

Healey Care Limited

Woodleigh House

Inspection report

Woodlea Road
Waterfoot
Rossendale
Lancashire
BB4 7BD

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08 October 2018

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01 November 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection visit took place on 08 October 2018 and was unannounced.

Woodleigh House 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.

Woodleigh House is registered to provide accommodation and personal care for up to eleven adults who live with a learning disability. At the time of the inspection, there were 10 people accommodated in the home.

The care service is aware of the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. We found on this inspection that the service was delivering these values.

At the last inspection in May 2016 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Recruitment checks were carried out to ensure suitable people were employed to work at the service.

Staff skills, knowledge, training and support demonstrated a commitment to providing high standards of care which was embedded into the practices of the staff and the management team. The service put people's views at the forefront of the service and designed the service around their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Risk assessments had been developed to minimise the potential risk of harm to people who used the service. These had been kept under review and were relevant to the care and support people required.

Care plans were in place detailing how people wished to be supported. People who received support, or where appropriate their relatives, were involved in decisions and consented to their care. Improvements were required to the process for assessing mental capacity. People's independence and choice was promoted.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. We noted some improvements were required to the documentation for medicines such as thickening powders and 'as required medicines'. The registered manager took immediate

action to rectify this.

We found people had been assisted to have access to healthcare professionals and their healthcare needs were met and reviewed regularly.

People had been supported with various activities of their choice. There was a strong emphasis on maintaining people's independence and ensuring people remained active members of their local community.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available, and people said they were encouraged to raise concerns. Staff had received compliments from people's relatives.

The registered manager used a variety of methods to assess and monitor the quality of service provided to people. These included regular internal audits of the service, surveys and staff and peoples' meetings to seek the views of people about the quality of care being provided.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Woodleigh House

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 site visit took place on 08 October 2018 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who used the service. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

We spoke to four people who used the service, one relative face to face and three relatives via telephone interviews. We also spoke to three staff members face to face. In addition, we spoke to two more staff on the telephone. We spoke with the business manager, the deputy manager, and the registered manager.

We looked at care records of three people, training records, three recruitment records of staff members and records relating to the management of the service. We also contacted the safeguarding and contracts monitoring departments at the local authority.

Is the service safe?

Our findings

People told us they felt safe living at Woodleigh House because they trusted the staff that supported them. Comments from individuals who used the service included, "Yes I feel safe, it gets loud but if I had any concerns I would speak to [name removed] the manager" and "I'm absolutely safe here." People, relatives and staff had good working relationships which enabled them to communicate honestly and without fear of repercussions and this was evident in our discussions with people. One relative said, "Yes, [my relative] is definitely safe. They keep me informed of anything."

Risks to people were assessed and their safety was monitored and managed so they were supported to stay safe and their freedom respected. The provider's risk management policies and procedures showed the ethos of the service was to support people to have as much freedom of choice in their lives as possible. Staff we spoke with demonstrated a positive risk-taking approach which was underpinned by a desire to ensure people's freedom was not limited due to risks around them. One staff member told us; "People can go out and about in the community if they wish to as long as we know where they are going."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed since the last inspection and training continued to be updated for staff. In addition, staff had been recruited safely, appropriately trained and supported by the management team and external specialist professionals where required.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded. For example, people who smoked, people who required medical attachments such as percutaneous endoscopic gastrostomy (PEG) had been adequately assessed and staff had been provided guidance on how to monitor the equipment including identifying signs of deterioration. A PEG is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate for example, because of dysphagia. We observed staff assisting one person safely. Staff were confident. One staff member told us, "I have been trained to operate the equipment and I have been observed to see if I can confidently managed." We could see the staff member was confident and skilful.

We reviewed how safeguarding incidents which had occurred in the service were dealt with. We found safeguarding procedures carried out and protection measures were robust and took into consideration wishes and feelings of people and their relatives. Information on how to report concerns was readily available.

The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. Comments from people demonstrated that the provider had ensured that people had the right number of staff to support them. Comments from relatives included,

"Yes, there are enough staff to provide [my relative] with care."

We looked at how medicines were recorded and administered. In majority of the cases staff had ensured that people's medicines were managed safely. Risk assessments had been undertaken to ensure people received the right support with their medicines. Each person had received an annual review of their medicines. We looked at medication administration records for five people. Records showed medicines had been signed for. The registered manager had internal audits in place to monitor medicines procedures. These were supported by annual external medicines audits by a local pharmacist. We saw evidence of good practice where a review of a person's medicines had resulted in positive outcomes for the person and improvement in their well-being. However, we noted that staff had not always recorded when they had used thickening powders for one person. In addition, there were no records kept, explaining how to give "when required" medicines also known as PRN protocols. These are important to support people who have communication difficulties and unable to ask for their medicines. We spoke to the registered manager and they took immediate action to rectify this soon after the inspection.

Evidence we saw showed that lessons were learnt, and improvements were made when things went wrong. For example, where people's expectations had not been fully met and where errors such as medicines errors had occurred. Staff had received supervision and discussed ways to improve their practices.

Policies and practices in the service ensured people were protected by the prevention and control of infection. For example, staff had received induction and training on infection control and prevention. Staff had received food hygiene training. This helped to ensure people would be protected from risks of infections. Equipment had been serviced and maintained as required. For example, records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use. Regular inspections and tests had been undertaken, these included a review of the weekly fire safety checks and their own checks on the fire alarm system. This meant that full and thorough inspections were taking place to ensure that people were not put at risk from fire.

Is the service effective?

Our findings

We received praise from people and relatives about the knowledge, expertise, skills and caring approach from the staff. People received effective care because they were supported by a staff team that were co-ordinated. Staff were experienced in supporting people living with a learning disability. One person told us; "They are helping me to set goals and to achieve them. They've helped me to fundraise for my project." All staff we spoke with told us they knew the people who used the service well because it was a small service.

Professionals provided excellent feedback about the staff skills and the experiences of people. One professional said; "Where a service user has communication or eating and drinking guidelines in place from our service, these are adhered to and any training needs are recognised and addressed promptly by the service leads." Another professional told us, "Staff have taken on board information and met any training needs highlighted."

There were a variety of learning and development pathways in the service. For example, there was face to face training, e-learning, competence observations and supervisions. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. We spoke to three staff who told us the organisation takes pride in their staff's development. Comments from staff included, "I came here with some training from my previous employer, however here they sent me for further training and I can always ask for more training."

Staff also told us that they received regular supervision. Staff added that they could approach the registered manager for support whenever they needed them.

Following our last inspection, the registered manager told us they had devised a managers' induction package for all new staff to help improve their processes and deliver consistent support to all new starters. 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 or 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see if the provider was working within the principles of MCA. The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care records showed staff sought people's consent before the service was provided. We saw staff had sought consent from people for example, to manage their medicines, finances or to take their photographs. We saw evidence of best practice on the use of surveillance in the home.

The registered manager had followed guidance on the use of closed circuit television (CCTV) and had assessed the impact of the practice on people's privacy. There was evidence of consultation with people, staff and relatives before the CCTV was installed. This was good practice. Care files demonstrated a thorough approach that ensured people or relevant relatives and professionals who acted on their behalf were involved in and agreed to the care delivered.

While the care files demonstrated best interests' decisions that had been agreed with other professionals and relatives, we noted that the home had not recorded how they had assessed people's mental capacity before applying for DoLS or before considering best interest decisions. We spoke to the registered manager regarding this and they informed us that they would ensure that each person will have a mental capacity assessment to demonstrate how they have reached the decision on people's ability to make specific decisions. This would ensure that the home is complying with the principles of the MCA.

Care files were clear in their guidance to support the staff to meet the individual nutritional needs of people. Staff had clearly identified people who required support with their nutritional needs. Nutritional risk assessments had been completed that identified what support people required. Where specialist nutritional support had been identified for example; where there was a risk of choking, care plans and risk assessments had been developed. Records confirming intake of food and fluid were detailed and comprehensive and where changes in intake occurred these were easily identifiable for staff to respond to.

We found the registered provider had a proactive approach to meeting people's needs especially where people had complex dietary needs. For example, we found they were in the process of assessing an individual who required alternative ways to support their nutritional intake. This included nutrition via a percutaneous endoscopic gastrostomy tube (PEG) to ensure the person would receive the right level nutritional support. A visiting professional told us, "Where a service user has communication or eating and drinking guidelines in place from our service these are adhered to and any training needs are recognised addressed promptly by the service leads."

At our last inspection in May 2016 we made a recommendation in respect on the environment. At this inspection we noted some improvements were still required to the adaptation, design and decoration of their property. Some parts of the home needed repair. We noted that work was underway. The registered manager informed us that there had been ongoing work to improve the environment.

Records confirmed that people's health needs were frequently monitored and discussed with them. They demonstrated that people had received input from health professionals such as, dieticians and speech and language therapists.

Is the service caring?

Our findings

The home had a positive and caring culture which people, relatives and staff supported and promoted. People told us they were well supported and well cared for. Comments from people included, "They are all kind and caring no problems at all" and "I like them they help me with anything." Another person told us, "They have been helping me to meet new people, they are nice." A relative said, "They respect her privacy when helping her wash and dress." Another relative said, "They take our opinion on board and we are included in everything."

All the relatives we spoke with told us they trusted the staff and the service in general with the care of their relatives. They commented that their family members had made significant progress whilst being supported by the service.

A visiting professional told us, "On visiting the service staff have been observed to have positive relationships with the service users and ensure their needs are met in a timely manner." Another professional added, "They offer a solid, caring attitude and work for the needs of the patients."

There was a person-centred culture at all levels and staff understood that people were at the heart of the service. This was because the registered manager and staff promoted a consistently caring culture based on a range of clear policies and procedures they had in place. Staff had a good understanding of protecting and respecting people's human rights. They had received training which included guidance in equality and diversity. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was an extremely sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. For example, staff advocated for people to ensure they had equal access to health care and other services.

Through our discussions with people and their relatives, we noted that arrangements had been made to meet their personal wants and diverse needs. From the information contained in their care records; we saw people were fully enabled to develop and maintain their personal relationships with their circle of support, including family members and health care professionals. For example, where required, families were supported with transport to ensure they could visit their relatives at the home.

Staff and the registered manager were motivated and reflected pride in their work. They talked about people in a way which demonstrated they were fully committed to supporting people in any way they could in order for them to achieve as much independence as possible. Staff sought to provide the best standards of care for each individual. One member of staff said, "We are all caring towards people we support, and we ask them to support with chores to maintain their skills and independence."

Staff explained how they promoted independence, by enabling people to do things for themselves. One staff member said, "We put extreme efforts in ensuring people can increase their independent living skills to do as much as they can. We have worked with one person to ensure they can independently visit their own

doctor. People have access to the kitchen and can make their own snacks and drinks with supervision." Care records outlined the goals and outcomes that people wanted to achieve and what support they needed.

There was evidence of how the provider had engaged with people during the design and delivery of care. For example, the registered manager told us, "We worked and held reviews with individuals and families to assist in our goal setting around commitment and caring for individuals."

In addition staff made sure they gave information to people, their families and other carers about external bodies, community organisations and advocacy services that could provide independent support and advice. This included organisations that could answer questions about their care, treatment and support, and, where necessary, advocate for them.

Care files demonstrated a thorough approach that ensured people, or relevant relatives and professionals who acted on their behalf, were involved in and agreed to the care delivered. Information relating to how to access advocacy services was available. This ensured people were supported to make safe decisions. Advocacy in all its forms seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them. It defends and safeguards their rights.

Is the service responsive?

Our findings

People received personalised care that was specific to meet their needs and they were involved in the planning, goal setting and reviewing of their care. Comments from people included; "The staff are good and helpful" and "We can sit down and plan what I want to do, they do anything for you."

People's care records demonstrated that the home had ensured that people's care plans fully reflected their physical, mental, emotional and social needs. They had been developed where possible with each person, family and professionals involved with them, identifying what support they required. Relatives told us they had been consulted about their family member's care where required. They told us they sat down with the registered manager regularly to discuss what had gone well and what could be improved. One person told us; "We meet when they want to discuss progress and at family events that they arrange at their day centre." A relative told us, "Yes, the care plan is reviewed all the time because [relative's] needs change." Another relative said, "Yes, I always have informal meetings to [name removed, relative] 's care and there are opportunities to meet at the day centre."

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to mobility, mental and physical health and medicines. Any specific requirements for each individual had been identified, for example, people who required assistance with moving, eating and drinking needs, people who were at risk of choking and people who were at risk due to their vulnerability. For example, there were risk assessments in place for people who could access the local community independently so that measures were in place in case they went missing or were lost.

Staff were recruited based on their ability to meet people's needs. The registered manager informed us they had adopted a value-based recruitment process which ensured staff were matched to the needs of people in the service. Staff we spoke with demonstrated that they had taken time to familiarise themselves with people's care records. This meant that staff understood people's needs and wishes, but also of their strengths and abilities.

People were supported to maintain local connections and important relationships. There was a strong emphasis on encouraging and supporting people to maintain local community links and to have an active social life in their community. For example, people in the service continued to have access to a day service run by the provider. Another person had been supported to regularly maintain contact with their local community and to continue accessing public facilities in the community such as their own GP and the local pub. Another person had been supported to follow their motorsport hobby and had visited Silverstone racetrack. We saw plans to support an individual to seek funds and to form their own dating agency with support from the staff. Plans were in place to seek volunteering opportunities with various local charity organisations such as dog rescue charities. This helped to maintain continuity and reduce social exclusion for these individuals.

Technology was used to support people to receive care and support, this included, use of surveillance with

consultation with people, call bells, broadband, telephone facilities and Wi-Fi connectivity for those people who had gadgets that required internet connection.

The service had a complaints procedure which was made available to people and their representatives before they started to use the service. The complaints procedures had been written in an easy read format to enable people who used the service to understand the procedures. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

We also saw a number of compliments received from relatives and from professionals. Examples included, "You fight so very hard for your service users", "Manager and staff are so committed", "My [relative] had staff who understand her and real friends for the first time in her life" and "You have really worked miracles for our [relative], really grateful for all your hard work."

We checked whether the provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Records had been adapted to meet people's needs, for example some information was available in an easy read format. People's records had communication care plans that detailed people's communication needs. We would expect the provider to establish a policy on the Accessible Information Standard to ensure consistency in their practices.

Records we reviewed did not demonstrate that the provider and the staff had taken into consideration people's preferences and choices for their end of life care. We spoke to the registered manager and they informed us that they would consider this and will be supporting staff to ensure end of life discussions with people took place. The completion of end of life care plans would assist in ensuring that people received support to ensure a pain free and dignified death.

Is the service well-led?

Our findings

We received positive comments from people about the management. Comments included, "Yes I would say the home is well managed and the manager listens", "The manager and staff are helpful" and "Yes, the service is well managed. It is a massive help for us to get help from people who know what they are doing." Similarly comments from professionals were positive. Comments, included, "I have never had any cause for concern in any aspect. The close working relationship I have with the home, staff, patients and the management, has had nothing but a positive outcome for the well-being of the patients" and "The management team at Woodleigh House contact the adult learning disability health service appropriately for advice and support with regards to the health needs of the people using their service."

Staff we spoke with told us they felt the registered manager worked with them and supported them to provide good quality care. Comments included, "We can always approach [name remove] registered manager if we need any help or guidance, they are helpful and listen."

The service had a registered manager in place. 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.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating within the service. The registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. There were clear lines of responsibility and accountability with a structured management team in place. The registered manager was experienced with an extensive health and social care background. They were, knowledgeable and familiar with the needs of the people they supported.

All staff had delegated roles including provisions of personal care, medicines administration and driving. Each person took responsibility for their role and had been provided with oversight by the registered manager.

Staff and people's meetings were held on a regular basis. In addition, 'relative/family' surveys were carried out regularly. The registered manager analysed any comments and had acted upon them. The feedback we saw demonstrated people felt the service was of a good quality. We saw people and staff were consulted on the daily running of the service and any future plans.

We saw initiatives by the registered manager to demonstrate how they cared for their workforce. For example, they told us that they had implemented a team agreement on getting a work-life balance for all staff. This was aimed at improving the health, safety and wellbeing of the workforce. They also had shared

their successes and plans with staff through a quarterly magazine.

The registered manager and provider had auditing systems to assess quality assurance and the maintenance of people's wellbeing. We found regular audits had been completed. These included medicines, the environment, accidents and incidents and infection control. Any issues found on audits were quickly acted upon and lessons learnt to improve the care the service provided.

The provider had undertaken a quality assurance inspection, however we only found one had been undertaken. Providers are required to demonstrate how they provide formal oversight on the service and to check how the registered manager is complying with regulations.

We saw evidence to demonstrate that the home had adopted to keep up with best practice. This included adopting initiatives such as, 'Driving Up Improvement Standards' and 'Stop the over medication of people' (STOMP). STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life. Some staff had been nominated as champions in various aspects including safeguarding and infection control. These staff would attend multi-disciplinary meetings with other stakeholders such as the local Clinical Commissioning Groups and adult social care services within the local authorities.

The service had maintained various registrations with external organisations including maintaining their Investors in People (IPP) status. IIP is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.

There were strong links with the local community and the service had strengthened their relationships beyond the key organisations. We also found there were arrangements to ensure the home and staff kept up to date with good practice and changes in regulations.

The registered manager and the staff had worked hard to sustain the standards that they had set at our last inspection. It was evident the home had sustained their rating of 'good'. We saw there were visions, plans and a desire from the registered provider, the registered manager and the staff to continue to move the home forward and ensure people received the highest standard of care.

The registered manager and the staff were transparent with the inspection process and responded to all our requests for information.