

Woodleigh Healthcare Limited

# The Big House

## Inspection report

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### Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

The Big House is a residential care home providing personal care to one person at the time of the inspection. The service can support up to three people.

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

#### Right Support

Staff supported the person to have the maximum possible choice, control and independence and they had control over their own lives. Staff communicated with the person in ways that met their needs. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced.

Staff focused on the person's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

The service gave the person care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. The person was able to personalise their room and benefitted from the interactive and stimulating environment.

Staff supported the person with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported the person to play an active role in maintaining their own health and wellbeing.

#### Right Care

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.

The service had enough skilled staff to meet the person's needs and keep them safe. The manager assured us staff training was being monitored to ensure all staff had completed the essential training needed to provide good quality care and meet people's needs and wishes.

People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Risks to the person had been assessed and staff followed the support plan guidance to protect the person from avoidable harm. Staff encouraged and enabled the person to take positive risks.

People had individual ways of communicating; using body language, sounds, pictures and symbols so they could interact comfortably with staff and others involved in their care and support. Staff had the necessary skills to understand them.

#### Right culture

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.

Staff placed people's wishes, needs and rights at the heart of everything they did. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Leicester, Leicestershire and Rutland. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

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

#### Why we inspected

We undertook this inspection to assess whether sufficient improvements had been made to meet the regulations and check the service is applying the principles of Right support Right care Right culture.

#### Follow up

We will work with the local authority to monitor progress. We will 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?

The service was always safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# The Big House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12, Safe care and treatment and Regulation 17, Good governance, and also the requirement notice for Regulation 13, Safeguarding service users from abuse and improper treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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

One inspector carried out the inspection.

#### Service and service type

The Big 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.

The service had a manager who had started in January 2022. They had begun the process to be registered with CQC. 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

We gave the provider a short of period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be available to support the inspection and there

would be people at home to speak with us.

#### What we did before inspection

We reviewed information we had received about the service and the action plan from the last inspection. We sought feedback from the local authority and commissioners. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We communicated with the person who lived at the service. They were unable to talk with us and used different ways of communicating including actions and gestures. We spent time observing interactions between staff and the person living at the service to help us understand their experience of receiving care.

We spoke with a relative about their experience of the care provided. We spoke with four members of staff including the manager, service manager and two support workers. We reviewed a range of records. This included the person's care record and medicines record. We looked at two staff files in relation to recruitment. We looked at some records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

At the last inspection the provider had failed to ensure the proper and safe use of medicine. Potential risks to people were not competently and accurately assessed and kept under review. There were ineffective infection prevention and control measures. This was evidence of a breach of Regulation 12 Safe care and treatment. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

### Using medicines safely

- Daily room and fridge temperatures were checked to ensure medicines remained safe and effective when used. The manager was responsive when we identified the medicine fridge was not locked. A lock was fitted to the medicine fridge immediately.
- Medicine stock and audits on the medicine administration records were completed to ensure medicines were administered safely.
- A box of over-the-counter medicines such as paracetamols and cough mixture were found in the medicine cabinet. None were labelled with the person's name. We raised this with the manager who took immediate action, and a collection was arranged with the dispensing pharmacist. The manager assured us staff would be informed about the use of these medicines.
- The provider understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). Records showed the person's medicines had been reviewed by prescribers in line with these principles.
- The person's support plan had been updated to include their prescribed medicines, and the level of support they needed. Protocols for medicines, to be administered 'as needed', were in place providing guidance for staff as to their use.
- Staff were trained to administer medicines and were able to explain how they ensured the person had their medicines at the right time and in their preferred way. The medicine administration records viewed were up to date and completed accurately.

### Assessing risk, safety monitoring and management

- We found improvements had been made in relation to managing risks to people. Records showed and a relative told us they had been involved in this process and decisions made about how to keep the person safe.
- Risks to the person had been assessed and the support plans detailed measures for staff to follow to keep the person safe. Risk assessments and support plans were kept under review to ensure the measures in place remained appropriate. A COVID-19 risk assessment had been completed which considered the person's individual risks and how they needed to be supported.

- Staff were trained in the use of restrictive interventions and the training was certified to comply with the Restraint Reduction Network Training standards. Staff showed good insight about the risks to a person and recognised the signs when the person experienced emotional distress and knew how to support the person to minimise the need to restrict their freedom to keep them safe.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Fire risks had been assessed and measures had been put in place to reduce the risk of a fire occurring. Fire testing took place regularly. An individual personal emergency evacuation plan (PEEP) was in place for the person to instruct staff how to support them to leave the service safely in the event of an emergency.

#### Preventing and controlling infection

- Improvements had been made to the safety through the layout of the premises, staff hygiene practices and cleaning arrangements.
- The service prevented visitors from catching and spreading infections. Safe visiting procedures were followed.
- Staff supported the person to follow the infection, prevention and control measures to keep the person safe.
- Staff had been trained in infection prevention and control and used personal protective equipment (PPE) effectively and safely.
- The service followed shielding and social distancing rules.
- The service had arrangement in place to admit people safely to the service.
- The service tested for infection in people using the service and staff.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting the person's health and wellbeing.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

The Government has changed the legal requirement for vaccination in care homes, but the service was meeting the requirement that was in place at the time of the inspection. This was to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

At the last inspection provider had failed to ensure people were protected from abuse. This was a breach of Regulation 13, Safeguarding service users from abuse and improper treatment. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

#### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. We received positive feedback a relative and health care professionals about how staff protected people from the risk of harm and abuse. The manager understood their responsibility and knew how to report any safeguarding concerns the local safeguarding authority and CQC.
- The provider's safeguarding procedure was in easy read format and was displayed so people could to understand how to raise concerns.
- Staff understood how to report any concerns, accidents and incidents. Staff confirmed and records showed staff had received training in safeguarding. A staff member said, "Abuse comes in many forms like, physical, sexual, psychological, neglect, shouting. If I saw anything like this, I would tell the senior or the manager." Staff knew how to use the whistle-blowing procedure and to report abuse to external agencies such as CQC.
- Records showed appropriate action was taken to protect people when incidents occurred. For example, a person was being monitored with Antecedent Behaviour Consequence (ABC) charts for behaviours that may



challenge. ABC charts are a way of collecting information to help determine the function of people's behaviours. Identifying these trends enabled staff to seek professional advice to keep the person safe.

- A health care professional told us the manager was responsive and took actions to keep the person safe.

#### Staffing and recruitment

- The service recruited some staff safely with appropriate pre-employment checks including a Disclosure and Barring Service (DBS) check which helps employers make safer recruitment decisions.
- Recruitment records for staff, who were not United Kingdom nationals included a proof of identity, a copy of the police check from the respective country of origin and a record of the interview. However, references were not always dated. The provider's recruitment procedure relating to overseas staff, was not clear or robust. We discussed this with the manager who assured us references would be checked for completeness and where DBS checks had not yet been received, staff started their on-line induction training and worked with an experienced senior member of staff about the role of a support worker.
- Staff induction training promoted people's safety. Staff understood people's individual needs, wishes and goals which they took into account when they supported them.
- The service had enough staff, including one-to-one support for the person's safety and to take part in activities and visits how and when they wanted.

#### Learning lessons when things go wrong

- Staff understood how to report incident and accidents. All incidents and accidents had been recorded and reported to the local authority and CQC, where appropriate. The manager had introduced a system to analyse incidents and accidents to establish the root cause to identify any trends, so action could be taken.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection the provider had failed to act in accordance with the Mental Capacity Act 2005 - Deprivation of Liberty Safeguards. This was a breach of Regulation 13, Safeguarding service users from abuse and improper treatment. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

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.

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Records showed the service was working within the principles of the MCA. DoLS conditions were being met. Records showed the person had an advocate to represent their interests.

Staff support: induction, training, skills and experience

- The provider arranged to offer all staff relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, communication tools, positive behaviour support, human rights and all restrictive interventions. However, records showed not all staff had completed all of their training. The manager assured us that action had been taken as those staff had been given a date by when the required training must be completed and this was monitored.
- The person's care and communication needs, and their human rights were respected. This was because staff put their learning into practice, for instance verbal and non-verbal communication methods. A staff member told us the person communicated using facial expressions and body language, which all staff

recognised and responded to consistently because staff had the necessary skills to understand them.

- We received positive feedback about the service, from a health care professional, in relation to the improvements made to the person's quality of life. Staff were knowledgeable and committed to using techniques that promoted the reduction in restrictive practice, for instance, to give the person time to process the information enabling them to take control and make their own decisions.
- When accidents and incidents occurred, debriefing meetings were held for staff to reflect on their practice to consider improvements in care.
- Staff received support in the form of supervision and recognition of good practice. The manager told us staff's competency and knowledge was checked to ensure they understood and applied training and best practice.

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

- Improvements were found to the assessment process which considered the person's needs, physical and mental health and their goals and aspirations.
- Support plans reflected a good understanding of the person's needs, including relevant assessments of their communication support and sensory needs.
- Staff told us they took time to understand the person's behaviours, for instance where the person needed time to process information. Support plans set out current needs, promoted strategies to enhance independence, and showed evidence of planning and considered longer-term aspirations for the person.
- The person's support plan was reviewed together with their relative, advocate and staff member. Health care professionals also carried out reviews to ensure the package of care provided promoted good outcomes for the person.

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

- The person received support to eat and drink enough to maintain a balanced diet. They were involved in choosing their food and planning their meals. The pictorial menu plan chosen by the person for each day was displayed in the kitchen. The person could have a drink or snack at any time, we observed these being offered throughout our inspection.
- Staff encouraged the person to eat a healthy and varied diet to help them to stay at a healthy weight. Mealtimes and where the person preferred to be seated for their meals was flexible to meet their needs and to avoid them rushing meals.

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

- The person's care and support was provided in a safe, clean, well equipped, furnished and well maintained environment which met people's sensory and physical needs.
- The person had personalised their room and were included in decisions relating to the interior decoration and design of their home. The environment was homely and stimulating. There was crafting equipment and board games and a trampoline in the courtyard which the person used.
- The design, layout and furnishings in a person's home supported their individual needs.

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

- The person had a health action plan, which was used by health and social care professionals to support them in the way they needed. This was updated as the person's needs changed.
- The person was supported to attend annual health checks, screening and primary care services. Staff told us the person was played an active role in maintaining their own health and wellbeing; for instance, choosing healthier meals and to improve their fitness exercising. Records showed the person had been referred to health care professionals to support their wellbeing and staff empowered the person to live a healthy life.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection the provider had failed to ensure their systems and processes to ensure compliance and monitor the quality of service were effective. This was evidence of a breach of Regulation 17, Good governance. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

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

- The service had a manager who had begun the process to be registered with the CQC. The previous inspection rating and report was displayed within the service. The manager was knowledgeable and had experience to perform their role. They had a clear understanding of people's needs and oversight of the service.
- Improvements were found to the governance processes, which helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Audits were in place and used to improve practice and check safety within the service. For example medicine audits had reduced recording errors, and support plan audits ensured these were personalised to reflect the person's needs and wishes.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. Staff were able to explain their role in respect of supporting the person without always having to refer to documentation.
- Systems in place to manage staff performance were effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and training programme in place.

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

- Management were visible in the service, approachable and took a genuine interest in what the person, staff, family, advocates and other professionals had to say.
- Management worked directly with the person and led by example. They promoted equality and diversity in all aspects of the running of the service.
- Staff felt respected, supported and valued by management which supported a positive and improvement-driven culture. Staff felt able to raise concerns with manager without fear of what might happen as a result. One staff member told us, "[Management] are all really easy to talk to and responsive if you have any concern."

- Management and staff put the person's needs and wishes at the heart of everything they did.

#### Continuous learning and improving care

- Some key policies and procedures, such as medicines and safeguarding adults and children's procedures, had been updated in line with national policy to inform improvements to the service and these had been shared with the staff team. The manager told us an external company was supporting them to ensure all policies were updated to reflect the current best practice. This included staff recruitment procedure, which needed to be clear and robust.
- The provider invested in the service, embracing change and delivering improvements. The management team had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

#### 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 displayed the last inspection rating within the service and on the provider's website as required.
- The provider and manager notified CQC of incidents they were required by law to tell us about. This is so we can check appropriate action has been taken.
- The service apologised to people, and those important to them, when things went wrong. The manager gave examples which demonstrated a culture of continuous learning for staff and how to promote good outcomes for people.
- The manager understood their responsibility to be open with people and to apply the duty of candour principles appropriate.

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

- Staff meetings gave staff the opportunity to discuss what worked well and what needed improving for the person. Records showed the person had regular meetings with a named member of staff to plan meals, activities and goals to promote their independence.
- The manager told us the person and their relative's views about the service were considered during planned meetings about their care. The manager planned to seek feedback via surveys from relatives and professionals involved in the care of people using the service including people on respite stay, to see if any other improvements were needed.
- The provider continued to invest in the development of its staff, which benefited the person through the maintenance of a stable, motivated and skilled staff team. Staff told us this made them feel valued and appreciated.

#### Working in partnership with others

- The service worked well in partnership with health and social care organisations, to promote and improve the wellbeing of the person using the service. We received positive feedback from a healthcare professional in relation to the management's responsiveness to the person's needs and engagement with the multi-disciplinary team.