Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Woodwell House

227-229 Nibley Road, Shirehampton, Bristol, BS11 9EQ

Tel: 01179381942

Date of Inspection: 06 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Avon Autistic Foundation Limited
Registered Manager	Mrs. Ann Coleman
Overview of the service	Woodwell House is registered to provide accommodation and personal care for up to 12 people. The service provides support to people with a learning disability and who have a diagnosis of autism.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

It was difficult for us to engage with the people living in the home due to their diagnosis of autism. However, we observed staff who they were familiar with, engage in conversations and activities.

Staff told us how people were involved in making decisions about their everyday lives. People living at the home had limited verbal communication. Methods people used to communicate were described in their care plans. Staff were knowledgeable about the communication methods people used.

We saw that people's needs were assessed and that care plans were put in place to ensure that people's needs were met. People were involved in reviews of their care and where appropriate relatives were invited.

Staff met with the people living at the home individually on a monthly basis. They discussed if the person had any suggestions, comments or complaints.

Staff told us that they felt supported in their roles and received regular training. They said the management of the home were very approachable. If staff had an issue they felt confident to raise it with them.

In the event of abuse being witnessed or suspected the homes safeguarding policy contained guidelines for staff to follow. Staff were able to explain to us what they would do if they witnessed or suspected that abuse was occurring in the home.

The home had procedures in place to ensure that where people were assessed to lack capacity to make more complex decisions, these were made in people's best interest.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

It was difficult for us to engage with the people living in the home due to their diagnosis of autism. However, we observed staff who they were familiar with, engage in conversations and activities.

We looked at the care records of three people who lived at the home. All the people living at the home had person centred plans in place. Person centred plans are care plans that have been written putting the needs and wants of the person at the centre of the plan. We saw that people's likes and dislikes were recorded in their records and these were reflected in their care plans.

We spoke with two members of staff who were able to demonstrate to us how people were involved in making decisions about their everyday lives. This included what people wanted to eat and activities they wanted to take part in. We saw from looking at records that people had been making decisions about activities they wanted to do and these were respected. For example, one person had requested to do a cooking session rather than the planned activity.

We saw from records that people attended meetings to review of their care and where appropriate relatives and other professionals were invited. We saw that care plans were reviewed regularly and the views of the person were taken into account. This was confirmed in the care documentation seen during the visit. This meant that people expressed their views and were involved in making decisions about their care.

People living at the home had limited verbal communication. The methods people used to communicate were described in their care plans. Some people living at the home used a communication system called Picture Exchange Communication System (PECS). This is an approach that uses pictures and symbols to develop communication skills.

Staff were knowledgeable about the communication methods used and we saw that the home had a range of pictures to be used to aid communication. These included pictures used to convey emotions and feelings, as well as pictures used to indicate pain or

discomfort in different parts of the body.

We were told that these symbols were also used by staff to explain to people about health appointments and any treatment they may need. This meant people who used the service were given appropriate information and support regarding their care or treatment.

One person living at the home invited us to look at their room. The room was well maintained and had been personalised to reflect the interests of that person. The person was proud of pictures they had made which were displayed in their room. We saw that people were supported to clean their bedrooms and communal areas of the home.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

It was difficult for us to engage with the people living in the home due to their diagnosis of autism. However, we observed staff who they were familiar with, engage in conversations and activities.

It was clear from speaking with staff that they had detailed knowledge of the care needs of the people they supported. The interactions we observed between staff and people living in the home, were appropriate and caring. We saw that staff adapted their communication style to meet the needs of the person they were supporting. They were also aware of the need to provide support in a consistent way for people.

We looked at care records of three people living at the home. We saw that people's needs were assessed and that care plans were put in place which ensured that these needs were met.

As part of the care plans, specific goals for people were set with people living at the home for them to work towards. We saw that these goals were clearly listed and records maintained on the progress made towards meeting these goals. Staff we spoke with told us that it was their responsibility as key workers, to ensure that their key person's goals were being worked towards. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw that the risks associated with providing care were assessed. We saw that these had been reviewed regularly and updated where appropriate. The risk assessments were not restrictive and allowed people to take reasonable assessed risks. Measures were put in place to ensure risks were managed in a safe way. This meant that care was planned and delivered in a way that was intended to ensure people's safety and welfare.

Care plans we viewed included clear information on how staff were to support a person if they were anxious and displayed aggressive behaviour. The information included descriptions of how the person may present when they were anxious and possible triggers that could cause anxiety. The guidelines for staff explained how they should use appropriate diffusing and distraction techniques.

People living at the home had health action plans in place, these were in an accessible

format. They detailed the individual support that people would need to maintain their physical and mental health. The provider may wish to note that the health action plans did not contain information on practical support people may require to attend health appointments. This was discussed with the registered manager who was confident that staff were aware of the support needed, but agreed this information should be included in the plans.

Health records were maintained for people living at the home. We saw that people had regular reviews with their consultant psychiatrist and any medication was reviewed at this time. We saw that people were supported to attend health appointments and have annual health checks at the GP surgery.

Although the people living in the home had capacity to make decisions about day to day issues. The home had procedures in place to ensure that where people were assessed to lack capacity to make more complex decisions, these were made in people's best interest.

We saw from records that best interest meetings had occurred for people who were unable to consent to certain medical treatment. Staff we spoke with had received training on the Mental Capacity Act 2005 (MCA). They were aware of the procedures they needed to take if they were concerned that someone did not have capacity to make a particular decision.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with two members of staff at the home about this outcome area. The staff were able to explain to us what they would do if they witnessed, or suspected that abuse was occurring in the home. Both staff were confident that the management of the home and the provider would act on any concerns. They were also aware of who they could report their concerns to if they were not satisfied with the action taken. Both members of staff told us that they could contact social services or the police if appropriate action was not taken.

We viewed the homes safeguarding policy which had been reviewed in September 2012. The policy contained clear guidelines for staff to follow in the event of abuse being witnessed or suspected. The policy also contained contact information for external organisations that could be contacted if staff had concerns. We noted that staff were required to read the safeguarding policy during their induction and sign to say that they had read and understood its content. This meant that staff were given information on how to report suspected abuse, both within the organisation and to external agencies if appropriate.

We were told that staff received training in safeguarding adults and this was updated on a yearly basis. Staff we spoke with and training records we viewed confirmed this.

We saw from records that staff received training in managing aggressive behaviour. This involved training in 'breakaway' techniques which staff could use to safely remove themselves from situations when people were being aggressive towards them. We were told by the registered manager, that the people living at the home were very settled and that incidents of aggression were very rare. We were also told that restraint was never used at the home. This meant that people who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Discussions with staff demonstrated that they had a good understanding of the individual needs of the people they were supporting.

Staff received information and training on supporting people with autism. They also received training on the communications systems that people used. We observed throughout our visit staff communicating with people in their preferred communication system. This meant people were supported by staff who had a good knowledge of people's needs.

The home maintained a record of staff supervision meetings that had taken place. We looked at records of these meetings and saw that staff received supervision meetings every 12 weeks. All the staff we spoke with confirmed that these meetings happened and felt well supported in their roles. They also said that the management of the home were very approachable and they would not have to wait for their next meeting to raise any issues they may have. This meant staff received supervision appropriate to their role.

Staff told us that they received regular training. This included a comprehensive induction programme which met the common induction standards set by Skills for Care. We saw that the training was being monitored and that when people were due an update, they were then booked on to the appropriate course. We saw that staff training was up to date. We were told that two staff were booked to attend training related to a communication system that people in the home used. This meant that staff were able, from time to time, to obtain relevant training in order to fulfil their roles effectively.

The manager told us that formal staff meetings were not held regularly at the home. This was because it was a small staff team and there was manager on site at all times. However, we were told that discussions between the staff team were held on a daily basis. We also saw that regular memo's were sent out to the staff team, which conveyed important messages.

The home also had a communication book and handover sheets which staff used to pass on messages to other staff. The two staff members we spoke with told us that the home had good communication systems. They also said that they had lots of opportunities to

discuss any issues as a staff team and agreed that regular formal team meetings were not needed.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We reviewed the homes complaints record and saw that no complaints had been received by the home since our last inspection in July 2011.

The provider told us that relatives of people living at the home were given opportunity to comment on the quality of the service through a quality survey that was conducted annually.

We were told by the register manager that the home did not hold group house meetings for the people living at the home. This was because the people living at the home found group meetings difficult to cope with. Instead staff met with the people living at the home individually on a monthly basis, to discuss if they had any suggestions, comments or complaints.

We were told that these meetings were conducted using the preferred method of communication of the person. Records confirmed that these meetings were held monthly. We saw from records that when issues were identified in these meetings, measures were put in place to address these issues. This meant that people who use the service and their representatives, were asked for their views about their care and treatment and they were acted on.

We viewed a number of audits that were carried out by the home to ensure that standards were maintained. These included audits of care records, food hygiene records and health and safety records. We viewed the maintenance record which showed that routine maintenance was carried out appropriately. Statutory requirements such as gas safety checks, electrical safety checks and portable appliance testing were carried out appropriately, by suitably qualified contractors.

We saw that the home had received five stars for food hygiene in a recent inspection by the environmental health service. We viewed food hygiene records maintained at the home. These were completed correctly and audited on a monthly basis by a senior member of staff.

We viewed the homes policy file and saw that there were policies in place for all the

required areas. We also saw that staff were required to sign to say that they had read and understood the policies. We saw that policies were updated regularly and dates set for the policies to be reviewed. It was also noted that if legislation changed before the review date, then the policy was reviewed to reflect the changes. Staff were required to read and sign policies that had been updated. This showed that the home provided up to date guidance for staff to follow to ensure that the quality of the service was maintained.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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