

Mrs Rachel Claire Innes Fairbairn

Woodmancote Manor

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

Woodmancote Manor is a residential care home for two people. At the time of the inspection there were two people with learning disabilities living at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Staff focused on the care needs of each individual and knew people's individual communication skills, abilities and preferences. We observed that the staff approach was caring and kind. They talked to people with dignity and respect and supported people to make decisions about their life and day to day needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People had detailed care plans which reflected their abilities and support requirements. People's risks had been assessed and were being monitored. Referrals to health care professionals had been made appropriately when additional support was needed and their medicines were managed and administered safely. People were provided with opportunities to maintain their interests and hobbies and live an enriched life. People's views were encouraged and valued. Staff acted promptly when concerns were raised.

There were sufficient numbers of skilled and trained staff to meet people's health and welfare needs. Staff felt supported by the registered and assistant manager. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Woodmancote Manor

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 comprehensive inspection took place on 10 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for adults who are often out during the day. We needed to be sure that they would be in.

The inspection was carried out by one inspector. This service was last inspected on 12 November 2015. We requested and reviewed a Provider Information Return (PIR) prior to this inspection. 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. We also reviewed the information we held about the service, which included notifications about important events which the service is required to send us by law.

We looked around the home and talked with one staff member, the assistant manager and the registered manager. We spoke with one person and observed how staff interacted with the people who lived in the home

We looked at the care records of two people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including quality assurance reports.

Is the service safe?

Our findings

People told us they felt safe living at Woodmancote Manor. Staff told us they had received safeguarding training and were aware of the different types of abuse. They were aware of their responsibilities to keep people safe from the risk of abuse or harm. Staff knew where to report any suspicions of abuse and how to whistle blow if they had any concerns about the quality of care being provided. The provider's policies on safeguarding vulnerable adults and children gave staff guidance and where to report any concerns.

People's individual health and well-being risks had been identified, assessed and were being managed in accordance to their needs. Recorded guidance was in place to direct staff on how to support people to manage their risks in relation to their activities in the community and in the home. There were no records of any incidents or accidents occurring since our last inspection. The registered manager had a transparent and proactive approach and was keen to take action to improve the service being provided when concerns or near misses had occurred. Staff and the registered manager were aware of their requirement to report and log any incidents and report any serious and notifiable injuries to CQC.

There were sufficient numbers of staff made available to ensure people remained safe at all times and were supported with activities in the community. The registered manager told us that staff support and availability was flexible and planned around people's needs, activities and their health care appointments. During our inspection we found staff and the registered manager were visible and at hand to support people as needed.

People were supported by an established staffing team. No new staff had been recruited since our last inspection. The registered manager was aware of safe recruitment practices and was updating their recruitment policy and systems to ensure they would be compliant with the regulations associated with employment of people to carry out the regulated activity.

Medicines were managed and administered to people as prescribed. There was a clear system of ordering, checking and storing people's medicines safely. People's medicine records administrations had been completed accurately. Staff had completed training on the safe handling of medicines and their competencies to administer medicines were checked annually to ensure their practices were safe. Regular audits were undertaken by the managers of the home to check on the management of people's medicines.

The home was clean and hygienic. Staff were required to support people with household activities and carry out additional housekeeping duties to ensure that the home remained consistently clean. Staff took appropriate actions when spills and accidents occurred to ensure people remained safe. Staff had access to protective personal equipment such as disposal gloves and aprons to reduce the risk of spread of infection. Regular checks were carried out to ensure the building and equipment associated with people's care were maintained and serviced.

Is the service effective?

Our findings

People were supported and encouraged to consent to their care and treatment. For example, people's care plans stated that staff should continually support them to make decisions about their care and daily activities. It was evident from our time with people and staff that staff respected people's decision about their care. For example, we heard staff providing people with options about their lunch and how they wished to spend the afternoon.

Where required, we were told that people's mental capacity to make significant and important decisions about their care and treatment would be assessed and any best interest decisions would be recorded ensuring the person's views and beliefs would be considered. In the past, an advocate had been made available to help people make important decisions about their care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied to the local authority to deprive people of their liberty as they were continually being supervised. We were told that the registered manager was waiting for the outcome of their assessment. However staff were aware of their responsibility to support people in the least restrictive way to ensure people's human rights were not unnecessarily breached.

The people who lived at Woodmancote Manor had lived in the home since their childhood. Their support requirements had been continuously and holistically assessed throughout their life and adjusted according to their personalised needs. The registered manager kept themselves up to date with current practices to ensure people received effective and personalised care. People were treated as equals and they were given every opportunity to make decisions about their life and live a fulfilled life which was free from discrimination.

People were being supported by staff who had the opportunity to maintain their skills and knowledge. Staff were positive about the training they received and felt trained to carry out their roles and meet the needs of people. Staff knowledge and competencies were discussed and reflected on during their supervision (individual professional development) meetings. They received regular supervisions and yearly reviews of their professional performance to ensure their skills and knowledge were maintained. Staff told us they felt well supported by the registered manager and their colleagues and had opportunities to discuss any concerns and develop their skills.

People were supported to maintain a healthy diet and were involved in making decisions about their meals and drinks. They told us they liked the meals provided and were able to make choices about what they had to eat. We were told meals were planned a week in advance with people but this could be changed at any time depending on people's preferences on the day. Staff supported people to attend a slimming club in the local community and maintain a healthy low fat diet at home.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. From discussion with people and staff, it was evident that people were supported to maintain a healthy life such as attending regular appointments with the optician and dentist. Staff supported people to understand information about their care and any additional treatment that they required. Each person had a health care plan which provided other healthcare professionals with information about their medical history, personal backgrounds and current medicines.

Is the service caring?

Our findings

Woodmancote Manor provided people with a home which was warm, friendly and homely. People were supported by carers who were kind and passionate about supporting people to have a good quality of life and were familiar with their needs.

People had developed a positive and open relationship with staff. People were complimentary about the staff who supported them. One person said, "I like it here. I don't want to move. I am part of a big family." Throughout our inspection, we observed and heard a lot of kind interactions between people and staff. Staff spoke to people in a compassionate and respectful manner. People were relaxed in the presence of staff and approached them to ask for advice or enquire about the day's activities.

People freely moved around the home and garden. They told us they had been involved in decisions about the decoration of their bedroom. The home was full of memorabilia and personal items which were familiar to them as they had lived in the home for many years.

Prior to our visit, the registered manager had informed the people who lived at Woodmancote Manor about the purpose of our visit and asked them if they would like to speak to us and show us around the home and garden. On the day of the inspection, one person showed us their bedroom and the outside space. They spoke confidently about the plants in the garden and showed us their stone carvings that they had created which were being displayed in the garden. The registered and assistant managers and people enjoyed maintaining a small vegetable garden and animals (pigmy goats, ducks and chickens). The registered manager explained that the garden and animals were important and helped to relax people when they became upset or agitated.

Staff knew people well. They were knowledgeable about people's individual social and communication needs. They gave people the time to express their feeling and views. Staff treated people with dignity and respect at all times. Staff told us how they respected people's privacy when supporting them with their personal hygiene needs. They gave people the choice to have support if they required it. When people became anxious, staff provided them with reassurance and support in a dignified manner. They were able to predict people's emotions and behaviours due to our presence in their home and support them appropriately

Staff and the managers understood their responsibility to support people to have the right to a private and family life and be free from discrimination. Staff had supported people to understand their own ethnic background and have given them opportunities to explore their culture and keep in contact with their foster and biological families.

Where needed, information was made accessible to people and staff supported people to understand information by using pictures and using plain language such as the need for health intervention.

Is the service responsive?

Our findings

People were supported by a service which was responsive to their needs. The support provided by staff was person centred and focused on their individual care and support requirements. Each person had a care plan which provided staff with the information they required to support people with their needs including their personal care needs and emotional well-being. Information about their backgrounds and the people who were important to them were documented. People's preferences, likes and dislikes were recorded such as their preferred routines and how they liked to be supported.

The registered manager explained that it was important that all the staff remained consistent in their approach as people became upset if their routine was changed. Staff were knowledgeable about people's preferences and the approach they should take to manage people's expectations and how to support people with unexpected changes in their plans. Handovers took place between each shift to ensure staff were aware of any changes to people's care needs and to ensure a consistent approach.

People had had the opportunities to participate in a range of opportunities both in the home and in the community. They had been supported to maintain hobbies and interests and were involved in local events and clubs. We were told staff had supported people to change activities when required. At the time of inspection people were enjoying cooking, shopping, slimming club and stone carving.

People told us that staff provided them with the care and support that they needed and were confident that staff would assist them if their needs changed or had any concerns about the care being provided. People's day to day concerns were dealt with daily or discussed at the house meetings. The registered manager explained that people also had several opportunities to speak to other health care professionals if they were unhappy about the service being delivered.

Since our last inspection, no formal complaints had been made to the registered manager. We were told that any complaints would be logged and investigated in line with the provider's complaints policy.

No-one at the home was receiving end of life care. However the registered manager explained that they had plans to slowly and informatively speak to people individually about their end of life care and wishes and document their views. They explained that this would be sensitively discussed with people and done at their pace to ensure they fully understood the importance of capturing their views in relation to their end of life care.

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The values and the culture of the home was evident from the staff approach and homes environment. The registered manager led by example and supported staff to ensure people were at the heart of the service being provided at all times. The service had a positive culture that supported people to develop personally in their well-being. The registered manager explained the historic background and the actions that had been taken to ensure that the two people remained living at Woodmancote Manor. They clearly knew the people well and understood people's physical and emotional needs. However, they were also aware of their responsibility to run a home which was safe, effective and well-led and ensure they met the regulatory requirements.

We found the management team to be open and transparent. They told us they had an open door policy and were happy for people, their family members, staff, commissioners and other significant people to contact them and discuss any concerns.

Both the registered manager and assistant manager were involved in the delivery of care to people and worked alongside staff on some shifts which allowed them to observe the care and support that was provided. Staff praised the support of both the managers. One staff member said, "This is a lovely place to work. We are very well supported and trained and can always ask anything if we are unsure."

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the home. Regular internal quality audits of the service being provided had identified gaps and actions had been taken. The registered manager proactively sought the views of people and staff and took actions to improve their experiences. They explained that they kept themselves up to date with changes in the health and social care sector by subscribing to relevant websites and newsletters. They told us they were aware of the guidance around accessible information standards and changes in the data protection law.