

Woodberry Care Ltd

# Woodberry Care Services

## 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Woodberry Care Services is a domiciliary care agency providing personal care and support to people living in their own homes. The service supported a mix of people including younger adults living with a learning difficulty, complex physical needs and older adults who may be living with dementia and/or physical health conditions. At the time of the inspection, the service was supporting 4 people.

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.

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

#### Right Support:

People's risks were robustly assessed, and staff given guidance in how to minimise risk. Staff promoted independence and focused on people's strengths and promoted what they could do. 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. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. At the time of the inspection, no people were being supported with medicines. However, staff had received training in safe administration of medicines for when they may need to provide this support. Staff had been trained in infection control and had access to appropriate Personal Protective Equipment.

#### Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. 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. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

#### Right Culture:

People received good quality care, support and treatment because trained staff could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have.

This meant people received compassionate and empowering care that was tailored to their needs. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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

This service was registered with us on 20 July 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Woodberry Care Services

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### 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 used all of this information to plan our

inspection.

During the inspection

We spoke with the registered manager, 2 people who used the service and 1 relative. We reviewed a range of records including three people's care plans and risk assessments, 3 staff files including recruitment and supervision, numerous auditing processes, training records and other documentation that supported the running of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. 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 harm and abuse.
- People told us they felt safe with staff who visited them. One person said, "Yea I do [feel safe], they [staff] are alright."
- Staff had received training on safeguarding and understood how to recognise signs of abuse and how to appropriately report concerns.
- There had been no incidents or accidents since the service was registered. There were systems in place to record any accidents or incidents and staff were aware of how to report them if they happened.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from the risk of harm by clear and effective risk assessments.
- People's personal risks were fully assessed, and clear guidance provided for staff on how to work with people to keep them safe. For example, one person used a PEG to receive their nutrition. This is a tube in a person's stomach that allows a them to have food where they are unable to swallow. Whilst a relative was responsible for the PEG, there was a detailed risk assessment for staff to understand how to recognise any issues such as infection around the site where the PEG was inserted.
- Risk assessments were regularly reviewed and updated of there were any changes in people's care and support needs.
- People were involved in assessing their own risks in collaboration with the service. Where appropriate, relatives were fully involved. One relative commented, "Yes, I am very happy with what they have put on there [the risk assessment]. It really does minimise risks for both staff and for [person's name]."
- The registered manager told us they felt incidents and accidents were a valuable way to learn and improve the quality of care people experienced. There were processes in place to promote learning and information sharing such as staff meetings and staff supervision.

Staffing and recruitment

- There were enough staff to meet people's needs.
- People received a continuity of care and had the same staff visiting them. This allowed people to build rapport and trusting relationships with staff. One person said, "I like it because always it is the same person [staff member] is coming, which is good, I don't have to explain to different people what I want."
- People and relatives confirmed staff arrived on time and stayed the correct amount of time. One relative said, "Normally they are pretty good with timing, can run late due to traffic. They are really good at notifying me if they are running late."
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in

employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

#### Using medicines safely

- At the time of the inspection there were no people were being supported with medicines by the service.
- Staff had received training on medicines and the safe administration of medicines.
- The registered manager told us staff were trained to support people with medicines for when the service received a referral that identified this as a care and support need.
- There was a clear medicines policy in place which staff were aware of.

#### Preventing and controlling infection

- People were protected for the risk of infection by clear infection control policies.
- Staff understood how to keep people safe and had access to appropriate Personal Protective Equipment (PPE).
- Staff were encouraged to be vaccinated against COVID-19 and seasonal flu.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. 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 care and support needs were appropriately assessed in line with guidance and the law.
- People and relatives told us they were fully involved in the initial assessment which ensured the service could meet their needs. A person said, "I said everything I can do and what they needed to help with." A person said, "[Registered manager name] went through a very lengthy and detailed assessment and care plan with him. What he likes, and his preferences. I felt very involved. She was really asking for lots of information which I did not expect. What would you like us to do? What would make it easier? It was a really nice personal touch."
- Care plans were written in collaboration with people and relatives following information gathered during the initial assessments.

Staff support: induction, training, skills and experience

- Staff received appropriate induction and training to ensure they had the skills to carry out their role.
- Staff received a comprehensive induction when they started working. This included training and shadowing with a more experienced member of staff. A staff member said, "The one thing I like about this agency, they won't leave you until they are happy. They call you and check, for the first two days someone was with me. It's good. I like working with them." Another staff member said, "I felt really confident after the induction."
- Staff had completed the care certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Training was refreshed regularly to ensure staff were up to date with best practice.
- Staff were supported through regular supervision to ensure they were happy, develop any training needs and discuss concerns.
- The service had not been operating for a year at the time of the inspection, the registered manager had a programme in place for when staff required an annual appraisal.

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

- Where eating and drinking was an identified care and support need, the service ensured care plans contained information of what type of support was required.
- Where staff supported people to prepare meals, staff knew what people liked and what support they required to meet their needs. One staff member said, "I remind [person] to eat, I make the food ready and remind him to eat as he sometimes forgets. He tells me what to do; 'today I need my pasta, can you cook

that for me?'. His next of kin buys the shopping. The choice is from him, he tells me what he wants!"

- People's dietary needs were discussed at the point of the initial assessment. The registered manager told us this was reviewed if there were any changes. For example, one person had become unwell for a period of time and required extra support to prepare meals. Their care plan had been updated to reflect this.

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

- At the time of the inspection, all medical appointments were managed by people or their relatives.
- Staff knew people well and understood and told us they would inform the office if there were any changes in people's mental or physical wellbeing. The registered manager would then follow up any concerns with the person and/or relatives to ensure people could access appropriate healthcare.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA.
- People's capacity was documented in their care plans. Where relatives had legal authority to make decision on behalf of a person, for example, if they were under 18 years old, this was documented in their care plan.
- Staff had received training on the MCA and understood how this impacted the people they worked with. One staff member said, "When the person cannot make decision for themselves. Decisions may have to be made in their best interest."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well by the staff working with them and felt respected.
- People and relatives told us they felt staff were kind and caring. A relative said, "Yes [staff are caring]. You can see it from the way they are with him, the way they play with him and talk to him. They make him feel involved and he is very affectionate towards them. He is really quite content with them. I love them, they are so good."
- Staff knew people well and understood people's personalities, likes and dislikes.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- People felt valued by staff who showed genuine interest in their well-being and quality of life.

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

- People were fully supported to be involved in planning their own care and make decision about what they wanted.
- People and relatives told us they were fully involved in initial assessments and reviews of their care. Their views and opinions were respected.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves and staff ensured they had the information they needed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Feedback we received from people and relatives supported this.
- People were confident staff respected their wishes and how they wanted to receive their care. One person told us, "When I explain what I want [to staff] they do it the way I want it."
- Staff promoted people's dignity and understood the importance of confidentiality. A staff member said, "Confidentiality is important, you don't talk about things, like their personal things."
- People's care plans documented what they were able to do for themselves. Staff promoted people's

independence and understood how to encourage people. One person said, "I said everything I can do and what they needed to help with."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care was personalised to meet their individual care and support needs. The service had a collaborative approach to planning care. People and relatives were fully involved to ensure people's needs were met.
- People's care plans provided staff with information on what care tasks needed to be completed at each visit and how people wanted these to be done. For example, what type of personal care they required such as bath, shower or strip wash.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs
- The service met the needs people using the service, including those with needs related to protected characteristics.

Meeting people's communication needs

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

- People's care plans had detailed information in their communication needs and gave staff clear guidance for each person.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- People had regular care staff who got to know the person and developed a clear understanding of how each person communicated.
- Where people had a learning disability, the service had recognised how communication may be impacted with the use of masks and appropriately assessed this. For one person, their care plan stated they were able to recognise voices and did not feel uncomfortable with staff wearing a mask.

Improving care quality in response to complaints or concerns

- There were clear procedures in place if the service received any complaints.
- When people started using the service, they were given information on how to complain. One relative said, "[The registered manager] did go through it with me. I have a direct contact of we have a complaint. I would make a complaint if I needed to, I have no problems with that."
- At the time of the inspection, there had been no complaints.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. 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 registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Managers worked directly with people and led by example.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- We asked staff what the best thing was about working for this service and staff were very positive. Comments included, "They give you the confidence to work with people. They call and check to make sure we are ok and happy. If I have any doubts, I know I can call [registered manager's name] they always respond. They are 100%" and "It's the clients. The client I am working with is great!"
- Managers promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- Management and staff put people's needs and wishes at the heart of everything they did.
- People and relatives were positive about the open and inclusive culture of the service. One relative said, "The best thing is inclusion. They are very good at including your feedback, they make sure they listen to you, they make sure staff are trained to the level you expect. The personal touch really pushes them above you are not just another number!"

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the service they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. There was good oversight of staff training and when refresher training needed to be

completed. This ensured staff were up to date with best practice.

- Staff delivered good quality support consistently.
- The registered manager understood their legal responsibilities around informing CQC of any notifiable incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People, and those important to them, worked with managers and staff to develop and improve the service.
- Staff encouraged people to be involved in the development of the service.
- The registered manager sought feedback from people and those important to them and used the feedback to develop the service.
- There were monthly telephone calls to people / relatives to gain their feedback as well as written feedback every 6 months and during staff spot checks. The registered manager told us, "Feedback identifies where we could improve to make their experience better, we try to make sure the carers match with the person. (It's about) Changing things so they [people] feel more supported!"
- The provider kept up-to-date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The service worked in partnership with people and their relatives, where appropriate, to ensure good outcomes for people.