United Health Limited

Woodview Care Home

Inspection report

Richmond Park Way
Sheffield
South Yorkshire
S13 8HU

Tel: 01142540843
Website: www.unitedhealth.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Outstanding ☆
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Woodview Care Home is a care service providing accommodation and personalised support for up to nine adults with autistic spectrum conditions, learning disabilities and complex needs. It is based in Sheffield. Every two bedrooms share an en-suite, adapted bathroom. The home has an open plan lounge and dining area. The lounge patio doors lead to a level access patio and sensory garden. People living at Woodview Care Home have access to an on-site hydrotherapy pool.

At the last inspection, the service was rated as Good.

People were unable to tell us about the service because of their complex needs. Relatives told us the service was safe and provided good support for people. Staff said and records confirmed, they were well trained in safeguarding adults and were confident that any concerns would be dealt with by the organisation.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. Risk assessments had been developed to minimise the potential risk of harm to people who stayed at the service. These had been kept under review and were relevant to the care and support people required.

There were enough staff to care for the people they supported. Checks were carried out prior to staff starting work to reduce the risks of unsuitable staff working at the service. Staff received a comprehensive induction into the organisation, and a programme of training to support them in meeting people's needs effectively.

Medicines were managed and administered safely by staff who were appropriately trained and had their competencies checked.

Relatives told us staff were caring and had the right skills and experience to provide the care required. People were supported with dignity and respect and given choices in relation to how they spent their time. Staff encouraged people to be as independent as possible.

People continued to receive good care. People had developed positive relationships with staff who understood their individual routines and preferences, and knew what was important to them. Staff were caring and treated people with respect, kindness and dignity.

Care plans contained information for staff to help them provide personalised care and reflected people's care needs. People and families were involved in reviews of the care provided with staff and other professionals involved in supporting people.

People were supported to eat and drink well and to access healthcare services when required. We observed regular snacks and drinks were provided between meals to ensure people received adequate nutrition and

hydration.

The provider had a system in place to ensure that complaints were recorded and responded to in a timely manner. The registered manager conducted a range of audits to ensure an effective monitoring of the quality and safety of the services. Relatives and staff had regular meetings where they had the opportunity to voice their opinions and have a say in how the service was run.

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 remained Good.	**Good**
Is the service effective? The service remained Outstanding.	**Outstanding** ☆
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Woodview Care Home

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 place on 2 August 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection. The provider also 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. Before our inspection, we reviewed the PIR.

During the inspection, we spoke with a relative and a GP and asked them for their feedback about the service. We spoke with the registered manager and three members of care staff.

We reviewed four people's care records including their medicines administration records. We looked at three staff files including recruitment, training, supervision and duty rotas. We read other records relating to the management of the service that included incident reports, safeguarding concerns, complaints and audits to monitor quality of the service. We checked feedback the service had received relatives and healthcare professionals.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be good.

People remained safe at the service because staff knew how to identify and report concerns about potential abuse. Staff received training and refresher courses in safeguarding adults and followed the provider's procedures to keep people safe. Staff were aware of the provider's whistleblowing procedures and when to alert external agencies such as the local authority or the Care Quality Commission about poor practice. When required, the registered manager reported to the local authority safeguarding team, concerns about a person's welfare to ensure appropriate action was taken to protect them from harm. A relative told us, "They [staff] take risks seriously and always come across as being on the ball."

The risks to each person had been assessed. These included risks associated with their mental and physical health, mobility and the choices they made. The assessments were clear and included instructions for staff on how to minimise risks and keep people safe. New risk assessments had been created when people's needs changed or a new risk was identified. Risk assessments included risks in the event of a foreseeable emergency such as a fire risk. Records showed that personal emergency evacuation plans were available for people living at the service.

There were enough numbers of suitably skilled staff to meet people's needs safely. Staffing levels were determined by assessing people's individual needs and the support they required. Staff told us and records confirmed absences were planned and covered adequately. Records showed that pre-employment checks were carried out to determine that the proposed new staff member was deemed to be of a good character and suitable to work with the people they supported.

People received their medicines in a safe way and as prescribed. Medicines were stored securely and were regularly checked and audited. The staff were trained and their competency at administering medicines was assessed annually. The records of medicines administration and supplies were accurate and clear. We witnessed staff supporting people to take their medicines and they did this appropriately.

The building was maintained in a safe way. The staff carried out checks on health and safety and infection control. Tests and checks by external companies on water, fire, gas and electric safety were up to date and showed that the service and equipment were safe.

Outstanding ☆

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continued to be outstanding.

Relatives told us they had confidence in the entire staff team and considered them to be knowledgeable and skilled. A relative told us, "The staff are just great. This is a service I trust. It speaks volumes that when [person] comes home he is soon asking to come back to Woodview."

Staff also told us about the communication plans in place which person-centred approach made for better care delivery. One staff member told us, "The more detail we have, no matter how small, ensures clarity and a consistency of care that can only benefit the people we care for." Information included how each person communicated, whether this was verbal or non-verbal and detailed the staff role in promoting effective communication.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager and staff were aware of their responsibilities in relation to DoLS and authorisations were in place or had been applied for, for each of the people who used the service.

People's individual dietary requirements and their likes and dislikes were clearly recorded in their care plan and we saw people had nutritional assessments and risk assessments in place. People's nutritional risk assessments were available so staff could follow any specific instructions to meet people's needs.

There was a menu on display that included words and pictures to help people understand the meal choices. We observed the serving of lunch; the meal looked appetising and was clearly enjoyed by people who lived at the home. Most people required assistance with eating their meal and this was provided appropriately by staff to ensure they received sufficient quantities and that they received their meal safely. One person gave us a 'thumbs up' when we asked if they were enjoying their lunch.

Staff received induction training when they were new in post; topics covered included fire safety, infection

control and safeguarding adults from abuse. Staff also shadowed experienced staff as part of their induction training. Staff who had not previously worked within a care setting were required to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers observe. It is the minimum standards that should be covered as part of induction training of new care workers.

Good

Is the service caring?

Our findings

At this inspection we found people enjoyed the same positive interactions with staff as they had during our previous inspection. The rating continues to be good.

Although people were not able to fully share their experiences with us, we observed positive interactions between people and staff throughout the inspection. We observed staff during mealtimes, activities and administering medication. We saw that staff were attentive to the needs of people, and spent time talking with them as well as engaging with family members. We saw staff had a kind, considerate and gentle demeanour. People living at the service had good relationships with the staff. They also shared jokes with people throughout the day. They spoke with people in a fond and familiar way and there was a pleasant atmosphere of warmth and trust.

People's privacy and dignity were respected. The staff knocked on bedroom doors and called people by their preferred names. The staff responded appropriately and discreetly to people's personal care needs. People continued to receive support to enable them to make decisions about their care. Staff understood people's communication needs which helped to ensure they involved them in planning care appropriate for their individual needs. Staff knew what people's verbal communication; gestures and behaviours meant and were able to respond to these to ensure they provided appropriate care.

Care plans we looked at contained information about people's personality and personal history. We saw that people's skills and positive attributes had been observed and documented. People's choices in relation to their daily routines and activities were observed and respected by staff. Staff treated people as individuals and respected their wishes. Staff provided person centred care which reflected these and other needs and we saw that people were treated as individuals.

The privacy and dignity of people within the service was respected by staff. People had their own bedrooms and staff respected people's privacy. We saw that staff knocked on doors and checked with people before entering. Staff made sure to ask the permission of the person before showing us their room.

Good

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be good.

Each person had a varied weekly plan which enabled them to pursue their hobbies and interests, both at the service and in the local community. A relative told us their relation was, "Very happy with the activities provided." During our inspection we saw one person using the facilities in the service to bake cakes. We saw that this activity was well documented in their care plan. The service had a hydrotherapy pool which was well used by people living at Woodview care home. We also saw photographs displayed of a recent stay in the Lake District. The service also had a dedicated vehicle to ensure people had access to the community.

We looked at care records of four people to see if their needs had been assessed and consistently met. They had been developed where possible with each person, family and professionals involved with them, identifying what support they required. Relatives told us they had been consulted about support that was provided before using the service. They told us they regularly spoke with the registered manager and staff to discuss what had gone well and what could be improved. A GP we spoke with said, "The manager and staff are very responsive and work well with our practice."

Care records about each person were descriptive and showed how each person needed to be supported. There were support plans which provided guidance for staff on people's care needs, their health and communication. This meant all staff had access to information about each person's well-being and how to support them in the right way. Care records were person centred and were individualised about each person. There was clear, detailed information in each person's care plan about their communication styles and how they expressed themselves through different behaviours. This included how each person would show if they were happy, upset or in pain.

People were not involved in planning their care because of their limited communication and the complexity of their individual needs and this was outlined in each person's care records. However, relatives felt very involved in the planning and review of people's care. One relative told us, "Communication is very good. Staff ask my opinion and include me in all discussions."

The service had a complaints procedure which was made available to people on their admission to the service. Copies were on view in the service and had been written in an easy read format to enable people who used the service to understand the procedures. In practice people who used the service would rely on a relative or member of staff to advocate on their behalf to use this. Relatives told us they felt confident to raise anything they wished to with the manager. There had been no recorded complaint since our last inspection.

Good

Is the service well-led?

Our findings

At this inspection, we found the service and staff continued to be as well-led as we had found during the previous inspection. The rating continued to be good.

Relatives and staff were positive about the leadership in the home. One relative told us, "If I had any concerns I know I could speak with the manager or any of the staff. They do a great job." One staff member said, "The manager is very approachable and supportive. They get stuck in with the rest of us."

Staff told us the service was well run. They said people who used the service were cared for and the staff who worked there were listened to. They spoke of attending meetings and being able to express their views. The last staff survey had shown staff were positive about the service. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

Staff had formal opportunities to meet with managers at team meetings and one to one meetings. They also demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager was experienced and a qualified nurse. They had worked at the service for a long time. They were, knowledgeable and familiar with the needs of the people they supported. Some staff had delegated roles including medicines management and infection control. Each person took responsibility for their role and had been provided with oversight by the registered manager who was in turn accountable to an operations manager and head of services.

The registered manager carried out a regular programme of audits to assess the quality of the service, and we saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. Regular surveys were sent out to people, relatives and professionals to seek their feedback about the quality and safety of the service.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, specialist nurses, dieticians and best interest assessors.