

Woodleigh Healthcare Limited

Woodleigh Healthcare (Leicester Branch)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

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 which 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

Woodleigh Healthcare (Leicester Branch) Limited is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides care to children, younger adults and older people living with mental health needs, including those living with dementia, physical disability, learning disability and autism. At the time of inspection the service was providing personal care support to seven people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support

Staff recruitment process and training promoted safety.

The service had enough trained staff to meet people's needs and keep them safe. Staff were matched with people so that they formed a good relationship which built up trust.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Quality assurance systems were in place to promote people's safety. Systems also ensured staff were supported and their knowledge and skills were kept up to date.

Right Care

Staff were trained for their role and to provide safe care. Staff were trained in how to recognise abuse and protect people from avoidable harm. Staff knew how to report abuse and use the whistle-blowing procedure.

People told us they received care and support from a regular reliable core staff team who were always on time.

Care provided to people was person-centred and promoted people's dignity, privacy and human rights. Potential risks to people's safety were assessed, managed and reviewed regularly. Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication needs. People's care and support was kept under review.

People received their medicines on time and as prescribed.

Right Culture

The registered manager understood their responsibilities and worked in an open and transparent way. People and relatives found the registered manager approachable and were confident to raise concerns or complaints. They said the registered manager always listened to any concerns and acted on them.

Staff turnover was low, which supported people to receive consistent care from staff who knew them well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for the service under the previous address was good (published 13 March 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodleigh Healthcare (Leicester Branch) on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Woodleigh Healthcare (Leicester Branch)

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.

The service is currently not supporting people living in supported living settings.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 25 July 2022 and ended on 2 August 2022. We visited the location office on 26

July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service, four relatives and four health professionals who worked with the service. We spoke with eight members of staff including the registered manager, provider and community support workers. We reviewed a range of records including four people's care records and call times. We looked at three staff files and a variety of records relating to the management of the service and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

- Staff understood their responsibility to report incident and accidents. Accidents and incidents were recorded. However, there was no system to analyse these events to inform action taken needed to prevent incidents reoccurring. The registered manager assured us a system would be put in place to enable them to monitor these events.
- Staff told us and records showed, any identified lessons learned were clearly recorded and communicated to staff. For example, revised care plans or changes in staff approaches. This promoted people's safety.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. People were supported by staff who understood how to keep them safe from harm or abuse. Policies and procedures were in place to ensure appropriate action would be taken. This included informing and the appropriate agencies if any concern to people's safety and welfare were identified.
- People and relatives told us the service provided safe care. A relative said, "[Name] is safe because [they] have the same staff member who [they] know. It's important that [name] has planned routines and activities and staff know this."
- The registered manager and staff understood their role and responsibilities to protect people from abuse and avoidable harm. One staff member said, "Abuse can be many things like shouting, physical harm, sexual, financial and harassment. I've not seen any abuse but if I did, I must report it to the [registered] manager. I would contact CQC (Care Quality Commission) or the Police if nothing was done." Staff knew how to use the whistle-blowing policy to report concerns to external health and social care agencies.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. Care plans provided guidance to staff and included measures in place to reduce potential risks. For example the use of equipment to be used to move people and the best way to support a person who may become anxious.
- Risk assessments and care plans were available to relevant staff and kept up to date. These were reviewed regularly or when staff reported concerns or changes to people's care and safety.
- Staff were trained and competent in meeting people's care and support needs. Only staff who had completed the specialist training provided by health care professionals supported people with specific health care needs such as breathing apparatus.
- Staff knew people well. Staff told us they were aware of individual needs and how to keep people safe. A staff member described the action they would take to keep a young person safe when they experienced distress. Another staff member told us they used picture cards to enable a person to make decisions about

their care and daily choices.

Staffing and recruitment

- There were enough staff deployed to meet people's care needs. People and their relatives were overall satisfied with their care call times. People told us they had regular reliable staff. This promoted continuity of care. A relative said, "We have a small team of carers and they are always punctual. I'm sent a rota in advance so we know which carer will be coming."
- Rotas were planned. People were matched with staff with the skills needed to meet their needs and to build relationships. People who required live-in carers had two regular staff allocated to them providing the care on a rotating basis to ensure continuity of care.
- Staff were recruited safely. Staff records contained all the required information to evidence their suitability to work with people and included a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Recruitment of staff, who were not United Kingdom nationals included all relevant checks such as a police check from the respective country of origin. We discussed good record keeping with the provider and registered manager, as interview responses could not be found in the staff files. The provider assured us the responses were recorded and would be added to the staff files.
- Staff induction and training ensured staff were skilled to promote people's safety. A staff member recently appointed told us about their robust induction, which included working alongside experienced staff and having their competency assessed. Another staff member told us the training provided greater insight and improved their approach and communication to support a person with a learning disability and autism.

Using medicines safely

- Medicines were managed in a safe way. People's needs around medicine were assessed. Some people were supported with medicines by their family members, and where support was needed, the type of support required from staff was documented in the care plan.
- Staff administering medicines received regular training and had their competencies checked to ensure they were fit and able to do so.

Preventing and controlling infection

- An infection prevention and control (IPC) policy was in place. Records confirmed staff were trained in IPC procedures which included COVID-19 best practice guidance.
- There was enough protective personal equipment (PPE). Staff told us they had a good supply of PPE, which included face masks, gloves and aprons. Staff told us they were participating in the COVID-19 testing programme to ensure the risk of COVID-19 transmission was reduced.
- Staff used PPE appropriately. Everyone told us they felt safe with staff who always used PPE and they cleaned and tidied the area used before leaving the house. This helped to reduce the likelihood of contracting and transmitting COVID-19 and other viruses.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 promoted a positive culture. Feedback regarding all aspects of care and support was encouraged. The registered manager was very knowledgeable about people's needs and preferences and worked hard to ensure people's needs were met by staff. People were involved in decisions made in all aspects of their care to promote their safety and independence.
- People were the focus of the service. Staff worked in a very inclusive and person-centred way to promote good outcomes. People had been supported with self-care and everyday living skills and were empowered to live active lives. A relative said, "Initially there were some problems when the package of care started but the management were quick to resolve the issues and the care has been good ever since."
- Staff were committed to providing good quality care for people. A staff member told us, "I've looked after [name] for a long time and love my job. I like to think I make a difference to [their] life and [name] trusts me to look after [them]."

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 notified the CQC and other authorities of events they were legally required to do so. This meant risks identified were shared with relevant agencies.
- The registered manager worked in an open and transparent way in line with their responsibilities under the duty of candour. Records showed the registered manager had communicated the actions taken when a person raised concerns about their care.

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

- The registered manager was open and honest about improvements were required. Steps were being taken to address issues identified. For example, an audit on staff files had been undertaken and plans to move to an electronic call system to monitor staff punctuality were in place.
- The provider had systems to monitor all areas of the service. They included audits to check the quality of care provided, people's care records and spot checks were used to monitor staff practice. Action had been taken when shortfalls had been found.
- Staff knew and understood the provider's values and were able to explain their role to achieve this. Staff gave examples of how they promoted people's quality of life and supported them to achieve their individual goals.

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

- People's care plans were kept up to date. Staff told us any changes to people's care was communicated promptly. This helped to ensure people received the right support.
- The registered manager had regular contact with people and their relatives. This helped to ensure the care and support received remained appropriate. This included ensuring young people were supported with weekly planned activities which they enjoyed doing, and were important to them.
- The provider sought feedback from people and their relatives. This allowed ways to improve the service and the quality of care provided to be identified. Relatives told us they had completed satisfaction surveys. The registered manager told us the responses would be analysed and action would be taken in response to feedback.
- Staff told us the training was good, and they felt supported in their role. Staff received feedback on their performance through regular supervisions and meetings. A staff member said, "This is a small care agency, management are organised, contactable and responsive to make sure staff are supported and people they look after get the best care."

Continuous learning and improving care

- The registered manager welcomed the inspection as an opportunity to improve the service and were responsive. For example, they updated the care plan to ensure the support required at each visit was clearly documented for staff to follow. They assured us a system would be implemented to ensure there was oversight of incident, accidents and concerns so action could be taken to reduce further risks.
- There was a focus on continuous learning by the registered manager and staff to promote good quality care. A professional told us the willingness of staff to train and follow best practice guidance promoted people's quality of life.

Working in partnership with others

- The registered manager had good relationships and worked in partnership with health professionals and other organisations. This helped to ensure people continued to be supported when they moved between services.
- We received positive feedback from health care professionals about the registered manager and the staff team. One health professional told us the registered manager continued to be responsive and worked in partnership to promote good outcomes for a person with complex needs.