

Woodleigh Healthcare Limited

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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 Ltd is a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. At the time of our inspection the service supported three young people or children.

People's experience of using this service:

- Relative's told us they were happy with the care their loved one received.
- People were supported by consistent and suitably trained staff.
- People were protected against abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm.
- People received support to take their medicines safely and as prescribed.
- People's rights to make their own decisions were respected. People were supported to access health services if needed.
- People's dietary needs were assessed and where required people were supported with their meals.
- People received caring and compassionate support from the staff.
- Staff respected people's privacy and dignity and people were supported to be as independent as possible.
- People's care was personalised to their individual needs.
- The provider had processes in place to measure, document, assess and evaluate the quality of care.
- The service met the characteristics for a rating of 'good' in all key questions.
- More information about our inspection findings is in the full report.

Why we inspected:

This was a scheduled inspection 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.

Rating at last inspection:

The report for the last inspection was published June 2017. Though the service has been inspected it had

not been rated because at the time of the inspection a limited service was being provided to one person. We had insufficient information to determine the level of service this person received to determine a rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received 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 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 ●

Woodleigh Healthcare Limited

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 checked 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.

Inspection team: The inspection team consisted of one inspector.

Service and service type: Woodleigh Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a personal care to older adults, people living with dementia, people with sensory impairment, younger disabled adults and children.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone was available at the office.

What we did: We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority to gather their feedback about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three relatives of people using the service. We were unable to speak with people using the service. This was because they had limited verbal communication. We also spoke with the registered

manager and four members of staff.

We looked at three people's care records including their daily records and medicines charts. We also examined other records relating to the management and running of the service. These included five staff recruitment files, training records, supervisions and appraisals. We looked at the complaints and quality monitoring information.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure people were safeguarded from abuse. Relatives felt their loved ones were safe. One relative told us, "I think [person] is safe with staff."
- Staff spoken with were knowledgeable about the types of abuse and the actions they should take if they had any concerns that people were at risk. Staff had received training in how to safeguard children and adults.
- The registered manager had made referrals to the safeguarding authority appropriately where concerns were identified.

Assessing risk, safety monitoring and management

- Where there were identified risks to people, assessments had been completed to reduce the risk where possible. The assessments in place were detailed and explained how staff should support people safely.
- Relatives told us staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people.
- Risk assessments were reviewed on a regular basis, demonstrating that staff were aware of the risks that each person might be susceptible to.

Staffing levels and recruitment

- Relatives spoke positively about the number of staff available to support them. A relative said, "Staff always come on time and they are able to concentrate on caring for [person]."
- The provider had a recruitment policy in place and staff told us they had completed a range of checks before they started work. We reviewed the recruitment process and saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with people who require care.

Using medicines safely

- Relatives told us where their loved ones were supported with their medicines staff did this on time and followed correct procedures.
- Staff had received training in how to administer medicines.
- The manager carried out checks to ensure staff supported people with their medicines according to their care plans.

Preventing and controlling infection

- Relatives told us staff managed the control and prevention of infection well.
- Staff had received training in the control and prevention of infection relatives told us staff used personal protective equipment such as gloves and aprons when providing personal care.

Learning lessons when things go wrong

- The registered manager told us they had not had any accidents or incidents since they started providing support to people. They were able to describe actions they would take should an incident occur and how they would share information with people to ensure everyone learnt from the incident.

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

Good: 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

- Before care delivery started the provider undertook assessments to establish if people's needs could be fully met by Woodleigh Healthcare Ltd.
- Care plans were developed for each identified need people had. Care and support plans were regularly reviewed. This ensured that if people's needs changed this was appropriately reflected in care records as well as in the care they received.
- Staff told us they were able to pass on information to the registered manager when people's needs changed and this would be reflected in people's care plans.
- Relative's told us they were satisfied with the care and support their loved one received.
- A relative said. "The staff provide [person] with consistent care. This very important to [person]. They appear to know what they are doing as well."

Staff support: induction, training, skills and experience

- Staff received induction, training and support to enable them to carry out their roles effectively. Staff we spoke with felt the training was good and helped them carry out their duties as care staff. One care staff said, "The training is good, if we ask about particular training [registered manager] will support us to do it."
- Staff completed an induction programme at the start of their employment. This meant staff worked alongside experienced staff until they felt confident and competent to carry out care tasks by themselves.
- There was a programme of staff supervision. Staff said they received support as and when needed and were fully confident to approach the registered manager for additional support at any time.
- A relative told us, "I think the staff are well trained."

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

- Staff prepared meals or reheated meals for people as needed and encouraged people to take fluids to maintain their health and wellbeing. A relative told us, "I leave meals for the staff to reheat and staff are very good at ensuring [person] eats their meal." The registered manager told us food hygiene training was included in the induction training and the care certificate.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people's best interest.
- Staff and management knew people well and could identify when people's needs changed and seek professional advice.

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

- People were supported to access health professionals if requested. We saw evidence of interaction with occupational therapists and other healthcare professionals in people`s care. Information was shared with other agencies if people needed to access other services such as hospitals.

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. We checked whether the service was working within the principles of the MCA.

- At the time of this inspection people who used the service were children and as such MCA does not apply. The registered manager was aware of the current legislation affecting children.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff treated their loved ones with respect. A relative told us, "Staff are kind and caring."
- Staff were able to describe how they provided support to people and promote their dignity. One staff member said, "We always ensure curtains are closed and we cover [person] to maintain their dignity if we are washing them."

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

- Relatives told us staff involved their loved one where possible in making decisions about their care. One relative told us, "[Person] has limited verbal communication but staff know [person] really well and understand their body language and [person] uses objects to show staff what they want."
- Staff told us it was not always possible to involve people in their care. For example, one person staff provide support for is a toddler with limited verbal communication. Staff therefore take their lead from the person's parent.
- One relative told us they did feel staff could improve on communication with the person by using Makaton or PECS cards (Picture exchange communication system).

Ensuring people are well treated and supported; equality and diversity

- The provider recognised people's diverse needs. There was a policy in place that highlighted the importance of treating people equally.
- The provider ensured people's confidentiality was respected. People's care records were kept confidential, electronic records were password protected.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

The provision of accessible information:

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were outlined in care plans, there was a clear information what level of support was required on each of the visits and care plans were current and reflected people's identified needs.
- Staff told us they were investigating flexible working as this would better support some people and their care needs. One staff member told us, "Currently [person] has two main support staff. We know [person] very well. We do need to make sure there are other staff available in case we are unwell or on leave. We would never allow [person] to be without care."
- Staff were involved social engagement. For example, one relative told us, "[Person] loves being outside and the care staff arrive in the morning and [person] immediately wants to go outside. Staff know this and they take them outside to explore and play games."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and the records reflected complaints received by the service were recorded and investigated. People told us they knew how to make a complaint. Relatives told us when they raised concerns these were dealt with. One relative said, "If I have any concerns I immediately contact [registered manager]. They are very good and listen and I feel confident anything serious would be dealt with."
- The registered manager told us, and people confirmed, that checks were made at each quality care visit to ensure that people continued to be satisfied with the care and support provided.
- Records showed the registered manager monitored staff during the monitoring visit to ensure the care provided was the care described in the person's care plan.

End of life care and support

- No people received end of life support at the time of our inspection.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was aware of their duty to inform relatives and stakeholders of accidents and incidents. However, we saw records referring to an incident which should have been notified to CQC. The registered manager sent the notification to us following the inspection.
- Everyone we spoke with told us the service was well managed. People knew who the registered manager was and who they could talk to if they wanted. One relative said, "I was with another company before this one. This is much better. They are smaller and much more able to concentrate on [person]. [Registered manager] will sit and talk if there are any problems, they communicate well."
- Another relative told us, "They took over from a previous company. The care has remained consistent. I have no concerns. I would recommend this service."
- Staff felt valued and listened to. Staff said the registered manager was available if they needed support.
- Staff were enthusiastic about their roles and told us they liked their job. One staff member said, "I really enjoy my job. [Registered manager] always gives praise when we do a good job."

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

- Staff had clear lines of responsibility to effectively manage all aspects of the service.
- The registered manager had a number of quality assurance systems in place. These included, audits of medicines records, care records and spot checks.
- Safeguarding matters and near miss accidents and incidents were used as an opportunity for learning and improving. The registered manager told us of an instance where they had involved external professionals to support a person's safety and wellbeing.

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

- There were opportunities for people and their representatives to share their views about the quality of the service provided via spot checks and quality visits undertaken by the registered manager.
- Staff told us they felt valued and listened to. One staff member told us, "We have supervision and we can raise any issues, or training matters. [Registered manager] does listen and act."

Continuous learning and improving care

- The registered manager showed us how they kept up to date with changes in practice by regularly accessing the CQC website and reading articles pertinent to domiciliary care and social care work.

Working in partnership with others

- We received comments from both the local authority and an independent support organisation. They told us they found the staff and management team at Woodleigh Healthcare Ltd to be helpful. They worked closely with them experiencing good and open communication. This is important where multiple agencies are involved in providing care and support to a person to ensure consistency.