

Woodleigh Healthcare Limited

# Woodleigh Healthcare Limited (Surrey Branch)

## 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

Woodleigh Healthcare Surrey Branch is a Domiciliary Care Agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children. People are supported with mental health needs, challenging behaviour, and learning disabilities. At the time of our inspection 30 people received care and support in accordance with the regulated activity of personal care.

The provider was the registered manager, and was present during the inspection. 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.

People received a safe service from the Woodleigh Healthcare Surrey. There were sufficient numbers of staff who were appropriately trained to meet the needs of the people who used the service. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding board or the police.

Staff recruitment procedures were safe. The provider had undertaken appropriate safety checks to ensure that only suitable staff were employed to support people in their own home. Staff said they felt supported to undertake their roles.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). Staff understood that they had to gain people's consent before they provided care, and that they could not make decisions for people.

People were supported to have enough to eat and drink. They received support from staff where a need had been identified.

People were supported to maintain good health. Staff understood that if people's health deteriorated they would respond quickly. They would make sure they contacted the appropriate professionals to ensure people received effective treatment. Emergency plans were in place to deal with situations that may stop the service running, such as adverse weather.

Staff had a positive and caring attitude about their jobs. People told us that they were happy with the care and support they received. People told us that the staff were kind and caring and treated them with dignity and respect. The staff knew the people they cared for as individuals, and had a good rapport with relatives. All the staff we spoke with were happy in their work and proud of the job they do.

People received the care and support as detailed in their care plans. Care plans were based around the individual preferences of people as well as their medical, psychological and emotional needs. They gave a good level of detail for staff to reference if they needed to know what support was required.

People knew how to make a complaint. Staff knew how to respond to a complaint and welcomed them as an opportunity to improve the service.

The provider had effective systems in place to monitor the quality of care and support that people received. The provider had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained.

The provider regularly visited people in their homes, or telephoned them to give people and staff an opportunity to talk, and to ensure a good standard of care was being provided to people.

Records for checks on health and safety, and medicines audits were all up to date. Accident and incident records were kept, and were analysed and used to improve the care provided to people.

## 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.

People felt safe with the staff. There were enough staff to meet the needs of the people. Staff understood their responsibilities around protecting people from harm. Accidents and incidents were reviewed to see if anything could be learnt from them and stop them happening again.

Appropriate checks were completed to ensure staff were safe to work at the service.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk. Staff understood how to minimise the spread of infection.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time where necessary.

### Is the service effective?

Good ●

The service was effective

People's needs had been assessed to ensure the service was able to meet these needs.

Staff had access to training to enable them to support the people that used the service.

People's rights under the Mental Capacity Act were met.

People had enough to eat and drink and staff supported people with specialist diets where a need had been identified.

People received support when they were unwell to help them get better.

### Is the service caring?

Good ●

The service was caring.

People felt happy and confident in the company of staff.

Staff were caring and friendly, and staff that showed respect to people and protected their dignity.

Staff knew the people they cared for as individuals. People had good relationships with the staff that supported them.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

The responsive support given by the service had a positive impact on people's lives.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

### **Is the service well-led?**

**Good** ●

The service was well- led.

Staff felt supported and able to discuss any issues with the provider.

The manager (who was also the provider) regularly visited to speak to people and staff to make sure they were happy.

People and staff were involved in improving the service. Feedback was sought via regular telephone calls and during quality assurance visits.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

# Woodleigh Healthcare Limited (Surrey Branch)

## **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 took 18 December 2017. The inspection was completed by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using this type of care service.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). 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 information was reviewed to see if we would need to focus on any particular areas at the service.

Before the inspection we contacted 10 people, or their relatives. We spoke with five staff, which included the manager (who was also the provider of the service). We also reviewed care and other records within the service. These included three care plans and associated records, three medicine administration records, three staff recruitment files, and the records of quality assurance checks carried out by the provider.

We also contacted commissioners of the service, and health care professionals to see if they had any information to share about the service. This was the first inspection of this service since they registered with

the CQC.

# Is the service safe?

## Our findings

People received safe care and support from Woodleigh Healthcare Limited (Surrey). One person said, "Yes I do feel safe with them." A relative said, "Absolutely [I feel my family member is safe]. I find the staff really good. There's good continuity which is very important for us."

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. One person said, "There's one chap [member of staff] who actually passes on whatever concern we might have direct to the company. He'll go and grab hold of the manager and say you ought to be aware of this that and the other." Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. They understood that all suspicions of abuse must be reported to the registered manager. Staff understood that a referral to an agency, such as the local adult services safeguarding team or police that they could do this themselves if the need arose.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people. A relative said, "As far as my family member is concerned they have always had staff." Another relative said, "Yes they do [have enough staff]. Even if they are a little bit late they will call in advance to let us know they are on their way." Staffing levels were calculated to ensure people received care and support when they wanted it. This was completed during the assessment by the manager, who reviewed with the person and their family how many staff were required for each support need. People told us that staff had enough time to care for people without having to rush. One person said, "Yeah they're very good in that respect." The provider understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care.

People were kept safe because the risk of harm from their health and support needs had been assessed. People and relatives told us that staff supported them to do as much as they were able. A relative said, "Absolutely. Nothing goes outside our control. We work very well with the registered manager she is a very good director. We work very closely with them." Assessments of risk had been carried out in areas such as mobility, managing behaviour that may challenge and skin integrity. Measures had been put in place to reduce these risks, such as specialist equipment to help people move around their home, specific training for staff, or referrals to specialists such as district nurses. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

Staff understood how to keep people safe in their own homes. One staff member said, "When we go into someone's home we have to check the environment and equipment we may need to use is safe." One person said, "They're a fabulous help, I would have a lot more falls if they want here." Assessments had been completed to identify and manage any risks of harm to people around their home. Staff had a clear understanding of minimising the spread of infection, and described how they had access to disposable gloves and aprons, and how these were used at each call they made. A commissioner of the service said, "It is not unusual for Woodleigh to go the extra mile to ensure clients safety. In a recent case there were potential safeguarding concerns that required the door locks to be changed and my client did not have the funds to change them, Woodleigh's manager did not hesitate to agree to pay for changing the locks and to



be reimbursed by the family at a later date."

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the manager to look for patterns that may suggest a person's support needs had changed.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines in a safe way, and when they needed them. One person said, "Yes the carers are able to understand it all." A relative said, "Absolutely she [my family member] has to. She has to have them 12 hours apart. She will have them at the correct times. They're pretty good about that." Staff that administered medicines to people, or prompted them received appropriate training, which was regularly updated. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine (PRN), such as paracetamol, there were guidelines in place which told staff when and how to administer the pain relief in a safe way.

The recording and storage of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been prompted or given their medicines. All medicines were stored by people in their homes, so there was no risk of medicines being lost or damaged transporting them from the office to the persons home.

People's care and support would not be compromised in the event of an emergency. The provider had an emergency plan that covered incidents such as adverse weather that may have an impact on staff getting to people. Staff understood their responsibilities in the event these emergencies took place. A commissioner of the service said, "In an emergency Woodleigh have always been able to send out a worker normally within a quick time to respond to the situation required which is so useful to us."

## Is the service effective?

### Our findings

People's needs had been assessed before they received the service to ensure that their needs could be met. Assessments contained information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility. The provider took care to ensure they could meet people's needs, before they agreed the support package.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. One person said, "Yes I think so [staff are trained]. They do what needs to be done." A relative said, "Yes [staff have sufficient training] because her [my family member's] needs are met." Another relative said, "Absolutely [they are well trained]. They wouldn't be there if I didn't!"

Staff had effective training to undertake their roles and responsibilities to care and support people. One relative said, "If it's a new carer it doesn't take long for them to pick up the routine. It's not a hard thing to learn with my mum. As long as they send an experienced carer with the new carer we don't have any problems."

The induction process for new staff was robust to ensure they would have the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. The induction also includes additional training for those staff whose first language may not be English. This was in response to feedback when the agency first set up that some people had difficulty understanding staff. The induction pack given to staff was under development to translate it into multiple languages to aid staffs understanding of key areas, such as health and safety and safeguarding. The registered manager was able to give examples of the positive response from people who may not initially have had a satisfactory experience with non-English speaking staff. This demonstrated the changes made had been effective at increasing staffs knowledge and peoples satisfaction.

Staff had received on-going training in areas to meet the needs of the people they cared for. This included moving and handling, first aid, dignity and respect, food hygiene, dementia care, infection control, and medicine administration.

Staff were effectively supported by the management. Staff told us that they felt supported in their work. Staff had regular one to one meetings (sometimes called supervisions) with the provider or team leader. Annual appraisals were planned, but the service had not yet been providing a service long enough for this to happen at the time of the inspection. These meetings enabled staff and management to discuss any training needs and get feedback about how well they were doing their job and supporting people.

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.

The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were effectively followed.

Staff had an understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff understood that they could not make a decision for people if they felt they didn't have capacity to understand. They would have to contact the registered manager.

People were supported to ensure they had enough to eat and drink to keep them healthy. People's special dietary needs were recorded on the care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing. Staff were able to describe the individual requirements of the people they supported.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. A relative said, "They go in the evening and the two of them make a healthy meal for my family member to make sure she gets a balanced diet." Another relative said, "Yes [Their family member was supported to eat and drink enough] because we say to them this is what we would like her to have. We try to watch her diet as well, and they do as well, they help us with that." Staff involved people by asking them what they had eaten and had to drink, and discussed with the person if they needed to eat or drink anymore.

The Woodleigh Healthcare team worked effectively with other agencies to ensure they were able to deliver care and support to meet people's needs. A commissioner of the service said, "Previous agencies had broken down or given notice, however Woodleigh were able to continue providing effective support throughout. This resulted in incidents of challenging behaviour decreasing for a person; and it was one of the first times that the client built some rapport with support workers / carers."

People received support to keep them healthy. Where people's health had changed appropriate referrals were made to specialists to help them get better. Staff were able to support people to contact the GP if they felt unwell, or call the emergency services if they found a person in distress.

## Is the service caring?

### Our findings

We had positive feedback about the caring nature of the staff. One person said, "I would say staff are very good. I can rely on them and have no problems with anything like that." Another person said, "They [staff] are really nice people and they care." A relative said, "Yeah the staff are really really good. Since we changed to Woodleigh it's been a complete transformation. The staff are great, the office is good; any issues we have they've always been accommodating." Another relative said, "They treat her [family member] very kindly and they [staff] are very flexible."

When asked about what they most liked about the service, one relative said, "They're quite proactive in making sure they have good staff."

People's privacy and dignity was respected. People told us that staff always respected their homes. One person said, "Oh yes absolutely. They always ask if I need any help in the bathroom. They always knock before they come in. They always announce they're there." A relative said, "Oh yes definitely. In the morning when my family member is coming out of the bathroom they tend to get on with her breakfast in the kitchen [for privacy], they don't nag her or anything to get ready. They're gentle and they're kind." Staff understood how to protect people's privacy and dignity, examples given by staff included the practice of covering up parts of a person when washing to protect their dignity, and involving the person to do as much as they could for themselves.

Staff were aware of protecting people's confidentiality and data protection. They gave examples of how they did this such as not talking about people in front of other people and ensure they always discussed people's care and support where they could not be overheard.

People were supported to maintain independence and control over their lives. One family member said, "Yes they do [support independence]. They don't do all the washing of her body; they encourage her to do it herself." Another relative said, "Yeah they encourage her. My family member is only just starting to hold the spoon. They build her confidence."

Staff demonstrated the values of caring towards the people they supported. Staff had a caring attitude about the people they supported. When asked what the best thing about working for Woodleigh Healthcare was, one staff member said, "It's about seeing that the clients are comfortable and that we make a positive difference to their lives. It makes me feel appreciated." Another staff member said, "I love meeting the various people I support. It helps me remain humble and compassionate."

Staff were caring and attentive, and took time to get to know the people they cared for. A person said, "I can't pin point one thing but it's just the demeanour they have, it's a happy friendly sort of feel and that gives me confidence." Staff, including the provider, knew the people they cared for. The provider was able to tell us about people's backgrounds, their life stories as well as their medical or support needs, without having to refer to the care records. This knowledgeable and caring nature was repeated when we spoke with the staff, and matched with the information that people told us.

People were given information about their care and support in a manner they could understand. Information was available to people in their home, such as their care plans and daily care records. The provider was working with the staff to improve their skill at spoken English, and feedback from people was that this had improved as a result.

People were supported to be involved in their care as much as possible. One person said, "Yes I do feel in control, and yes they are responsive if I have any issues they respond immediately." One relative said, "Oh absolutely [we are involved], nothing escapes me on that." People had been consulted about how they liked their care undertaken and what mattered to them. They had also been consulted regarding the time of their visits, the frequency of these and how personal care should be undertaken. Relatives told us they had been consulted when appropriate regarding care and support their family member would require.

Wherever possible people's choice on the gender of the staff that supported them was respected. One relative said, "They make sure there's always female staff with my family member; They're very good with how they do her personal care."

## Is the service responsive?

### Our findings

The care provided was flexible to meet people's routines and support needs. Where people required extra visits or reduced due to people's changing needs this was also arranged by the provider. One relative said, "If I have to change timings I just call the office number. Never had any problems requesting any time changes."

People and relatives were involved in their care and support planning. One relative said, "Yeah I've been quite involved from day one with Woodleigh. Communication is good with them. [The manager] pops around every now and again. She knows what it takes to provide good care. Yes, there has been a review, we had a situation where we had to increase the time my family member received support and we had a consultation. Everyone was involved." Care plans were based on what people wanted from their care and support. They were written with the person by the provider. Staff explained how they talked with each person, and/or their family and asked what supported they wanted, in case this had changed since the care plan had last been updated.

People's choices and preferences were documented and staff were able to tell us about them without referring to the files. There was detailed information concerning people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person-centred, focused on the individual needs of people. Care plans had been signed by the person where they were able, to show they had agreed with what had been written.

People received support that matched with the preferences record in their care file. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were regularly reviewed, or if a need arose, such as a change in a person's support needs.

The responsive nature of the service had led to an improvement in a number of people's lives. A commissioner of the service said, "I was fortunate to have Woodleigh providing care for a few of my high-risk and high needs clients. They always ensured that my clients were provided with the excellent quality of care, they were vigilant, and had a quick provocative approach to risks and prompt reporting. They are always supportive and willing to adapt to changing needs." Success stories included people that had been excluded from colleges or social venues due to behaviour that challenged. Woodleigh staff took time with the individuals to understand what prompted the behaviours. This has resulted in at least two people being able to access the local community to a far greater extent they had previously, and has given them more control over their lives.

People were supported by staff would listen to and respond to complaints or comments. People said they felt their complaints would be listened to and dealt with. One person said, "Had a few problems with a few [staff] who couldn't speak English. I addressed that with the manager and it's been sorted straight away." There was a complaints policy in place, and people had a copy in their homes (contained within their care

plan file). The policy included clear guidelines, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission, so people would know who they could contact if they were not satisfied with how the service had dealt with their concern.

There had been 14 complaints received in 2017. The provider and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone. The complaints had all been actioned to address the issues that had been raised. A large number of compliments about the care provided had been received in the same period of time.

## Is the service well-led?

### Our findings

There was positive feedback about the leadership and management of Woodleigh Healthcare. A commissioner of the service said, "Every time I have worked with Woodleigh I have found all of their staff to be professional, caring and generally good at what they do. I think this partially comes from the top down with a strong and adaptive management team from what I see they run the agency very effectively and efficiently." This feeling was reflected by the relatives we spoke with. One relative said, "The communication with the staff is really good. Management are flexible and helpful and supportive. They work well with us."

The management and staff strove to continually improve the standard of care and support given to people. The manager (who was also the provider) carried out visits to people which included talking with people and relatives, an inspection of the person's home to make sure people were safe and reviewing care records. They worked closely with other agencies to understand people's needs, and then deployed a care package to meet those needs. Commissioners of the service gave praise around how the service had worked with them to successfully take on care packages that had failed with other support agencies.

Regular checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the service. These covered areas such as reviewing complaints, and medicines management. Information from the audits was analysed to see if there were patterns that may indicate a failure emerging within the service. For example, complaints were broken down into type and checked to see if there was anything that linked them. In addition the manager/provider carried out unannounced spot checks to see that people received a good standard of care.

People and relatives were supported by an organisation with a clear management vision and structure. Staff understood and followed the values of the service. These were based around providing a personalised service to meet people's individual needs. One way they achieved this was by only taking care packages of 30 minutes or more. Packages that included calls of 15 minutes or less were rejected. The registered manager explained although this lost them some work, they were able to have time to get to know people and really help them. Feedback from commissioners of the service was complimentary and talked about how the time staff spent with their clients had a positive impact on their lives. The provider echoed these values and explained how they planned to keep the service at a size to match the number of people they supported. This would ensure they never became over stretched and provide a more personalised service to people.

Staff felt supported by the provider, and enjoyed their job. Staff told us the "The management are very respectful and helpful to me." Staff told us the manager had an open door policy and they could approach the manager/provider at any time. Staff felt able to raise any concerns with the registered manager, and that these concerns would be taken seriously and put right.

Records management was good and showed the service provided and staff practice was regularly checked to ensure it was of a good standard.



People and relatives were included in how the service was managed. Due to the very small size of the service the manager/provider sought feedback during telephone conversations or when he visited people in their homes. Questions that were asked covered topics such as whether staff were polite and respectful, whether people felt involved in their care planning, and if they knew how to make a complaint if they were unhappy.

Staff were involved in how the service was run and improving it. Although no formal team meetings took place, due to the small staff team, staff were still able to talk to each other and the manager whenever they needed to. Information was regularly shared with the staff team via the messaging system on staff's mobile telephones. Staff were also able to present ideas if they felt the service could improve.

The manager (who was also the provider) was very 'hands on', and managed the office, and stepped in to help support people and staff if required. This made them accessible to people and staff, and enabled him to observe care and practice to ensure it met the service's high standards.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns.