was no documented evidence that actions had been taken to find them.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as sharps had not been managed safely. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. A system was introduced to support staff in better managing sharps.

- Although fire risk assessments had been completed by an external provider, and that equipment such as fire extinguishers were available and had been serviced regularly, all fire risks had not been assessed and managed effectively.
- For example, on the day of inspection we found that staff did not have a way of exiting the rear of the building in the event of an emergency as staff did not have immediate access to keys that could be used. This was important as all doors were kept locked daily. The provider responded during the inspection. Keys were made available for all staff while on duty so that all parts of the building could be exited in the event of a fire.
- Additionally, it was unclear whether the evacuation procedure in case of a fire would be fully effective. This was because the personal emergency evacuation plans for service users (PEEPS) had not been kept up to date in line with the provider's policy and fire drills had not been done in a way that considered all potential environmental risks which were present.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as the provider did not have effective systems in place for staff and service users to

follow in the event of an emergency. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. Members of the management team provided all staff on duty with a set of keys so that they were able to unlock all doors at any time.

- Arrangements were in place to make sure that the premises were maintained appropriately. There was a system used for reporting damage and defects. Managers told us issues reported had been resolved in a timely manner.

Staffing and recruitment

- Staff at Woodhall House included a small team of residential support workers who were supported by a clinical team, including; a registered mental health nurse, a psychologist, an occupational therapist as well as a psychiatrist.
- Managers had determined the minimum number of staff required to care for service users safely. Rotas that we reviewed indicated that this had been achieved on all occasions.
- Agency staff had been needed daily to make sure that the minimum number of staff was achieved. Records that we reviewed indicated that managers had made sure that there had been a member of substantive staff working alongside agency staff.
- We found evidence that the provider had effective recruitment processes, which included making sure that important information such as identity and qualification checks had been obtained and verified. Records that we sampled indicated that this had been completed.
- The provider undertook Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The provider had policies and procedures in place to support staff in the safe management of medicines. However, the medicines management policy used at Woodhall House was out of date. ● Staff had received training in the safe management and administration of medicines.
- Records indicated that medicines had been administered when needed and signed for correctly. Regular checks had been completed and medicines errors had been reported and investigated.
- Some prescribed medicines were used 'Pro Re Nata, as required' (PRN). Processes were in place to support staff with the administration of these, and any PRN medicines used had been reviewed by a psychiatrist or a registered mental health nurse. This helped to ensure that service user's health and well-being was protected from the inappropriate use of medicines.
- Any changes to prescribed medicines had been communicated to staff and individual service user records had been updated to reflect this.
- Although medicines had been stored securely, there had been reported incidents of service users gaining access and ingesting medicines for the purpose of self-harm. These incidents had not always been investigated in a way which reduced the risk of similar incidents reoccurring, meaning that it was unclear if the provider could make further improvements in making sure that medicines were managed safely.

Preventing and controlling infection

- The provider had an infection control policy which contained information for staff to follow. However, we found the policy used at Woodhall House was out of date.
- All communal areas of the home were visibly clean. This included the lounge, dining room and kitchen areas. Appropriate cleaning equipment was available for staff to use and this was kept securely to keep

service users safe.

- A daily cleaning checklist was in place to support staff in making sure that all areas of the home were cleaned regularly. However, we found this had not been completed on many occasions, meaning that prior to the inspection, we could not be assured the home had always been kept clean.
- Managers told us about precautions that had been taken during the COVID-19 pandemic and how national guidance had been consistently monitored for changes, meaning changes to practice could be made when needed.
- Service users had been supported by staff to clean and tidy their own bedrooms. Although bedrooms were messy at the time of inspection, they were visibly clean.

Learning lessons when things go wrong

- All staff were aware of their responsibilities to report incidents and we found that most incidents had been reported when needed. All incidents were reviewed by the management team at the home.
- However, we reviewed 19 incidents of self-harm that had been reported, finding that eight had not been fully investigated. Examples of these included when service users had taken and ingested medication that did not belong to them or had self-harmed using a sharp that staff were unaware of how it had been obtained. This meant that the provider had not taken all reasonable steps to reduce the risk of similar incidents reoccurring.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as not all incidents of self-harm had been fully investigated. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw occasions when an a more comprehensive investigation (SBAR) had been undertaken to better understand where improvements could be made. However, it was unclear what the criteria for this to be completed was, meaning that there was an increased risk that this would not always be completed when needed.
- We saw evidence of incidents that had happened across the organisation being discussed during management meetings and examples of when learning had been shared.

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.

This is the first inspection for this newly registered service.

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

- We saw evidence that care and support was planned in line with current evidence-based practice. This included the delivery of interventions which were delivered by a range of professionals, such as an occupational therapist and psychologists.
- The effectiveness of interventions such as therapies had been monitored using goal-based outcomes. Progress of service users was regularly monitored, and treatment plans had been updated when needed.

Staff support: induction, training, skills and experience

- We were told by all staff that they felt that had been provided with enough skills and knowledge to undertake their roles safely and effectively.
- All staff received an induction at the start of their employment, outlining what was expected of them, describing their roles and responsibilities as well as introducing key skills that supported them to undertake their roles.
- Staff were expected to complete a series of online training modules that had been designed to reflect the standards set out in the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- We found that most staff were up to date with training updates. A monitoring system was used to identify occasions when training was overdue.
- Staff had received regular supervisions as well as an annual appraisal. This provided an opportunity for staff to explore areas for further development as well as to discuss what had gone well. We saw examples of when staff had been supported with their own professional development.
- Managers told us that they used a monitoring system to make sure that all agency staff were up to date with training which was provided by an external agency. However, we saw evidence of two members of staff whose training information was out of date. This meant that oversight of this had not always been maintained. During the inspection, managers sought and received assurances that the two members of staff had completed training updates and their records were amended to reflect this.
- We saw evidence that the professional registration of staff members with external bodies, such as the Nursing and Midwifery Council, had been checked regularly.

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

- Staff had worked jointly with service users to plan their meals for the week. Joint working was also evident when preparing and cooking meals. Service users told us that they were involved in this process and were able to choose what they wanted.

- Service users had access to snacks throughout the day and had been supported to buy other food and drink products that they wanted in between their main shopping trips.
- We found the kitchen and dining areas to be clean, and that food was stored safely.

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

- We found positive examples of when managers and staff had worked closely with other agencies to make sure that the individual need of each service user had been met.
- Regular contact with social workers had been maintained, making sure that all important information, such as incidents and safeguarding concerns had been shared in a timely manner. We saw evidence of regular reviews of care that had been undertaken with social workers.
- Continuity of care was supported by the way in which managers and staff had supported service users, parents and carers when transitioning both to and from Woodhall House. Service users, parents and carers told us that this had been a positive experience.
- We were told that staff had not been included in the process of drafting or reviewing education, health and care plans when these had been needed. An education, health and care plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. This limited the opportunity for the most up to date information to be available in these plans and for individual need to be reflected as accurately as possible.

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

- Service users told us that they had been allowed to decorate their rooms in the way that they wanted. Staff had worked closely with service users to make sure that their rooms were always kept as a safe space while showing consideration to their individual preferences. Safety devices such as window restrictors had been used when needed.
- Other areas of the home had been made as 'homely' as possible to encourage service users to spend as much time as possible in communal areas.
- Service users had access to a private garden at the rear of the property. This included a garden house which was regularly used to hold therapy sessions.

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

- Staff had worked closely with service users to promote exercise as well as healthy diets. For example, one person had co-produced their healthy eating plan which had resulted in a measurable positive lifestyle change and outcomes.
- Managers and staff had liaised with other health professionals, such as GPs, dentists and hospital staff, making sure that service users received appropriate care when needed.

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 MCA 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. This is done by the Court of Protection for children and young people who are under 18 years of age.

We checked whether the service was working within the principles of the MCA, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found that comprehensive capacity assessments had been undertaken on occasions when needed.
- An independent mental capacity advocate was available to support service users when they had been deemed to lack capacity to make certain decisions. Service users told us about occasions when they had received this support.
- Staff we spoke with had a mixed understanding of Gillick Competence, which is a term used to determine whether a young person under 16-years has sufficient maturity and understanding to consent to their own treatment and care.
- Staff understood court protection orders that were in place for service users, including what they meant as well as the limitations of them in respect of children aged 16 and 17 years. We also saw evidence that there were several strategies in place to support staff at times when service users needed to be deprived of their liberty, and found evidence that every effort had been made by staff to work jointly with the service user on these occasions.
- Physical restraint was used as the least restrictive option by staff. Staff were knowledgeable about the behaviour of service users and told us about several strategies that could be used before physical restraint was needed. All incidents of restraint had been reported and had been reviewed by a member of the management team.

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.

This is the first inspection for this newly registered service.

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

- Service users had been treated with compassion, kindness and respect by staff who were passionate about making sure that service users lived in a homely environment. Challenging conversations had been managed in a dignified and respectful way.
- People who used the service as well as parents and carers spoke highly of staff. They felt that they had always been treated respectfully, had listened and had supported them in whatever way was possible.
- During the inspection, we observed several positive interactions between staff and service users. This included respectful conversations as well as de-escalating behaviours when needed.

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

- Service users told us that they felt like they had been included when making decisions about the care that they had received. On occasions when service users had not been allowed to do something, staff had taken time to explain why this was so service users understood the reasons for this.
- Service user meetings had been set up for people who used the service to be able to discuss what had gone well and what improvements that they would like to be made. We saw examples of when actions had been taken by staff to improve the services provided.
- Parents and carers had been involved in decision making processes as much as possible. We were told that staff had taken their views into account which had resulted in positive experiences for service users.
- We also heard that people who used the service had been encouraged to speak to social workers on a regular basis, providing a further opportunity to express their views about the care that they had received.
- During the inspection, one service user was in the process of transitioning to adult services. We were told by the service user and their parents that they had been involved in the transition process as much as possible, enabling them to express their views and wishes of what their new home would be like.

Respecting and promoting people's privacy, dignity and independence

- The privacy and dignity of service users was respected by staff as much as possible. While staff understood their responsibilities to make sure that people were safe, they also understood the need to allow service users to have time to themselves when they wanted.
- Regular observations had been undertaken in a way which respected the privacy of service users.
- Therapeutic sessions had been undertaken in private, promoting confidentiality. Areas such as a garden house was used which was away from other service users and staff and promoted privacy.
- Staff supported people who used the service to undertake activities as independently as possible. For

example, service users had been encouraged to prepare and cook their own meals, take responsibility for cleaning of the home as well as doing their own laundry.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service.

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

- Service users told us that they had been supported to do things that they were interested in. Care plans had been individualised and reflected interests that each service user had. Staff knew the service users in their care well.
- Risk assessments had been completed in a way which supported service users to undertake activities safely. This was important as it meant that service users were able to access interests that they would have otherwise been unable to take part in.
- In addition, positive behaviour support plans were used in a way to support service users to manage behaviour in a way that led to minimum restrictions being used.
- Service users had been supported to access education as much as possible. Online learning had also been made available for service users to complete while at the home.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- At the time of our inspection there was no one living at the home who required information in an accessible format.

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

- Service users had been supported to maintain positive relationships with their families as much as possible. This included regular telephone contact as well as families being able to visit the home. Pre-arranged home visits had been risk assessed and supported by staff.
- Activities and interests in the community had been supported as much as possible, such as attending the gym.
- We were told about a range of activities that had been made available at the home, including arts and crafts as well as events to celebrate days such as Halloween.
- Service users had been encouraged to spend as much time as possible in communal areas of the home, interacting with each other or members of staff. For example, service users and staff regularly sat down and ate meals together.

Improving care quality in response to complaints or concerns

- There was a system in place for recording and acting on complaints. There had been no reported concerns or complaints raised by service users, parents, carers or stakeholders in the last 12 months.

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.

This is the first inspection for this newly registered service.

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

- Leaders were aware of their roles and responsibilities and there was a governance structure in place to support them in undertaking their roles, such as team meetings, audit programmes and spot checks.
- However, these systems had not been used effectively to monitor the service provided and areas of poor performance had not always been recognised.
- Important tasks such as daily, weekly and monthly checks had not always been consistently completed, as set out by the provider. For example, daily sharps checks, daily cleaning checks and weekly checks of emergency and first aid equipment had been missed on a high number of occasions.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as systems had not always been effective in monitoring the service provided. For example, making sure that important daily, weekly and monthly checks had been completed. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not operated an effective system to make sure that all policies and procedures that were available to staff were up to date and reflected best practice guidance. All policies being used at Woodhall House were overdue review in 2016 and important policies such as the safeguarding children policy did not contain references to the most up to date guidance and legislation.
- In addition, policies did not always contain up to date and relevant information to support staff in undertaking their roles in line with any changes that had been made to systems and processes. For example, the serious incident policy did not detail the requirement to report all incidents as well as not detailing the most up to date incident management practice that was being followed.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as an effective system had not been used to make sure that all policies that were being used were up to date, included the most up to date best practice and legislation and contained up to date information that reflected current systems and processes. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although the provider had a corporate risk register, no formal risks had been highlighted for Woodhall House. This meant that there was limited information of how risks had been identified and whether mitigating actions had been put in place to reduce them as much as practicably possible.
- In addition, we found examples of when risks to staff and service users had not been identified as well as occasions when risk had not been managed in line with policies and procedures.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as risks had not always been identified, or had not always been mitigated as much as practicably possible. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff who we spoke with during the inspection told us that there was a positive and supportive culture. They felt supported by the management team and felt comfortable to raise concerns if needed.
- All staff, including members of temporary staff who were employed by an external staffing agency told us that they had a good induction, knew what was expected of them and felt skilled to do their jobs safely and effectively.
- Managers described the senior leadership team as being open, approachable and visible.

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

- The provider had a duty of candour policy which reflected the legal duty to apply this when needed. There had been no incidents identified by the provider in the last 12 months that had been identified as needing the duty of candour to be applied.
- There was an increased risk that the need for duty of candour would not always be recognised as reported incidents had not been assessed for the level of harm that had been caused, and in some cases the provider had not taken all possible steps to make sure that the root cause of incidents had been identified.

We recommend that the provider makes sure that all reported incidents are assessed for levels of harm, reducing the risk of the duty of candour not being applied when needed.

- During the inspection we noted that all staff and managers were committed to being open and transparent as well as demonstrating that apologies would be given to service users, parents and carers if things had gone wrong.

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

- Service users, parents and carers spoke positively about their experiences and felt listened to. They felt comfortable about raising concerns and that they were able to have open and honest discussions with leaders at all levels.
- Service users told us about a monthly meeting that was held between themselves and leaders. This was important as it provided an opportunity for service users to talk about their home and suggest changes if needed. Service users felt that their views were listened to and taken seriously.

Continuous learning and improving care

- The provider had drafted an improvement plan which included areas applicable to the home. However, it was unclear if the improvements identified reflected the key priorities that were needed for services

provided at the home.

- Although the provider had several governance structures in place, the system operated to gain assurance that policies and procedures had been followed had not always been effective. This limited the opportunity for the need for improvement to be identified.
- We saw evidence of incidents that had happened across the organisation being discussed during management meetings and examples of when learning had been shared.
- The provider was committed to reducing restrictive practice as much as possible across all homes, including this location. A group had been started to review incidents of restraint, making sure that any identified learning was shared.

Working in partnership with others

- The service worked jointly with other stakeholders and agencies, such as social workers and the police. We saw evidence of regular communication between leaders and stakeholders which supported appropriate information sharing.
- Stakeholders spoke positively about leaders. They felt that they were kept up to date with any important developments. This included important events such as safeguarding concerns, injuries, as well as achievements. Annual care reviews had been undertaken with stakeholders to review whether individual needs of service users had been met.
- Some service users had education, health and care plans which had been implemented by supporting local authorities. However, leaders informed us that they had not always been involved in the review process for these. This limited the opportunity for leaders to actively input into goals that had been set for service users and also for the service user's care plans to reflect the goals set by the service user and the professionals involved in their education, health and care.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|---|
| Treatment of disease, disorder or injury | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as;</p> <p>Risk management plans reflecting all risks that had been identified to service users were not immediately available.</p> <p>The risk of ligaturing had not been fully assessed.</p> <p>Sharps had not been managed safely.</p> <p>Not all incidents of self-harm had been fully investigated.</p> <p>Effective systems were not in place for staff and service users to follow in the event of an emergency.</p> <p>Regulation 12(1)</p> |

The enforcement action we took:

Following the inspection, we issued a warning notice against the provider in relation to breaches of Regulation 12; Safe care and treatment. Following this notice being issued, we expect the provider to become compliant with these regulations by no later than 24 June 2022.

| Regulated activity | Regulation |
|--|--|
| Treatment of disease, disorder or injury | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as;</p> <p>Systems had not always been effective in monitoring the service provided. For example, making sure that important daily, weekly and</p> |

monthly checks had been completed.

An effective system had not been used to make sure that all policies that were being used were up to date, included the most up to date best practice and legislation and contained up to date information that reflected current systems and processes.

Risks had not always been identified or had not always been mitigated as much as practicably possible.

Regulation 17(1)

The enforcement action we took:

Following the inspection, we issued a warning notice against the provider in relation to breaches of Regulation 17; Good governance. Following this notice being issued, we expect the provider to become compliant with these regulations by no later than 24 June 2022.