



Inspection Report on

Woodlee

Buckley

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Description of the service

Woodlee is a residential care home providing short term care for younger adults with learning disabilities; including those with physical and sensory impairments and people who are on the autistic spectrum. Up to three younger adults may be accommodated at any one time and as part of the conditions of registration of the home this includes adults over the age of 64 years who have previously, currently and in the future accessed Woodlee as a younger adult. The home, in a residential area of Buckley, is a purpose built three bedroomed bungalow which is owned by a housing association.

The registered provider is Flintshire County Council; who have appointed a responsible individual (RI) and manager at the service.

Summary of our findings

1. Overall assessment

Relatives we spoke with were positive about the staff team working at Woodlee. We found not all people who use the service had the same access to external opportunities. Evidence suggests people's routines are valued and respected by staff during their visit. The service does not currently offer or promote a Welsh language service.

Pre-admission processes are more robust and continue to improve; further planned improvements will be considered as part of the next inspection. People can not always be confident they will receive proactive, preventative care during their stay. The quality and accuracy of care file documentation differs for people using the service. To ensure people receive the right care at the right time the manager must ensure care file documentation reflects the current needs of people; prior to each stay.

People are able to personalise the environment to ensure it feels homely during their stay. People can not always be confident the home will be maintained to a satisfactory standard. People's confidentiality and privacy is anticipated and respected.

People can not always be confident staff have attended specialist training to enable them to provide appropriate care and support. Staff are generally recruited in a safe way. People benefit from a staff team who overall feel well supported. There are not robust systems in place to review and monitor the quality of the service.

2. Improvements

The following improvements have been made at the home since the last inspection:

- The service has purchased industrial sized washing machines and dryers.
- The staff team have gradually been introduced to working at both the short term care houses which has resulted in a larger pool of staff who are confident and competent

to work at both services. It has been reported that this has been successful and reduced any impact that staff sickness may have on people using the service.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service, these include:

- Regulation 27 visits;
- Care plans and associated documents;
- Environment;
- Language preferences;
- Pre-assessment documentation;
- Specialist training and
- References.

1. Well-being

Summary

People have the opportunity to build positive relationships with a consistent staff team who they relate well with. The service must ensure the decision making process regarding people using their mobility vehicles at the service is reviewed; this will ensure all people using the service have the same opportunities to participate in external activities. There is detailed information available regarding preferred day to day routines; evidence suggests staff respect and value these preferences.

Our findings

People are able to build and maintain positive relationships. We spoke with staff members in person during the inspection and via telephone following the inspection and found a high percentage of staff had worked at the home for many years. We discussed this with the manager who stated the staff team at Woodlee had been stable overall and the use of agency staff had not been required recently; this gives people using the service the opportunity to form positive relationships with staff. Staff we spoke with told us they “loved” their jobs and were “passionate” about supporting people to live the “best” life. Staff rotas are currently organised to ensure staff are familiar working at both Woodlee and another short term care home close by; this process has been gradually introduced. This was discussed at length with the manager who felt in the long term it provided people with greater consistency and continuity of care; because a larger pool of staff will be confident working across both houses and would ensure any staff absences have less impact on people using the service. We spoke with family members who were positive about the support their relatives receive; comments included *“The staff at Woodlee understand my relative well; they are very nice, obliging and helpful”* and *“I am happy with the staff who support my relative and the contact I have with them”*. People experience warmth and belonging from a consistent staff team.

People may not always have the same opportunities to participate in external activities because their mobility vehicles are not available to them during their stay at the service. When we arrived at the home on the day of inspection people had already left to attend their work placements. We reviewed people’s daily diary notes which evidenced there are generally a variety of activities available to people who use the service; we saw entries making reference to the local disco, walks, local shopping trips and in-house activities. We also saw photographs of events arranged by the home such as a summer BBQ and fete; people who use the service throughout the year, and their families, are invited to such events. It was highlighted during a previous inspection that people who used wheelchairs had limited scope and potentially fewer opportunities regarding external activities due to there not being access to a wheelchair accessible vehicle at the home; there have been no improvements in this area since the last inspection. This situation was discussed with the manager who stated it had been confirmed a wheelchair accessible vehicle would not be

purchased for the home; this was also confirmed by the RI in a meeting with families on 10 September 2018. We discussed why people were not able to have access to their own mobility vehicles whilst in short term care and we were informed people's families did not support this. We reviewed minutes from the meeting with families on 10 September 2018 and some families had enquired about their relatives using their own vehicles whilst using the service. We were unable to find any evidence this is something that had been discussed in terms of best interest decision making for people; and in some cases people not being able to utilise their own mobility vehicles in short term care was limiting their opportunities to participate in external activities of their choice. This is something which should be addressed by the service to ensure people's independence and potential for positive outcomes is maximised whilst in short term care. Evidence suggests people have some opportunities to participate in activities; however, the service should take a lead in addressing the decision making process around the use of people's mobility vehicles whilst they are in short term care to ensure decisions are made in their best interest.

People's day to day routines within the home are valued and respected. We reviewed "short term care service plans" for four people during the inspection and found they contained detailed information regarding people's individual routines, including: "this is a plan of my week", "routines that are important to me" and "my personal care needs". These included detailed breakdowns of people's preferences in terms of routine, approach by staff and communication styles required by staff. We discussed some people's routines and communication preferences with staff and found they knew them well. We also found people's daily diary notes reflected their preferences in terms of routine. Relatives we spoke with were satisfied their relatives' preferences in terms of routine were respected, comments included "*The staff are very responsive to my relative's needs, and know them well*" and "*There was a very thorough transition phase to ensure they got my relative's routines right*". Staff's approach to mealtimes is required to be flexible due to people's likes and dislikes being different. It was evident people had a choice at mealtimes and individual preferences in terms of mealtime choices and routines were respected; staff and relatives confirmed this and daily diary entries supported it. We found some people had very specific preferred foods and this was documented in detail in their care files; some staff felt care planning around mealtime routines could be improved by using photographs and they stated they had highlighted this to the management. People can be confident attention is given to their preferences in terms of their day to day routine, likes and dislikes.

There are limitations with regards to providing a service to people in Welsh. People's preferences in terms of their preferred language are not always documented; however, the manager informed us there were not currently any people using the service whose first language was Welsh. There was one member of staff currently working at the service who could speak fluent Welsh. We saw that Welsh language ability was something that was asked about during recruitment; the manager stated staff were offered the opportunity to learn Welsh. The service had a Welsh language policy and a Welsh language coordinator; who we were told can translate any documents into Welsh if they were requested. The manager stated people are made aware of the limitations in terms of language preferences

prior to them making a decision about using the service; although we saw no evidence of this. The service does not currently offer or promote a Welsh language service; the manager must ensure people's preferences in terms of language preferences are sought and documented.

2. Care and Support

Summary

The pre-admission assessment process has improved; people who are assessed in the future will benefit from the more robust system. People can not be confident their health needs will be fully understood when they arrive for each visit and therefore they may not always receive care that prevents further deterioration. Care file documentation is improving, particularly for those people who have recently started using the service; however, it does not always reflect the current needs of people and therefore does not support staff to provide the right care at the right time.

Our findings

Preadmission processes are improving within the service. We reviewed four people's care plans during the inspection and did not find pre-admission assessment documentation in any of them. We discussed this with the manager who informed us some of the people had been using the service for a long time; pre-admission assessment notes for one person were made available to us. We discussed the use of pre-admission assessment documentation and received a blank copy of an assessment document which the manager stated they will be using in the future. We discussed the preadmission process for people who had been assessed more recently for the service and found it to be robust; the management had met with the external care team and family, all external assessments had been used to underpin the person's care plan and risk assessments and staff had shadowed other staff who were currently supporting the person. The person's relative was satisfied with the pre-admission process and described it as "thorough"; it was evident the robust way in which this person's admission was approached had resulted in positive outcomes for them. Other relatives we spoke with felt fully involved with the implementation of people's care plan documentation. This improvement was discussed with the manager who stated this will be the approach now taken in regard to pre-admission assessments and processes; and the process was currently being undertaken for two other people. People being assessed for the service in the future will benefit from a much improved pre-admission assessment process; this process will be further improved with the introduction of appropriate pre-admission assessment documentation. The implementation of this documentation, and its success, will be considered as part of the next inspection.

People's health needs are not always fully understood. We found there was a pre-visit call checklist which had a list of questions for staff to ask when they rang people's family prior to their stay at the home. The purpose of the pre-visit calls was to ascertain if people's needs had changed since their last visit. We were told pre-visit call information was now recorded in people's daily diary notes; previously it was recorded on a separate sheet. We were unable to evidence pre-visit calls were always completed from reviewing documentation, or that staff were asking the required questions from the checklist. However, families

confirmed they “generally” had a phone call from the home prior to their relative’s stay. We found people’s health needs were not always fully understood when they arrived for their visit and the home were unable to evidence professional guidelines were always followed. For example, we found for one person their relative had rang the home to inform them the person had a pressure ulcer; this phone call took place after the person had arrived for their stay. The home contacted the district nurse who advised two hourly repositioning; we could not find any evidence these guidelines had been followed by the home and repositioning charts were not in use at the home. The district nurse had completed a maelor score pressure sore risk assessment for the person which identified them as being at high risk of pressure sore development. A management plan should have been put in place and evaluated by the home to ensure they could meet the person’s needs in this area during their stay; and to ensure staff were aware of daily assessments required for high risk service users. The person’s service delivery plan had been reviewed since this visit but did not reflect the person’s high care needs in this area; there was no risk assessment in place specific to this need. The home provides a service to people with very complex health needs. In order to keep people safe they must be fully aware of the person’s current needs, and how they are going to provide care and support to meet those needs, before people arrive for their stay. We found another person with complex health needs arrived with a folder which contained paperwork to monitor their health needs. We asked for copies of this paperwork to evidence how the home met the person’s needs during their stay; we were informed due to the home not having a photocopier copies were not kept. We discussed the lack of documentation to evidence how the home are providing care and support in line with people’s current needs during their stay; the manager agreed to address this with the introduction of new documentation such as repositioning charts. People can not be confident they will always receive proactive, preventative care during their stay.

Care files do not always accurately reflect people’s care and support requirements and any risks associated with these needs. We found not all care file documentation was being reviewed at regular intervals, for example, one person’s service delivery plan was dated November 2016 and had been stamped with a “received” stamp on 2 March 2018 with no changes made or any comments as to why the care and support was still appropriate for the person. This was discussed with the manager who stated it had been fully reviewed but no changes were required. We were also told service delivery plans were usually reviewed annually if this is not required earlier. We discussed a more pro-active approach to reviewing people’s needs with the manager; this would ensure care files of those people who have been using the service for a long time are still current, accurate and incorporate any deterioration in health. It would also highlight any changes in need where staff may need further training; such as pressure sore management. We found in some files information was contradictory to the care and support being provided; which is a concern as new staff should be able to get a clear picture of a person’s needs from their care file documentation. The manager has recently introduced a new risk assessment tool which highlights where the areas of risk are; and enables full and specific risk assessments to be formulated. We saw this new, robust documentation in some files; however, the risk assessments in other files were generic and out of date. The management had already

highlighted that all risk assessments in files needed reviewing and we discussed the need for this piece of work to be completed as a matter of urgency to protect people from harm. For example, we found one person was at risk of choking for several reasons; however, they had a choking risk assessment that was not specific to their needs and did not incorporate relevant information for staff to protect the person. Staff we spoke with felt documentation within care files could be more in depth to help them provide care and support in line with people's individual needs. We found during the inspection care files ranged considerably in terms of the quality and accuracy of information they contained; the manager was aware of this and it was something which was currently being addressed. Although there has been an improvement in some of the care file documentation, the manager must complete all files to the same standard to ensure people receive the right care at the right time and are protected from harm. People's needs must also be reviewed prior to each stay and if their needs have changed documentation must be updated to reflect this so staff are aware of how to provide care and support in a way which protects people from further deterioration.

3. Environment

Summary

People benefit from staying in a clean environment which they are able to personalise during their stay. We found that both staff and people using the service had reported issues with the environment and it was evident this had impacted on some people's stay; these issues must be addressed by the organisation to ensure the building is fit for purpose. People's information is stored confidentially.

Our findings

People are cared for in a clean and homely environment. When we arrived at Woodlee there was one member of staff on duty; people had already left to attend work placements. We observed the home to be clean and the member of staff had been allocated time to clean the home further before finishing their shift. There were photographs of the staff who work in the home on the wall in the hall and there were photographs of people who use the service participating in activities on the walls around the home. The rooms in the home evidenced that people could bring their belongings from home with them and were decorated to a satisfactory standard. The communal areas of the home also had a homely feel; there was ample, appropriate furniture in these areas for people to utilise during their stay. The layout of the communal areas promoted accessibility and engagement opportunities. There is an enclosed outside area with outside furniture; the garden is accessible from patio doors in the dining area. People benefit from a welcoming environment which they are able to personalise during their stay.

The home is not always maintained to a satisfactory standard. We found there were plans in place to redecorate the home and for the bathroom to be refurbished, to include modern equipment to support the needs of the people using the service. The home had recently purchased an industrial washing machine and tumble dryer for people to use during their stay at the home. During the inspection, all hoists and equipment were being serviced; there were no recommendations following this service and all equipment was found to be in satisfactory condition. However, we saw that documentation evidenced hoists had previously been serviced in April 2016. Lifting operations and lifting equipment regulations (LOLER) state equipment used for lifting people should have a thorough examination every six months by a competent person.

Regular testing and servicing of fire equipment such as extinguishers, alarms and emergency lighting was evident and the most recent external fire safety audit was satisfactory. We found the home was carrying out their own internal checks on the fire alarm, fire doors, fire panel, fire extinguishers and emergency lighting. A fire risk assessment had been undertaken and there were personal emergency evacuation plans (PEEP) available for all people using the service; there was evidence these were reviewed regularly by the manager. Relevant legionella checks were being completed to reduce the

risk of exposure. We found that regular checks of the house highlighted maintenance issues which needed addressing; a member of staff had signed the documentation when issues had been addressed. We saw on one of the checks a staff member had highlighted the thermostat wasn't working on the heating and it was either hot or cold. There was no signature to say this had been addressed and it was discussed with the manager and other staff. We were told there is a problem with the heating but several heating engineers have been out and could not fix it. We found this issue had been raised by people using the service also. It is a concern people are uncomfortable at times in the service due to the heating being faulty; this must be addressed immediately by the service. At the last inspection it was highlighted windows did not have window restrictors on them; we found at this inspection they had been fitted. In parts the home is well maintained; however, issues with the heating must be addressed to ensure people are comfortable during their stay.

The need for confidentiality and privacy is anticipated. When we arrived at the home we had to ring the front door bell prior to gaining entry and therefore people were safe from unauthorised visitors entering the building. We were asked to show our identification and sign the visitor's book at the home. We found confidential information regarding people using the service and employees was stored securely in an office area. Since the last inspection locks had been fitted to the bedroom doors to give people privacy in their rooms during their stay. People's privacy is respected and personal information is stored securely.

4. Leadership and Management

Summary

People are supported by staff who have attended a wide range of required training; however, attendance at specialist training requires improvement. Staff are generally recruited following safe recruitment practices and this was evidenced from the review of three staff files. Staff receive regular supervision and appraisal; staff we spoke with confirmed this and reported they generally felt well supported by management. There are some systems in place to assess and review the quality of the service provided. We found improvements were required in terms of the visits being made on behalf of the registered provider in accordance with regulation 27. At this inspection, we found that although there had been some efforts made to improve documentation, visits were still not being carried out within the required timeframes.

Our findings

Staff attend required training and refreshers within satisfactory timeframes. All new starters are required to complete the home's four week induction and an induction into the organisation; staff we spoke with confirmed this. Staff's progress in their job roles is also monitored through a probationary period and discussed at six, twelve and twenty weeks after employment at the home. We found agency staff were also inducted into the home; however, agency staff had not been used in the month leading up to the inspection. All of the staff we spoke with during the inspection, and 73% of all staff working in the home, had achieved at least qualifications and credit framework (QCF) level 2 in health and social care. The remaining staff were either working towards achieving the qualification or had recently been appointed to their roles. The training matrix evidenced staff had received a range of required training such as: safeguarding, medication, first aid, food hygiene, moving and positioning and fire safety. Some staff had received specialist training in subjects relevant to their roles such as: autism and Makaton (communication aid) but not all staff; some staff attendance on specialist courses dated back to 2012. We found only two staff had attended tissue viability training despite people using the service having complex needs in this area. We found at times the service had reacted to incidents involving people's care and requested training after; we discussed a more proactive approach to specialist staff training with the manager to avoid incidents in the future. As staff were already providing care and support to people with autism, and the manager currently assessing the possibility of more people with autism accessing the service, staff attendance on training in this area is required to minimise the risk of future incidents. Staff have access to a wide range of required training; however, specialist training could be sourced more proactively to ensure staff have the skills and knowledge to support people with their complex needs during their stay.

People generally benefit from safe recruitment practices. We reviewed three staff files during the inspection and found in-depth application forms were completed by prospective employees which outlines previous employment, and associated referees. We found Disclosure and Barring Service (DBS) checks were evident for all the staff files we reviewed and two references had been sought; one pertaining to the previous employment. There was no evidence in the files we reviewed the responsible person had, as far as reasonably practicable, verified the reasons for staff leaving previous employment where duties included working with vulnerable adults. We found prospective employees' Welsh language ability and their commitment to learning the language was determined by the home. It was evident from reviewing the staff files that sickness and absence was monitored both internally at the home and on the organisation's wider system. Overall, people benefit from being supported by staff who have been recruited in a way that protects their safety.

We found staff receive regular supervision and appraisal. We reviewed three staff files and the supervision matrix which evidenced staff were receiving both regular supervisions and annual appraisals; staff we spoke with confirmed this. We reviewed minutes from team meetings which evidenced regular, in depth discussions between the staff team with good attendance. Staff we spoke with reported they generally felt supported by the management and felt they "always" had the opportunity to contribute ideas and suggestions. We reviewed a diary which aimed to tell staff where the manager and assistant manager would be for them to contact them; this was not consistently filled in by the management team. However, staff told us they were aware of the on call arrangements and could always get in touch with someone from the management team if they needed to. Overall, people benefit from a staff team who are, and feel, supported by the management team.

There are some systems in place to monitor the quality of the service people receive. We received a quality assurance report dated July 2017 which was based on questionnaires sent out to people using the service, staff, relatives and visiting professionals of the service. Feedback from people using the service was overall positive; any issues which were highlighted were addressed in an action plan. We found during the inspection that issues had been addressed, for example the bathroom is due to be refurbished to ensure it is user friendly for all people using the service. Feedback from staff was very positive and supported the fact staff felt supported by management and communication is good. The quality assurance report also highlighted how issues raised during the 2016 quality assurance process had been addressed. A pictorial feedback form had also been introduced for people using the service to continually be able to give their feedback throughout the year. We reviewed minutes from a meeting arranged for families to attend to be kept up to date with any changes within the organisation, and for them to have the opportunity to give their own feedback on the service provided. There were actions documented in these minutes addressing any issues raised by relatives during the meeting. We found audits were taking place on some completed documentation such as medication administration records (MAR); however, this was written in the manager's diary and audit documentation was not completed. We did find evidence the manager had brought up any issues found with documentation during the audit process in team meetings with staff.

People's relatives and staff we spoke with during the inspection were aware of how to raise concerns and returned questionnaires supported this; we found all documented complaints had been addressed in line with the organisation's complaints procedure.

During the last inspection it was found improvements were required in relation to visits on behalf of the registered provider in order to fully meet the legal requirement. We requested copies of reports following visits, in accordance with regulation 27, at this inspection. We received a report which stated the visiting officer had visited the service on 28 February and 12 March 2018; there had been no visits or reports produced since. We found large parts of the document had not been completed by the visiting officer and, although there was an action plan attached to the report, there was no further documentation to indicate the actions had been addressed. We found during the inspection that some of the issues raised during the visit were still ongoing in the service, such as reviewing care plans and risk assessments. The visiting officer had also not gained feedback from people using the service, staff or visiting professionals during the visit. We found during the inspection several issues raised during the last inspection were still ongoing; we felt this was due to a lack of oversight through regular visits in accordance with regulation 27. We spoke with the recently appointed responsible individual (RI) for the service following the inspection who informed us a new format for the visits had been formulated and we were provided with a copy via email. We reviewed a completed report for another site within the organisation and found it to be more in depth; however, the visiting officer must consider any complaints the home has received and whether they were addressed in line with the organisation's complaints policy. The service are not currently monitoring quality in line with their own statement of purpose which states the RI will oversee the quality, safety and effectiveness of the service using various methods such as site visits, quarterly reports and monitoring and analysis of complaints. We advised the provider that improvements are required in this area in order to fully meet the legal requirements. A notice has not been issued on this occasion as there was no immediate or significant adverse impact for people using the service and the RI has assured us that there are now new processes in place to address this issue. People can not always currently be confident there are robust systems in place to review the quality of the service; however, we received assurances that this will be addressed immediately. Improvements in this area will be considered as part of the next inspection.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At the previous inspection, we found that improvements were required in relation to the visits made on behalf of the registered provider (Regulation 27). At this inspection we found that improvements are still required in order to fully meet the legal requirements; we have not issued a notice as there was no immediate or significant impact for people using the service and the RI gave us assurances the issue was being addressed and provided new and improved documentation for the visit reports.

5.2 Recommendations for improvement

We recommend the following areas of improvement:

- Care plan documentation must reflect the current, individual needs of the person when they arrive for the stay. The service must have the relevant documentation in place to document how they are meeting people's needs throughout their stay.
- The responsible person must ensure the environment is maintained to a satisfactory standard; particularly in terms of getting the heating fixed. This is an issue that has been raised by both people using the service and staff which has not been addressed appropriately.
- The manager must ensure people's language preferences are sought, documented and respected.
- The manager must ensure the new pre-assessment documentation is implemented.
- Staff must receive specialist training in a pro-active way, prior to supporting people with complex, specialist needs.
- The responsible person must, as far as reasonably practicable, verify the reasons for staff leaving previous employment where duties included working with vulnerable adults.

6. How we undertook this inspection

We carried out a full, unannounced inspection at the home on the 13 September 2018 between the hours of 08:45 and 17:15.

The following methods were used:

- In person we spoke with two staff on duty, the manager and the assistant manager.
- Following the inspection we spoke with two relatives, two staff members and the RI by telephone.
- We issued questionnaires to the service to give people receiving a service, relatives, staff and visiting professionals an opportunity to provide feedback.
- We looked at a range of records. We focussed on three care plans and associated documents, three staff files, training records, minutes from various meetings, some policies and procedures, the quality assurance report, the statement of purpose and various health and safety documents.
- We looked at the communal areas of the home and a sample of bedrooms.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Flintshire County Council
Registered Manager(s)	Melissa Buckwell
Registered maximum number of places	3
Date of previous Care Inspectorate Wales inspection	02/11/2017
Dates of this Inspection visit(s)	13/09/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service is not currently working towards offering the "Active Offer" of the Welsh language.
Additional Information: The service does not currently offer or promote a Welsh language service. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use, their service. We recommend that the service provider considers Welsh Government's <i>'More Than Just Words follow on strategic guidance for Welsh language in social care'</i>.	