

J C Care Limited

# Woodhouse Cottage

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Woodhouse Cottage is a residential care home which provides accommodation and personal care for up to six people with a learning disability. At the time of our inspection, five people were living in the home.

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

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 were meeting the underpinning principles of right support, right care, right culture. People were empowered to make their own choices and to maximise their independence, with the support of a highly motivated and committed staff team. People received exceptionally person-centred care, which met their needs and promoted their privacy, dignity and human rights. The home had an exceptionally open, inclusive and empowering culture, which ensured good outcomes were achieved for people.

People were supported by staff who were highly motivated, compassionate and exceptionally caring. Staff had formed trusting relationships with people and encouraged them to live as independently as possible. Care was extremely person-centred and delivered by a staff team who knew people exceptionally well.

The staff team were committed to delivering extremely responsive and person-centred care, which met people's needs and had a very positive impact on their well-being. Respect for people's privacy and dignity was consistently promoted and upheld. Activities were individualised to suit people's personal preferences and staff actively encouraged and supported people to achieve their goals and aspirations. This led to exceedingly great outcomes for people.

People consistently told us they felt safe living at the home. Risks to people's safety were comprehensively assessed, monitored and managed, and this was balanced against people's wish to be as independent as possible. Safe recruitment practices were followed, and people received support from staff who were skilled, well-supported and well-trained.

The home was well-maintained, and people were encouraged and supported to personalise their rooms and the communal areas. 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.

People and staff were consistently complimentary of the registered manager and the way the service was

run. The registered manager had established and embedded a person-centred culture within the service, which consistently delivered high quality care. The provider regularly sought feedback from people, staff and relatives, in order to continuously drive improvement and develop the ongoing delivery of care and support people received.

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

#### Rating at last inspection

The last rating for this service was good (published 24 July 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Woodhouse Cottage

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Woodhouse Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also sought feedback from 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who lived at the home and one relative about their experience of the care provided. We spoke with four members of staff including the operations director, senior care assistant and care assistants.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. These records were used to form our judgements.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff understood how to keep people safe and report any concerns. One staff member told us, "If I saw poor practice, I would discuss it with the senior. The manager would act, but if I was not happy, I would contact the manager's manager. If there was no improvement, I would go to the police and the local authority safeguarding team."
- Staff had developed positive and trusting relationships with people, who consistently told us they felt safe living at the home. Comments from people included, "The staff are good. If I was concerned about something, I would tell staff" and "I feel safe. When I do have a problem, I raise it with staff."
- People were offered regular opportunities to discuss their personal safety and how to safeguard themselves from the risk of abuse during monthly 'safeguarding' and 'have your say' meetings. People told us this gave them an opportunity to voice their opinions and staff would listen.

Assessing risk, safety monitoring and management

- Systems were in place to identify, monitor and manage risks to people.
- Risks to people's individual health and safety had been assessed and this was balanced against people's wish to be as independent as possible. Comprehensive risk assessments were in place for things such as; safety and safeguarding, forgetting medicines, alcohol, physical aggression, social interaction and environmental risks.
- People's care records contained detailed guidance for staff about how to support people safely, including identified triggers for people and control measures staff could put into place to reduce the risk of avoidable harm.
- There were clear plans in place to guide staff in what to do in an emergency, and both staff and people knew what the plans were. For example, people told us the fire alarm was tested regularly and they should leave by the exit to the car park. The provider also had a comprehensive contingency plan in place, setting out how the service would continue to run well in the event of an emergency.

Staffing and recruitment

- There were enough staff deployed to keep people safe and meet their needs in a timely manner.
- People and staff told us there were enough staff to meet people's needs. Each person had their own key worker, and the provider tried to match people with staff who had similar interests.
- Staffing levels were determined by the one to one support people required. People identified when they wanted to use their one to one hours each day. Staff start times were staggered to accommodate people's preferences.
- The provider used safe recruitment practices. The staff personnel records we reviewed contained the appropriate background checks and one staff member told us they did not start work until their DBS check

returned clear.

#### Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- Staff who administered medicines had received training and their competence to manage medicines was regularly assessed.
- The records we reviewed demonstrated people were receiving their medicines as prescribed and people confirmed they were happy with the support they received to take their medicines. One person told us, "The staff help me with my medicines, they are always given at the right time."
- Staff knew the correct procedure to follow in the event of a medicines error. One staff member said, "If I made an error, I would double check and then ask for a second opinion. Depending on the medication, I would ring the GP to check the person's health. I would go to a senior, and they would record it. If there is an error, [the registered manager] will redo staff competency."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The service had a genuinely open and inclusive culture. Staff knew when and how to report accidents or incidents, which resulted in appropriate action being taken.
- The provider had suitable systems in place to learn from any accidents and incidents. Information was analysed by the registered manager and used to help reduce the risk of repeat events and make continuous improvements to the safety of the service.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were comprehensively assessed and reviewed on a regular basis.
- People were thoroughly involved in the assessment and care planning process, as well as ongoing reviews, which looked at people's personalities, life events, hobbies and interests, and preferences for how they would like their needs to be met. This enabled staff to ensure they were providing care that was tailored to people's individual needs and choices.

Staff support: induction, training, skills and experience

- People were supported by a skilled, well-trained and highly motivated staff team, who carried out their roles effectively.
- Staff completed regular training in a range of subjects, to ensure they had the right knowledge to deliver effective care. The provider had arranged for additional training on breakaway techniques to be provided, in order to meet the specific needs of one person using the service, which staff found beneficial.
- New staff completed a thorough induction, to ensure they were well equipped to deliver high quality care. The induction process involved a combination of online training, shadowing more experienced staff and completion of the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff received regular support and supervision sessions, to review their competence, discuss any concerns and consider further professional development. One staff member told us, "Supervision is bi-monthly. I find it helpful. I can express how I am feeling."

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

- People were supported to have a balanced diet, with enough to eat and drink. People were involved in every aspect of their diet and took turns to cook an evening meal every week for each other.
- Feedback from people about the food was positive and people told us they could choose what to eat and drink, in line with their own preferences. Comments from people included, "The food is nice. I help myself to breakfast. We can have it when we want, the kitchen is open" and "The food is nice. When it's food I don't like, I have an alternative."
- Staff demonstrated a good knowledge of people's dietary needs and preferences and they used this knowledge to ensure people maintained a balanced diet. Staff told us no one was at risk of weight loss, but one person was underweight generally and so they encouraged them to eat.

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

- People were supported to receive timely access to healthcare services and maintain good health.
- People told us they were supported to access healthcare services when needed. One person said, "Staff help us make appointments with the GP. I also saw the Optician a couple of months ago." A second person was attending a hospital appointment with support from a staff member on the day of our inspection.
- Records showed staff were proactive in referring people to other agencies when necessary, such as; community nurses, consultants and social workers, to ensure people received timely care and improved their quality of life.
- An easy read hospital passport and health action plan was in place for people, which contained information about their health goals and how they could incorporate exercise into their daily life, such as going for long walks.

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

- People were at the heart of the design and decoration of the service. The home was well maintained and visibly very clean.
- People had been involved in decorating their bedrooms, as well as communal areas, to their individual tastes and preferences. A low stimulus communal room, known as the 'man cave', was available for people who needed or preferred this. In the garden, each person had a dedicated patch to use as they wished, for example, one person grew fruit and vegetables in a greenhouse, which they used for cooking.

#### 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.

- People were supported within the principles of the MCA.
- Care records we looked at demonstrated that where required, people's capacity to make decisions had been assessed. People had signed their care plans, risk assessments and consent forms to show they consented to the care and support they were receiving.
- Staff understood the importance of supporting people to make their own decisions and actively supported people to do so. People consistently told us they were able to make their own choices and one relative said, "[Relative] is able to make their own decisions, but staff are able to guide [relative]."

# 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 improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The home had an extremely person-centred culture, with staff who were highly motivated and committed to ensuring people were treated well.
- The provider ensured staff were carefully matched with people, which supported staff to build positive and trusting relationships with people. Staff profiles were visible in the service, to support people to have choice and control over who they were supported by, based on their shared hobbies and interests. One person told us, "This is the first place I have lived in, but I think it is one of the best places. I think that is because of how staff are, because they fit so well with the clients."
- The service had a very calm and relaxed atmosphere, and we observed kind and caring interactions taking place throughout the day. Staff saw one person was particularly anxious regarding attending a critical appointment. Staff sensitively redirected this person by discussing a person they found inspiring. The person visibly relaxed and feeling motivated, they left the service for their appointment without hesitation.
- Staff were particularly sensitive to times when people need caring and compassionate support. For example, the staff ensured one person visited their relative in hospital during the pandemic before they passed away. The person was then supported to develop an area of the garden dedicated to their relative, with a memorial bench they could use to remember them. This demonstrated an exceptional consideration of this person's emotional wellbeing.

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

- There were effective systems in place to support people to make decisions about their care and express their views.
- People were at the heart of the development and ongoing review of their care plans, to ensure personalised care plans were created. Staff told us that key worker meetings were used to evaluate and make changes to care plans, based on any changes in the person's circumstances. People told us they found key worker meetings helpful and a relative commented, "Over the years [staff] have really got to know [relative]. They have regular reviews, [relative] told me they had one recently with their key worker. I'm pleased about that."
- Care records we reviewed contained specific information for staff on the best ways to communicate with people, to ensure people were fully engaged in their care planning. For example, 'don't use big words' and 'I require a short period of time to process information.' We also found documents had been prepared in an easy read format to ensure they were accessible, such as the complaints procedure and people's end of life care plan.
- The positive relationships staff developed with people helped to ensure people were confident in

expressing their views and could make their own decisions. People consistently told us they made their own choices around activities of daily living.

#### Respecting and promoting people's privacy, dignity and independence

- Respect for people's privacy and dignity was at the heart of the service's culture and values.
- Staff developed positive and trusting relationships with people, which fully promoted their dignity and safety, and ensured their human rights were understood and protected. One person told us, "I have tons of trust in [the staff]." Staff had a clear understanding of people's sexual identity and how they should be supported to appropriately express their sexuality, in a way that both empowered and protected them from harm.
- Staff empowered people to be as independent as possible by maximising opportunities for them to develop their independent living skills, such as preparing their own meals. Staff identified one person was unmotivated and isolated, due to a lack of employment opportunities. They supported and encouraged this person to develop their interests, turning them into a business opportunity, and giving the person a sense of purpose. Staff supported this person to set up and promote their business, which had overwhelmingly improved the person's well-being, motivation and confidence.

# 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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received exceptionally responsive and person-centred care, which met their needs and had an extremely positive impact on their well-being.
- Care records were person-centred, comprehensive and up to date. They gave a complete overview of people including their personalities, interests, hobbies and preferences. This supported staff to provide very personalised care to each person, as they knew the history, background and life events of people who used the service and the impact that had on them.
- Thorough care plans and risk assessments detailed information to assist staff in identifying triggers for people and control measures staff could implement to provide exceptionally person-centred interventions that reduced risks to people.
- The service used innovative and creative ways to meet people's individual needs. For example, a low stimulus communal room was available for people, called the 'man cave'. The décor of the room had been designed by the people living at the service. Staff told us the room was really popular with people, and two people spent most evenings gaming in there together.

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

- People were supported to access and engage in a range of work, educational and leisure opportunities, to achieve their identified outcomes and promote their own self-worth. Comments from people included, "I do all sorts, cooking, go out walking, bowling, cinema" and "Staff help me with baking when I want and cooking. They are supportive, and I play pool with them. I enjoy being here."
- Activities were individualised to suit people's personal preferences, based on their interests and past experiences. The service had gone the extra mile to identify people's interests and to find ways to support them to participate in relevant activities. For example, one person had a real interest in cooking and staff supported them to develop their own cookbook. The person identified the recipes they wanted to include, based on their favourite meals to cook, and staff had this printed and bound in an easy read format. The person spoke with excitement when showing us their work and was extremely proud of their achievements.
- Staff actively went above and beyond what was expected when supporting people to achieve their goals and aspirations. One person had identified they wanted to learn to drive. Staff therefore researched and found an autism friendly driving instructor. By doing this, the person was supported to pass both their theory and driving test successfully. The person told us, "One of the staff recommended a driving instructor and I passed the test after a few years."

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

- The provider had a system in place which was inclusive in how they dealt with complaints, they had taken the time to listen to people's views and responded to them.
- The inclusive culture of the service meant people felt comfortable to speak openly and honestly with staff and the registered manager. People knew how to complain and consistently told us they felt confident any concerns they had would be dealt with appropriately. One person told us, "If I was concerned about something, I would tell staff. The manager is good, they would definitely do something if I had a problem." One person also told us they had complained about another resident and they felt the manager had addressed this promptly, as the person no longer lived with them.
- Staff felt very confident to speak up when they thought something could be improved. One staff member told us, "If a person complained, I would go to the senior or the manager and inform them. [The registered manager] would investigate and make the complaint official."
- The service had an easy read complaints procedure, readily available for people explaining what they can do if they are not happy with something.

#### 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 carers.

- People's communication needs were assessed and recorded in their care plans.
- People's care records contained detailed information to guide staff on how to communicate with people effectively. For example, a communication care plan was in place for each person, which ensured staff could support people to remain involved in making decisions about their care.
- Information was available in a variety of different formats, such as easy read documents and pictures, which promoted involvement and supported effective communication.

#### End of life care and support

- Although the service was not providing end of life care at the time of this inspection, the provider had systems in place to ensure staff could deliver highly personalised care to people at the end of their lives, should the need arise.
- There was an accessible end of life care plan in place for people, which recorded details such as, who people would like around them, their favourite flowers and whether they would like any readings at their funeral. This demonstrated the service asked, where appropriate, what people's future wishes were, to enable staff to meet people's end of life care needs.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a clear vision and values that were thoroughly embedded in the day to day service provided by staff. It was clear the home had an open, inclusive and empowering culture.
- People consistently spoke positively about the manager and told us they thought the home was well-led. Comments from people included, "The home is well managed. The manager would definitely do something if I had a problem. [Name of registered manager] is good" and "I think the home is well managed. [Name of registered manager] is one of the best managers the place has ever had".
- Staff were motivated and took pride in the high-quality care they provided. They told us the service was led by the people living at the home and they were committed to achieving good outcomes for people. For example, one staff member told us, "It's the best home I have worked in. It is the most person centred I have seen. The priority for everyone is the residents. In this home everyone realises we are here for the residents."
- The provider placed a lot of importance on having a well-trained staff team, in order to achieve its objectives. For example, specialist training was arranged for staff to meet the specific needs of one person living at the home. The training was personalised to that individual's needs and gave the staff the tools to support the person more effectively, whilst maintaining the safety of the staff and the other people in the service.

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

- The management and staff team were passionate about their roles and worked effectively together to ensure they achieved positive outcomes for people.
- The registered manager had a visible presence in the home and was committed to making a difference to the lives of people living at the service. One person told us, "The home is well managed. Every morning I see the manager. [Name of registered manager] does a good job." One relative told us, "I find the registered manager really easy to talk to. She's definitely approachable, she's very good, and I keep in contact with her."
- Staff at all levels were clear about their responsibilities and were motivated to provide high-quality care to people and were proud to work at the service.
- There was a quality monitoring system in place to help drive continuous improvements to the care people received. Regular audits were completed to ensure there was compliance with the provider's expectations of high-quality care.

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

- People were actively encouraged to provide feedback about the service on a regular basis. They did this via annual surveys, monthly key worker, 'have your say' and safeguarding meetings, as well as house meetings. People told us they found these sessions useful and enabled them to voice their opinions.
- The provider continued to develop and strengthen its engagement with people who used the service. For example, people were involved in the recruitment of staff and were given the opportunity to ask questions during the interview process, to ensure the candidates were the right fit for them.
- Staff were able to provide feedback regularly through supervision sessions and team meetings and consistently told us they felt well supported by the manager and their colleagues.
- Feedback was also sought from relatives on a regular basis via quarterly satisfaction surveys. One relative told us, "I do get asked for feedback. They send out forms and one of the questions is whether we have any comments or feedback to give. A questionnaire was done recently."

Continuous learning and improving care; 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 culture of the service demonstrated a strong emphasis was placed on continuously learning and driving improvements, to ensure good outcomes were achieved for people.
- The registered manager had completed a thorough and detailed 'root cause analysis' (RCA), following the breakdown of a placement, to understand the impact this had on people and staff. The RCA identified triggers, consequences and themes, and set out what the service would do next to try to prevent further incidents of a similar nature.
- Records showed that since the RCA had been completed, there had not been any further safeguarding's, incidents or complaints.
- The duty of candour requirement to be open and honest in respect of certain events had been complied with by the provider. The registered manager had appropriately submitted notifications to the Care Quality Commission.

Working in partnership with others

- The provider had effective systems in place to support people to access other services when this would benefit their health and wellbeing, such as; the police, community nurses, consultants and social workers.