

Relativeto Limited

Woodrow House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

Summary of findings

Overall summary

About the service

Woodrow House is a residential care home providing personal care to 7 people with learning disabilities and/or autistic spectrum disorder at the time of the inspection. The service can support up to 9 people.

Woodrow House accommodates 7 people in one adapted building. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. People were happy living in the home and felt safe. Risks were well managed. Medicines were managed safely, and staff worked with other healthcare professionals to meet people's needs.

Transitions into Woodrow House were meticulously planned and progressed at a pace to suit each person. People received highly detailed and individualised communication plans to support their decision making. This ensured they had access to appropriate information in a format they could understand. 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 received personalised care and support specific to their needs and preferences. There was an excellent understanding of seeing each person as an individual, with their own social and cultural diversity, values and beliefs. Staff received training in equality and diversity to ensure the key values of kindness, respect, compassion, dignity in care and empowerment were present in people's day to day care.

Staff worked in a highly person-centred way to find innovative and individual approaches to meet people's communication needs. People were enabled to communicate in ways which were meaningful for them. Staff engaged with people effectively and worked consistently to remove barriers to communication. There was a collaborative approach to activities which meant all staff were involved in ensuring people participated in activities of their choice. Staff demonstrated passion and commitment to helping people achieve their goals and realise their aspirations.

Staff received outstanding support from the management team both at a professional and personal level. Staff had completed high quality training that ensured they were confident and competent at delivering person centred care. Staff were encouraged and supported to develop their skills and follow a career progression within the service. The provider ensured their practices were in line with current good practice, guidance and legislation. There was a focus on continuous development.

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

Rating at last inspection

This service was registered with us on 10/01/2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Woodrow House

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Woodrow House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

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.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch Stockport to see if they held any information. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We met or spoke with all seven people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, unit manager, deputy manager, senior care workers and care workers. We also spoke with a speech and language therapist, an assistant psychologist and an occupational therapist.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at a variety of records relating to the management of the service, including policies and procedures, audits and quality systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and communication tools. We also spoke with relative to explore their experience of the care at Woodrow House.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- People told us they received safe care and had no concerns about their safety. One person said, "There are plenty of people around which makes me feel safe."

Assessing risk, safety monitoring and management

- The service managed risk through effective procedures. Care plans confirmed a person-centred risk-taking culture was in place to ensure people were supported to take risks and promote their own self development.
- Each person had a risk assessment and risk was managed and addressed to ensure people were safe. Staff kept these under review and updated where required to ensure staff had access to information to support people safely.
- Personal emergency evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff understood their role and were clear about the procedures to be followed for people needing to be evacuated from the building.

Using medicines safely

- Medicines were managed safely and people received their medicines when they should.
- People were supported to administer their own medicines where possible. Systems were in place to ensure self-administration was monitored and reviewed.
- We observed medicines being administered at lunch time and saw good practice was followed. People were sensitively assisted as required and medicines were signed for after they had been administered.
- The management team conducted regular audits of medicines to ensure any concerns were identified and addressed.

Learning lessons when things go wrong

- The service had effective infection control procedures. Staff had access to and used protective personal equipment such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection during the delivery of personal care.
- Staff received infection control and food hygiene training and understood their roles and responsibilities in relation to these areas.
- The management team completed regular audits to ensure hygiene standards were maintained.

Staffing and recruitment

- The provider ensured suitable staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way. People told us staff were available when they needed them.
- Staff were visible to people in their care and provided support and attention people required.
- Staff had been subject to appropriate checks when the service recruited them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People accessed support from the 'reducing restrictive practice champion' who had oversight of all restrictions and promoted best practice. One person told us, "At my last placement I had eight locked doors between me and the outside world. But at Woodrow House, I am free!"
- People were not unduly restricted at Woodrow House. Restrictions were clearly justified and documented. Decisions made in people's best interests included input from the person and their relatives where appropriate. The viewpoints of health and social care professionals were explored and documented in detail. This demonstrated the providers commitment to reducing restrictions.
- People were assessed by resident therapists and information was presented to them in an understandable format. Care files contained highly detailed information relating to reasonable adjustments to consider each person's capacity and were decision specific. For example, one person had been able to express their decision using a talking mat aid. Another person had a pictorial script depicting their possible options to help them make the best choice for them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People told us their transition to Woodrow House was very person-centred and took place over a time frame that suited them. The service collaborated with many health and social care professionals to gather information and devise considerate and proactive plans to give people the best possible introduction.
- People moving to Woodrow House were supported by a transition specialist. Person-centred action plans

were carefully constructed to support people's moves; many of whom moved to Stockport from different parts of the country. For example, one person initially brought staff with them from their previous placement who were familiar to them. This greatly reduced the stressful impact of the move and resulted in fewer than expected behavioural incidents.

- Staff at Woodrow House worked together diligently to follow a script developed to support one person's transition. This ensured staff delivered a consistent message to provide a positive moving experience. The person faced less emotional stress directly as a result of this sensitive and controlled approach.

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

- The resident speech and language therapist developed bespoke health care information in easy read format so people could be empowered to understand their own health needs.
- People were supported with their mental health and wellbeing by a resident assistant psychologist and psychiatrist. The assistant psychologist told us, "Being on site several days a week means we can work as a team to review people's care and offer a rapid response to incidents which people might be waiting a substantial amount of time for appointments in other settings."
- The resident occupational therapist designed individualised guidance and set targets to encourage people to receive treatment and take care of their own needs independently. One person had recently started to accept support from staff in one area of health care when they had previously refused support.

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

- People were encouraged to eat healthily. Staff respected people's personal choices and considered positive risk taking. People had individualised meal plans presented in a understandable format to maximise insight into their food choices.
- People were encouraged to go food shopping and prepare their own meals where this was possible.

Adapting service, design, decoration to meet people's needs

- People had their own apartments and allocated staff members. People had personalised their living spaces. One person told us "I painted my apartment with staff, I picked all the colours. They are my favourite." Shared lounges and kitchens allowed people to tap into communal events when they wanted to.
- People were afforded access to areas of the building dependent on their needs. The service were keen to ensure that people had appropriate access to the facilities in a controlled way to keep the person and others safe. One person had their own fob and could come and go as they liked. Other people required staff to accompany them around the building.

Staff support: induction, training, skills and experience

- People benefitted from highly skilled staff who had an in-depth understanding of learning disability/autism and managing behaviours. Staff successfully managed people's anxiety with a personalised approach that recognised their individual needs. Throughout the inspection we saw how staff used their skills to respond effectively to people's needs.
- Staff followed detailed care plans and carefully implemented de-escalation techniques. This resulted in a service that was able to manage complex behaviours that benefitted people's wellbeing.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were supported by caring and respectful staff. People told us that without exception, staff were kind and attentive and our observations confirmed this. We saw they were polite, respectful and showed compassion to people in their care. One person told us, "The staff listen to me and try to guide me in my life. Another person said, "I like the staff who help me. They treat me well."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen documented people's preferences and information about their backgrounds.
- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. They told us they were always treated with respect and felt comfortable in the care of staff supporting them.

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

- The registered manager and staff team supported people with decision making. Care records contained evidence the person who received care or a family member had been involved with and were at the centre of developing their care plans.
- Information was available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate external services to act on their behalf.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in an accessible and understandable way. The therapy team produced many documents in easy read or pictorial format. The service embedded the use of these in every day practice. For example, the service produced an easy read leaflet to inform people about our inspection visit and what we would be doing.
- Good practice was supported by the 'communication champion'. The registered manager told us, "The champion role is vital in ensuring that staff are meeting all communication standards and it is placed at the heart of everything they do. Communication is a massive barrier for people living with a learning disability so enabling communication improves their overall quality of life. Having a nominated champion ensures someone is accountable in ensuring the standards are always high in this area."
- People and staff learnt a 'Makaton sign of the week' to support communication across the service.
- People's communication needs and any reasonable adjustments were captured on a grab sheet. This meant staff and visitors could access crucial information quickly when they needed to.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An activity champion and occupational therapist developed activity plans that were person-centred and completed any associated risk assessments. The champion ensured resources were available, money could be accessed and transport was arranged. The registered manager told us, "This role is vital in ensuring that activities are person-centred and achievable. The logistics of arranging activities with individuals that have complex needs can be challenging and having someone dedicated to ensuring they run as smoothly as possible improves participation and sustainability."
- People took part in a wide range of social activities and were encouraged to complete many independent living activities. One person was supported over time to do their own laundry. This promoted their independence and had directly led to a reduction in behavioural incidents.
- People were encouraged to take part in community activities. One person attended a local community group on the day of the inspection. They said, "I have friends there. They support me and I support them." Another person had recently supported the local homeless community by handing out food. They told us, "I want to give something back."
- People were working towards employment. Thorough risk assessments were completed in association with employers to ensure placements were successful.

- People at Woodrow House had previously been placed in hospital settings. One person now accessed the community twice weekly when they had only been permitted to leave the hospital once a month. The therapy team told us, "This move has been significantly life changing for this person. It has improved not only their quality of life, but their mental and physical health. They now have community links that they have never had before."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care files were person-centred and held highly individualised information reflecting each person's needs. Staff spoken with were able to describe people's individualised needs and how these were met.
- The registered manager and staff team provided care and support that was focused on individual needs, preferences and routines. People told us how they were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care.
- Activity plans were designed in a way that the person could understand and contribute to.

End of life care and support

- People had taken part in a 'future wishes' project. People had been provided with information in a format that they understood. People's end of life wishes had been captured and recorded in their files.
- People were asked if they wanted to take part and some people chose to complete certain parts of the project but not others. The timing of the conversations were considered in a thoughtful and sensitive way.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was shared with people when they started using the service. People told us they knew how to raise concerns and were confident any complaints would be listened to and acted upon in an open and transparent way.
- The service had captured many compliments from relatives and professional visitors about the care provided at Woodrow House.

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an exceedingly positive culture that ensured people were at the heart of everything the service did. The registered manager was totally committed to providing high quality care that achieved the best possible outcomes for people. The registered manager provided exceptional leadership and had developed a dedicated staff team who were committed to the vision and values of the service. We reported on outstanding results achieved by the team as a result of excellent leadership in the effective and responsive sections of this report.
- There was an extremely open and honest culture where everyone was comfortable to have their say. One member of staff told us, "Having worked in various health and social care settings, the difference at Woodrow House is the openness and transparency of the management team and staff. We work through the challenges together. People are really encouraged to lead in the running of the home."
- Professionals were particularly impressed by the registered manager's ability to welcome people into the service who lived with extremely complex mental health needs, who had been previously been supported in other services unsuccessfully.
- The management team were extremely approachable and accessible. There were always two experienced managers available out of hours to give staff advice or attend an incident. Staff told us the registered manager was always available and worked side by side with staff to support and encourage them. Throughout the inspection the registered manager was present in the service and took time speaking with people and supporting staff. It was clear the registered manager knew everyone extremely well and promoted the inclusive culture that had developed in the service.

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

- The registered manager had created new champion roles which had encouraged staff to take on additional responsibilities which they welcomed. They told us, "The champion roles make positive changes to People's care. They drive forward the person-centred approach and provide a platform for the people's voices to be heard."
- There was a strong quality assurance framework in place providing robust reassurance to the provider that the quality of the service was constantly being monitored and improved. This included a detailed monthly audit by the area director that resulted in a clear action plan. These action plans were reviewed by the management team and all actions were completed to ensure improvements were on-going and sustained. The audit reports were shared with all staff. A managers meeting was held weekly, to ensure all

team members were aware of their responsibilities in relation to continuous quality improvement.

- The management team demonstrated effective leadership skills within their roles. Their knowledge, enthusiasm and commitment to the service, the people in their care and all staff members was exemplary. They led by example and all staff embraced and shared their visions which ensured the vision and values were put into practice.
- The registered manager was respected, trusted and empowered to make decisions and implement change to improve the service. The management team recognised their roles and responsibilities and worked cohesively. The provider was receptive to new ideas and sought the registered manager's views and those of the wider team.

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

- Residents meetings were held monthly and the service collected and analysed feedback from people, relatives and health and social care professionals. Findings and action plans were fed back to people in an accessible format.
- Staff at all levels were encouraged to share their ideas for improvement and felt valued for their contribution. One member of staff told us, "We complete surveys and you can see from the 'you said, we did' board that staff comments are considered and acted upon."
- The service was forging connections with the local and wider community. They had been proactive in challenging negative views around social care. Raising awareness about care homes and how they can be a positive place to live was paramount. New connections with the community were being made and people who used the service had fully engaged in how they wanted to achieve this. One person had been supported by staff to feed the homeless which had impacted positively on local people. This had given the person a sense of connection and personal reward.

Continuous learning and improving care

- The management team had developed a dedicated workforce who were encouraged to progress and develop. A workforce development plan had been developed containing both short term and long term objectives. One member of staff told us, "The managers always see the potential in us and seek opportunities for us to progress. Achievements are celebrated across the service. I feel the service have invested in me which makes me feel valued."
- The registered manager was constantly looking for ways to improve people's experience of the service. This included refurbishment of the environment to provide a home that was suitable for people living with learning disability, autism and enduring mental health conditions. The registered manager told us, "The goal is to give people independence and control over their lives whilst keeping them safe. We are always looking at ways to reduce restrictions and empower people."

Working in partnership with others

- The registered manager had developed strong partnership working with health and social care professionals.
- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.

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 a clear understanding of their responsibilities in relation to duty of candour.
- The registered manager promoted a culture that was open and transparent in everything the service did.
- They recognised the importance of learning when things went wrong and sharing that learning with

others.

- The provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the home.