

# Review of compliance

<b>Avon Autistic Society</b> <b>Woodwell House</b>	
<b>Region:</b>	South West
<b>Location address:</b>	Woodwell House 227-229 Nibley Road Shirehampton Bristol BS11 9EQ
<b>Type of service:</b>	Accommodation for persons who require personal care
<b>Publication date:</b>	July 2011
<b>Overview of the service:</b>	<p>Woodwell House is owned and operated by the Avon Autistic Foundation and provides accommodation and personal care for up to twelve people.</p> <p>Avon Autistic Foundation specialises in supporting people who have a diagnosis of autism or aspergers syndrome. The Foundation also operates a day centre providing a range of social and educational activities and two other care</p>

	homes.
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# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that Woodwell House was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we suggested that some improvements were made.**

The summary below describes why we carried out the review, what we found and any action required.

## Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews. We covered the following

- Respecting and involving people who use services
- Consent to care and treatment
- Care and welfare of people who use services
- Meeting nutritional needs
- Cooperating with other providers
- Safeguarding people who use services from abuse
- Cleanliness and infection control
- Management of medicines
- Safety and suitability of premises
- Safety, availability and suitability of equipment
- Requirements relating to workers
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision
- Complaints
- Records

## **How we carried out this review**

We reviewed all the information we hold about this provider, carried out a visit on 14 June 2011 observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

## **What people told us**

On the day of our visit all the people living in the home were out at their day centre. However 2 people agreed to return to the home to meet with us.

Due to the complex needs of the people living in Woodwell House it was difficult to gain an insight into how they felt about the service provided. Both of the people we met were observed moving freely around their home and were supported in an inclusive way by the staff, the manager and the provider.

We were told that the care was tailored to the person and that it was important that they were supported by familiar staff and in a consistent manner.

People benefit from a structured daily activity plan which takes into account the person's interests and this was kept under review.

The people living in Woodwell House were encouraged to maintain contact with family and friends and this was seen as an important aspect of the care and support to the individuals.

## **What we found about the standards we reviewed and how well Woodwell House was meeting them**

### **Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People living at Woodwell House were involved in the decisions about how they wanted to be treated and cared for and they were encouraged to express their views. People were assured that their privacy and dignity was respected and independence was promoted.

People had a structured activity plan enabling them to lead active lifestyles in their home and the community.

- Overall, we found that Woodwell House was meeting this essential standard.

**Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

People could be assured that there were processes in place to ensure that they were able to give consent where possible. Where the individuals lacked capacity guidance was in place to ensure the provider complied with the Mental Capacity Act 2005.

- Overall, we found that Woodwell House was meeting this essential standard.

**Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

People could be confident that their health and personal care needs were being met and this was kept under review. Systems were in place to ensure people were safe.

- Overall, we found that Woodwell House was meeting this essential standard.

**Outcome 5: Food and drink should meet people's individual dietary needs**

People could be confident that their nutritional needs were being routinely assessed and reviewed with systems of review to ensure that people do not experience poor nutrition and hydration. The service provided people with a varied diet that meets both their health, cultural and personal preferences.

- Overall, we found that Woodwell House was meeting this essential standard.

**Outcome 6: People should get safe and coordinated care when they move between different services**

People could be confident that the service liaises with other professionals in respect of the planning and reviewing of their care. Where individuals were transferred to another service the staff ensured there is sufficient information shared to ensure continuity of care.

- Overall, we found that Woodwell House was meeting this essential standard.

**Outcome 7: People should be protected from abuse and staff should respect their human rights**

People could be confident that any allegations of abuse would be reported and acted upon however; this may not be in line with current legislation ensuring information is shared with the relevant agencies. Whilst staff had a good knowledge of what constitutes abuse they were not aware of the role of other agencies in protecting people and their training had not been updated periodically.

- Overall, we found that Woodwell House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

**Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

People could be assured there are good systems in place to prevent infection and ensuring a clean home. We found the home to be clean and cleaning arrangements were effective.

- Overall, we found that Woodwell House was meeting this essential standard.

**Outcome 9: People should be given the medicines they need when they need them, and in a safe way**

People could be assured there were safe systems in place in respect of the administration of medication ensuring their safety. There was guidance and training in place.

- Overall, we found that Woodwell House was meeting this essential standard.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

People lived in a home that is homely and comfortable and suitable to meet their needs.

- Overall, we found that Woodwell House was meeting this essential standard.

**Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

People's needs were being met at Woodwell House ensuring that the equipment available was appropriate to meet their needs.

- Overall, we found that Woodwell House was meeting this essential standard.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

People could be confident that there are robust recruitment procedures in place ensuring that the staff are suitable to work in Woodwell House.

- Overall, we found that Woodwell House was meeting this essential standard.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

People could be confident that there were sufficient staff employed to support them.

- Overall, we found that Woodwell House was meeting this essential standard.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People could be confident that they are supported by sufficient and competent staff who are aware of their roles with clear guidance being given by the manager.

- Overall, we found that Woodwell House was meeting this essential standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

People can be confident that the quality of the service is routinely reviewed to ensure it is appropriate taking into consideration their views. People can be assured that a safe quality service is provided taking into account the management of risks to health, welfare and safety.

- Overall, we found that Woodwell House was meeting this essential standard.

**Outcome 17: People should have their complaints listened to and acted on properly**

People can be confident that concerns would be listened to and acted upon.

- Overall, we found that Woodwell House was meeting this essential standard.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

People could be confident that their records were held securely and were being reviewed at regular intervals.

- Overall, we found that Woodwell House was meeting this essential standard.

**Action we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

**What we found**  
for each essential standard of quality  
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

# Outcome 1: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

**The provider is compliant**

### Our findings

**What people who use the service experienced and told us**  
We spoke to two people who live at Woodwell House. From the conversations it was evident they were involved in day to day decisions about their care.  
One person was able to tell us what they did during the day and that staff supported them in making decisions about how they wanted to be supported.

**Other evidence**  
The provider declared they were compliant with this outcome area during their transitional registration in October 2010 with the Health and Social Care Act 2008. This was further confirmed in information requested as part of this review from the provider.

The provider told us that there were clear guidelines for staff on how individuals should be supported ensuring they were respected and involved in their care. This included policies and procedures and an individual care plan for the people they support.

We spoke to 2 members of staff during the visit who clearly described how they supported the people living at Woodwell House. Staff said that dignity and respect was covered during their induction to the home.

We viewed care files belonging to 2 of the individuals living at Woodwell House. This included clear information on how the person was to be supported detailing how the person was encouraged to be involved, including making decisions.

Some of the people living in Woodwell House have complex needs due to their autism including communication. The manager and staff clearly described how individuals were encouraged to make decisions and the communication systems that were in place to support this. Staff confirmed that the people living in Woodwell were supported to communicate either verbally or through the use of sign language and photographs/pictures.

Staff clearly described how they supported people in a positive and inclusive manner. People were given an opportunity to speak with their key worker formally on a monthly basis to discuss any anxieties, concerns and goal planning for the forthcoming month. Records were maintained of the meeting. A member of staff said that this was also done on informally on a daily basis.

People were involved in reviews of their care and where appropriate relatives were invited. The provider told us that care plans were reviewed six monthly with a full annual review involving the person, their relative or representatives and other professionals as appropriate every twelve months. This was confirmed in the care documentation seen during the visit.

Each person had a structured activity plan for the week. People living at Woodwell House have an opportunity to go to a day centre on a daily basis which is run by the organisation. Activities were varied and included a combination of activities in the day centre and the community.

People were supported to be active including swimming, keep fit and bowling. Other activities included shopping, going for walks, coffee mornings at the local church and going out for lunch. Records were maintained of the activities and whether the person had enjoyed the activity. Staff told us that this is monitored to ensure it was appropriate for the person. Staff described how they planned the activities taking into account any risks for example times when the swimming pool may be more busy and noisy which could increase anxiety for some people.

We were also told by a member of staff that people were encouraged to be involved in the day to day activities in the home including cooking, cleaning and household chores. The organisation had organised some external courses for individuals including cooking and arts and crafts.

### **Our judgement**

People living at Woodwell House were involved in the decisions about how they wanted to be treated and cared for and they were encouraged to express their views. People were assured that their privacy and dignity was respected and independence was promoted.

People had a structured activity plan enabling them to lead active lifestyles in their home and the community.

# Outcome 2: Consent to care and treatment

## What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

## What we found

### Our judgement

**The provider is compliant**

### Our findings

**What people who use the service experienced and told us**  
People were not fully consulted on this area.  
One person said staff ask them what they would like to do.

**Other evidence**  
The provider declared they were compliant with this outcome area during their transitional registration in October 2010 with the Health and Social Care Act 2008. This was further confirmed in information received as part of this review from the provider.

The provider told us in their application that the service promotes respect, dignity, privacy and the human rights of the people they support. They told us they did this by putting the person's needs, preferences and decisions at the centre of the assessment, planning and delivery of services. This was confirmed in conversations with the staff, the provider, the registered manager and care documentation seen.

A member of staff described how they supported people to make decisions about

their care and that if a person refused to participate this was respected. The member of staff said that this would be explored to find out the reasons.

Some of the people living in Woodwell House have complex communication needs and the member of staff described how they supported individuals to be involved through the use of observation, photographs and body language of the individual. The member of staff said it was important for the people due to their autism to have a structured and consistent approach from staff that were familiar to them. The member of staff said that when new staff commence in employment initially they work alongside a more experienced member of staff enabling them to be gradually introduced to the home and the people they support. This enables the individuals to get to know the new member of staff.

Care documentation included how people make decisions and there was a record about capacity to make decisions. The manager said that whilst she had not attended a formal course on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards she had read on the subject. A member of staff was not aware of the Mental Capacity Act but demonstrated a good awareness of the rights of the individuals in making decisions. This training should be cascaded to staff so that they have a good understanding of the legislation in protecting people.

Policies and procedures were in place about the consent to treatment which included reference to the Mental Capacity Act 2005. The provider told us that all the people living in Woodwell House have contact with family who would support individuals to make more complex decision and the involvement of the placing authority or advocacy services where necessary.

### **Our judgement**

People could be assured that there were processes in place to ensure that they were able to give consent where possible. Where the individuals lack capacity guidance was in place to ensure they comply with the Mental Capacity Act 2005.

# Outcome 4: Care and welfare of people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

## What we found

### Our judgement

**The provider is compliant**

### Our findings

**What people who use the service experienced and told us**  
Due to the complex needs of the people living in Woodwell House it was difficult to gain an insight into how they felt about the service provided.  
We met with two of the individuals living in Woodwell House, they were relaxed and moved freely around their home.  
We observed staff supporting people in a relaxed and inclusive manner.  
A member of staff said that the people in the home make decisions about when to get up and throughout the day to when they go to bed. The member of staff said the care was tailored to the needs of the person.

**Other evidence**  
The provider declared they were compliant at the point of the transitional registration in October 2010 to the Health and Social Care Act 2008.

We were told in information received as part of this review that an assessment would be completed for any new person moving to the home. This would include obtaining copies of the placing authority’s assessment of need and care plan.

We were told new people moving to the home would be encouraged to visit and

meet the other people living in the home. We were told that the visits formed part of the assessment process with records being maintained. We were told the staff work closely with other professionals such as social workers, the community learning disability team, advocates and family members to ensure that they have sufficient information to enable them to meet the care needs of the individual. The people living in the Woodwell House have lived there for a considerable amount of years. The last person to move to the home was two years ago and this person was known to the service from receiving a day care service and respite care.

We were told by a member of staff and the manager that each person had a key worker a nominated member of staff to assist with the planning of the care. This was confirmed in care records and from talking with staff. The key worker meets up on a monthly basis with the individual to discuss any concerns or activities they would like to do. The key worker also compiles a monthly report on the person's wellbeing, social activities they have participated in and any health care appointments and progress towards any goals that had been set. This was informative and demonstrated how people were being supported.

We looked at the care records for two of the six people living in the home. There was sufficient information to guide staff on the support needs of the person. There were plans of care for all aspects of daily living and keeping people safe in the form of a risk assessment. These had been kept under review.

There were plans of care around socialising and maintaining contact with family and friends. We were told that family where relevant were invited to the home on a regular basis and participated in annual reviews and social events.

The people living in Woodwell House were encouraged to maintain contact with family and friends and this was seen as an important aspect of the care and support to the individuals.

Care plans included information relating to the people's health care needs. Information was clear and demonstrated that the staff were responsive to the changing needs of the people and sought advice and support promptly. People were registered with the local surgery and an allocated GP.

Care documentation demonstrated that routine health appointments were organised in respect of opticians, dentists and chiropody. People have access to a consultant psychiatrist to support them with their psychological needs. It was evident this was in partnership with the person's GP. Clear records were maintained of all health care appointments and follow up treatment.

There was information in care plans detailing how the individuals were supported with their cultural needs. We were told by the provider and a member of staff that good links had been built with a local church. Individuals were supported to attend church services if they wanted and a regular coffee morning was organised.

**Our judgement**

People could be confident that their health and personal care needs were being met and this was kept under review. Systems were in place to ensure people were safe.

# Outcome 5: Meeting nutritional needs

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

## What we found

### Our judgement

**The provider is compliant**

### Our findings

**What people who use the service experienced and told us**  
Due to the complex needs of the people living in Woodwell House it was difficult to gain an insight into how they felt about the service provided.

People were asked at regular intervals their preferences relating to the menu and these were included in the planning.

One of the individuals told us that they had been involved in a cookery group which had made cakes and they had taken them to the local church coffee morning.

**Other evidence**  
The provider declared they were compliant at the point of the transitional registration in October 2010 to the Health and Social Care Act 2008. This was further confirmed in information received as part of this review.

The provider told us in information received as part of this review that each person had a care plan detailing how the staff should support them with their nutritional needs. They told us that staff receive training on menu planning and food hygiene. This was confirmed in both care records and staff training files seen during the visit to the home on the 14 June 2011.

The manager said that a dietician/nutritionalist assists with the menu planning. The menu seen demonstrated that there was a choice of food available to the people living in the home. The manager said that alternatives were always available and this was confirmed by a member of staff during the visit. The provider told us that they would cater for all dietary needs including those for health and relating to culture.

A member of staff said that meal times were an important part of the day for some of the individuals. From the conversation it was evident that the meal time was unrushed and socialable occasion. We were told by a member of staff that people could access the kitchen throughout the day for drinks and snacks, where they were able to and those that required more support would be frequently offered refreshments.

We were also told in information received as part of this review that the service had been awarded a five star from the local environment health team in August 2010. This was displayed in the entrance hall of the home.

### **Our judgement**

People could be confident that their nutritional needs were being routinely assessed and reviewed with systems of review to ensure that people do not experience poor nutrition and hydration. The service provides people with a varied diet that meets both their health, cultural and personal preferences.

# Outcome 6: Cooperating with other providers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

## What we found

### Our judgement

The provider is compliant

### Our findings

**What people who use the service experienced and told us**  
We did not consult with the people who use the service about this outcome area.

**Other evidence**  
The provider declared they were compliant at the point of the transitional registration in October 2010 to the Health and Social Care Act 2008.

The provider told us that when a person moves from one service to another for example going to see the GP, opticians, dentist or a hospital appointment the person was always supported by a regular member of staff that knows the individual well.

We were told that where appropriate information would be shared with other professionals taking into account the organisation's confidential policy and the Data Protection Act and Public Disclosure Policy.

The provider told us in information received as part of this review that although they were compliant in cooperating with other providers an area to improve was to complete a review on the emergency and crisis policy and procedure to include

terrorism, war, chemical warfare and biological warfare. They told us that this would provide staff with more information enabling them to deal with an emergency or crisis. They told us that this would be completed by August 2011.

**Our judgement**

People could be confident that the service liaises with other professionals in respect of the planning and reviewing of their care. Where individuals are transferred to another service the staff ensure there is sufficient information shared to ensure continuity of care.

# Outcome 7: Safeguarding people who use services from abuse

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

## What we found

### Our judgement

**There are minor concerns**

### Our findings

**What people who use the service experienced and told us**  
We did not consult people who use services about this outcome area.

**Other evidence**  
The provider declared they were compliant at the point of the transitional registration in October 2010 to the Health and Social Care Act 2008.

We have not received any safeguarding alerts about this service

We were told in information received as part of this review that all staff had completed training in Safeguarding and they were aware of the policies and procedures that were in place to guide them.

Two members of staff clearly described what constituted abuse and the reporting mechanism that were in place. They were aware of the policies and procedures that were in place to guide them including Whistle Blowing. Whilst the two members of staff were clear they would report any concerns/abuse to the provider they were not aware of the Local Authority’s role in taking the lead and that all allegations of abuse must be reported in accordance with “No Secrets” to the Bristol City Council. Both

members of staff said they had received in house training but for one person this was as part of their induction three years ago. There was no evidence that staff had attended training on Safeguarding with the Local Authority.

The policy relating to abuse was not available during the visit as the provider was in the process of reviewing. This was forwarded to us by email the day after the visit. Whilst the policy made clear what constituted abuse and that staff must report immediately to the management team The policy lacked detail on the role of the Local Authority in respect of reporting all allegations of abuse giving staff clearer guidance what to do in the event of an allegation of abuse.

We were told in information received as part of this review that there were financial policies and procedures to guide staff. We were told all purchases were documented and best interest meetings were coordinated in respect of larger purchases. This was confirmed during the visit in records seen. We were told each person had an inventory which was routinely reviewed including the documentation of personal belongings that were no longer in their ownership.

Care plans included information on how to support a person if they were anxious or being challenging. The information included the triggers and how staff should support the person with the appropriate diffusing techniques. A member of staff and the manager told us that restraint was never used. The member of staff said that if you know what upsets a person then you try to alleviate this, an example was given where a person does not like being rushed and that awareness for staff means that the person rarely gets distressed and another person does not like noise so again this is alleviated as much as possible.

A staff member told us they had received training on supporting people who may be challenging and that the aim of the service was to support the person in a way that suited them with familiar staff.

### **Our judgement**

People could be confident that any allegations of abuse would be reported and acted upon however; this may not be in line with current legislation ensuring information is shared with the relevant agencies. Whilst staff have a good knowledge of what constitutes abuse they were not aware of the role of other agencies in protecting people and their training had not been updated periodically.

# Outcome 8: Cleanliness and infection control

## What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

## What we found

<b>Our judgement</b>
<b>The provider is compliant</b>

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b> We did not consult people who use services about this outcome area.</p> <p><b>Other evidence</b> The provider declared they were compliant at the point of the transitional registration in October 2010 to the Health and Social Care Act 2008.</p> <p>A member of staff told us during the visit the staff were responsible for ensuring the home was clean and that schedules/guidelines were in place. The home was clean and free from odour on the day of our visit.</p> <p>We saw there were sufficient hand washing facilities throughout the home.</p> <p>We were told there was infection control policies in place in addition all staff had completed training in this area as confirmed in staff training files. Staff have also completed training in food hygiene. A member of staff told us that there were clear guidelines about infection control and the provider audits the quality and follows up any concerns promptly.</p> <p>We were told the service had a disaster plan in place in case of emergencies including pandemics, this includes guidance on dealing with localised outbreaks and</p>

who needs to be informed. We were told the plan was reviewed annually or as and when required.

**Our judgement**

People could be assured there are good systems in place to prevent infection and ensuring a clean home. We found the home to be clean and cleaning arrangements were effective.

# Outcome 9: Management of medicines

## What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

## What we found

<b>Our judgement</b>
<b>The provider is compliant</b>

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b> We did not consult with people about this outcome area.</p> <p><b>Other evidence</b> The provider declared they were compliant at the point of the transitional registration in October 2010 to the Health and Social Care Act 2008 with this outcome area.</p> <p>We were told in information received as part of this planned review that all medication was prescribed through the individual's General Practitioner. Each individual had a medication profile which states what support the individual needs, any side effects and allergies. We were told by the manager that each person has a three monthly medication review with their GP/consultant psychiatrist.</p> <p>We were told there were clear policies and procedures for administration of medication including any special instructions. Copies of these were seen with the administration of medication records.</p> <p>We were told by the manager that all medication was administered by a member of</p>

staff that had been assessed as competent. We were informed that they had received medication training. A member of staff confirmed they had received training on the safe administration of medication. This was confirmed in training records seen including competence checks.

Medication records seen were clear and had been signed by the member of staff administering the medication.

It was noted that the staff had redispensed some medication from its original packaging. This was discussed with the provider who stated that this would be immediately rectified and the medication would remain in its original foil packaging.

Medication was stored securely and appropriately. There were clear records of medication entering the home, the administration and disposal.

### **Our judgement**

People could be assured there were safe systems in place in respect of the administration of medication ensuring their safety. There was guidance and training in place for staff.

# Outcome 10: Safety and suitability of premises

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

## What we found

### Our judgement

**The provider is compliant**

### Our findings

**What people who use the service experienced and told us**  
We observed individuals accessing the communal areas of the home including the kitchen.

Each person has a single bedroom, and we were told individuals could decorate and personalise to suite their taste.

Individuals benefit from a homely and comfortable environment that is meeting their needs

**Other evidence**  
Woodwell House is purpose built and consists of two properties linked by a corridor. The home is situated in a quiet residential area close to local amenities and bus routes. There is a large car parking area at the front of the house and mature, well kept gardens at the side and rear of the home.

The communal facilities in each house include a lounge, dining room, kitchen, visitor’s room and communal toilets and bathrooms. People who live in the home have their own room, with en-suite facilities.

All areas of the home seen were comfortably furnished. Records were maintained of

ongoing and routine maintenance.

Access to the home was via a key code system. The rationale for this was clearly recorded in the plan of care for individuals. The provider said that if people were able to safely access the community then they would be given the code to enable them to enter and leave the building. The provider said that the key code was for the security of the home and to ensure the safety of the people living in the home many had no comprehension of danger in respect of road safety. Individuals had access to the rear garden at all times which was secure.

We were told that people were offered a key to their bedroom door if they wanted. We were also told that the individuals were able to access all the communal areas and their bedroom whenever they wanted. We were also informed that people could personalise their bedrooms with pictures and personal possessions.

We were told in information received as part of this review there were records that demonstrate regular health and safety checks were being completed including checks on the equipment, the boiler, electrical appliances and the heating system. This was further confirmed in conversations with the manager including the regular checks that were completed on the fire equipment in the home. Records were maintained of the checks.

**Our judgement**

People live in a home that is homely and comfortable and suitable to meet their needs.

# Outcome 11: Safety, availability and suitability of equipment

## What the outcome says

This is what people should expect.

- People who use services and people who work in or visit the premises:
- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
  - Benefit from equipment that is comfortable and meets their needs.

## What we found

<b>Our judgement</b>
<b>The provider is compliant</b>

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b> We did not consult with people about this outcome area.</p> <p><b>Other evidence</b> The provider declared they were compliant at the point of the transitional registration in October 2010 to the Health and Social Care Act 2008.</p> <p>The provider told us in information requested as part of this review that equipment is provided according to the needs of the people they support and the home. We were told that equipment is maintained to ensure it is of a high standard, equipment is installed and tested according to manufactures instructions and by the relevant person.</p> <p>We saw confirmation during our visit that regular checks were being completed by an external contractor in respect of the boiler, fire equipment and routine testing of electrical appliances.</p> <p>The home has access to three vehicles which they share with two other homes.</p>

These were maintained with records being kept to support this. The organisation employs a driver to assist with the transportation to and from the day centre and with social activities.

The provider told us that there was no specialist equipment to assist with manual handling or personal care as the people that were presently accommodated at Woodwell House were ambulant. However, this would be kept under review as needs changed or if a new person moved to the home.

**Our judgement**

People's needs were being met at Woodwell House ensuring that the equipment available is appropriate to meet their needs.

# Outcome 12: Requirements relating to workers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

## What we found

### Our judgement

**The provider is compliant**

### Our findings

**What people who use the service experienced and told us**  
We did not consult people who use the service about this outcome area.

**Other evidence**  
The provider declared they were compliant with this outcome area during their transitional registration in October 2010 with the Health and Social Care Act 2008. This was confirmed in information received as part of this review from the provider.

The provider told us in information received as part of this review that staff were only employed once all the necessary employment checks had been completed. This included obtaining two references and a criminal bureau record disclosure. This was confirmed in the recruitment information seen for two newly appointed staff members.

We saw that there was a completed application, two references and proof that a criminal record bureau disclosure had been obtained prior to the person commencing in post.

Staff confirmed they attend an interview and have an opportunity to meet with the people living in Woodwell House.

Staff were given a contract of employment and information about the General Social Care Council once they commenced working in the home.

**Our judgement**

People could be confident that there are robust recruitment procedures in place ensuring that the staff are suitable to work in Woodwell House.

# Outcome 13: Staffing

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

## What we found

### Our judgement

**The provider is compliant**

### Our findings

**What people who use the service experienced and told us**  
We did not consult people who use the service about this outcome area.

**Other evidence**

The provider declared they were compliant with this outcome area during their transitional registration in October 2010 with the Health and Social Care Act 2008. This was confirmed in information received as part of this review from the provider.

The provider told us in information received as part of this review that the staffing was calculated according to the needs of the people they support. There were six people living in the home at the time of this review.

We saw staffing rotas for the home demonstrating that there were sufficient staff supporting the people living in the home. The home was being staffed with a minimum of 2 staff throughout the day and night. Additional staff were employed to assist with activities and outings. The staff working in the home supported the individuals at the day centre and with activities in the community. The provider told us that this ensured the support was consistent and by staff that were familiar to the individuals.

We spoke to two staff during the visit. Both said they felt supported in their role and sufficient staff were employed to support the people living in the home and at the day centre.

**Our judgement**

People could be confident that there were sufficient staff employed to support them.

# Outcome 14: Supporting workers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

## What we found

### Our judgement

**The provider is compliant**

### Our findings

**What people who use the service experienced and told us**  
We did not consult people who use the service about this outcome area.

**Other evidence**

The provider declared they were compliant with this outcome area during their transitional registration in October 2010 with the Health and Social Care Act 2008. This was confirmed in information received as part of this review from the provider.

We spoke with one member of staff who said they had completed a comprehensive induction when they first started working in the home and they had found both the manager and the other team members supportive now and when they first commenced in employment.

The staff member on duty demonstrated a good awareness of the needs of the individuals and how they were supporting them. This linked with the information that was seen in the care documentation. The member of staff said they were encouraged to read people’s care plans as part of their induction and routinely as plans were amended and updated.

The staff member on duty told us the team was cohesive with clear guidance being given from the manager on the expectations of the home. The provider told us that the home was fully staffed with no vacancies and this has had a positive impact on the people they support who prefer familiar staff.

A member of staff told us that it was important that the people were supported by staff that know them well, who understand them and to ensure a consistent approach as this had a positive effect on reducing anxieties for some people. The member of staff had an in-depth knowledge of the individuals and how autism can affect some people. It was evident that the service provided was flexible, structured and tailored to the individual.

Staff complete a comprehensive induction, which includes assessments on their competence in certain areas for example the delivery of personal care, assisting with meals and medication. The staff member on duty told us that staff work alongside more experienced staff when they first commence in post.

We looked at the training files for staff and it was noted that staff had completed training in fire, first aid, food hygiene and health and safety. The training had been periodically updated for each member of staff. We also saw that the staff had received training relevant to the needs of the people they support including autism and supporting people who can challenge.

### **Our judgement**

People could be confident that they are supported by sufficient and competent staff who are aware of their roles with clear guidance being given by the manager.

# Outcome 16: Assessing and monitoring the quality of service provision

## What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

## What we found

<b>Our judgement</b>
<b>The provider is compliant</b>

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b> We did not consult with people who use the service.</p> <p><b>Other evidence</b> The provider declared they were compliant at the point of the transitional registration with the Care Quality Commission and through information we received as part of this review.</p> <p>They told us in information received as part of this review they monitor the quality of the service through monitoring support plans and risk assessments and receiving feedback from other professionals involved in the care of the person. The views of the individuals were sought at their monthly meeting with their key worker and enabled the provider to monitor whether the person was happy with the service provided. Records confirmed that people were asked if they were concerned about any aspect of their care.</p> <p>The provider told us that where relevant families were involved and asked their opinions about the care provided on an informal and formal basis through care</p>

reviews.

We were also told about other systems for monitoring the quality of the care including environmental health inspections, general day to day discussions with people they support and staff.

Other forums for measuring quality included staff supervisions/discussions, daily and monthly reports, monthly progress reports, staff training, daily activity records, food choices, family and friends correspondence, safer foods better business monitoring pack and the home's maintenance log.

A member of staff said that the provider regular reviews the standards in the home and ensures that the care was delivered to a high standard. Where standards were not met then the staff said this would be discussed and guidance given to ensure that the appropriate standard was in place.

### **Our judgement**

People could be confident that the quality of the service is routinely reviewed to ensure it is appropriate taking into consideration their views. People can be assured that a safe quality service is provided taking into account the management of risks to health, welfare and safety.

# Outcome 17: Complaints

## What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

## What we found

<b>Our judgement</b>
<b>The provider is compliant</b>

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b></p> <p>We did not consult with people who use the service about this outcome area.</p> <p>People who use the service were consulted on a monthly basis about any concerns that they may have about the care they receive as part of a meeting with their key worker. Records were kept of these.</p> <p>A member of staff told us that the people who use the service may not always express their concerns verbally and it was up to the staff team to closely monitor and observe for any changes in the person and then to establish what may be the cause and then alleviate.</p> <p><b>Other evidence</b></p> <p>The provider declared they were compliant with this outcome area during their transitional registration in October 2010 with the Health and Social Care Act 2008.</p> <p>A complaints procedure was in place for people who use the service and other</p>

stakeholders. The home maintains a record of complaints. The service has not received any complaints.

**Our judgement**

People could be confident that concerns would be listened to and acted upon.

# Outcome 21: Records

## What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

## What we found

### Our judgement

**The provider is compliant**

### Our findings

**What people who use the service experienced and told us**  
We did not consult with people about this outcome area.

**Other evidence**  
The provider declared they were compliant at the point of the transitional registration in October 2010 to the Health and Social Care Act 2008.

In information we received as part of this review, the manager said there were policies relating to Data Protection and the Disclosure of Information.

The office was well organised with suitable lockable storage for personal information.

Care files seen were clearly written, accessible and were being reviewed. Staff confirmed they had access to the care files and were encouraged to read them during their induction period and on a regular basis.

Staff confirmed they had access to key policies and procedures.

**Our judgement**

People could be confident that their records were held securely and were being reviewed at regular intervals.



## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation and personal care	11	7
	<p><b>Why we have concerns:</b>            People could be confident that any allegations of abuse would be reported and acted upon however; this may not be in line with current legislation ensuring information is shared with the relevant agencies. Whilst staff have a good knowledge of what constitutes abuse they were not aware of the role of other agencies in protecting people and their training had not been updated periodically.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These

enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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