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 Inspections: 12 September 2013
11 September 2013

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

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Cleanliness and infection control	✓ 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 11 September 2013 and 12 September 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, talked with staff, reviewed information sent to us by commissioners of services and talked with commissioners of services. We talked with other authorities.

What people told us and what we found

We were unable to talk to people in detail about their experience of living at the home. This was because people living at the home had a diagnosis of autism and had communication difficulties. However, one person told us that they liked living at Woodwell and they liked the staff.

We spoke with three relatives of people living at the home. They told us they were pleased with the service their relative received. One relative said that their relative was much more independent during home visits than they were before they lived at Woodwell.

Records showed that when a specific need was identified care plans were developed to ensure that these needs were met. The records were person centred and reflected the individuality of people.

Procedures were in place to manage effective transition for people moving into the service. The home liaised with health services when required. They had systems in place to provide information to enable people to receive effective care and treatment from other providers when necessary.

The environment was clean and tidy. There were policies and procedures in place to protect people from the risks of infection.

Relatives said staff had a good understanding of their relative's needs and a good knowledge of working with people on the autistic spectrum. Staff told us they received good training and support from the provider.

We found that the provider was monitoring the quality of their service effectively.

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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

There were seven people living at the home at the time of our inspection. We were unable to talk to people in detail about their care and welfare. This was because people living at the home had a diagnosis of autism and had communication difficulties. One person we spoke with told us that they liked living at Woodwell and they liked the staff. This person told us about the activities that they enjoyed participating in such as a sports group at the local sports centre, swimming, bowling and dancing.

We also observed that people were involved in activities on the day of our visit. Two of the people living at the home went to a day centre run by the provider, one person was away on holiday and the other four people were supported to go out for a walk. We saw that people were supported to access the community to use the local shops and maintain contact with family.

We spoke with the relatives of three people living at the home. They told us that they were very happy with the service their relative received. Relatives told us that they were pleased with the range of activities people did. They said that communication was excellent between the home and themselves. One relative said that their relative was much more independent during home visits than they were before they lived at Woodwell.

We looked at three people's care records. These showed that when a specific need was identified care plans were developed to ensure that these needs were met. The care plans were person centred and described individual support. It was clear from reading the care plans that people's views had been taken into account. Daily records we viewed confirmed that staff provided people with care and support as described in their care plans. This meant people's needs were assessed and care was planned and delivered in line with their individual care plan.

We spoke with two members of staff working at the home. Staff had a detailed knowledge of the people they supported. We were told by one member of staff that it was important to view all the people living at the service as individuals. We saw that care plans were

reviewed monthly by the person's key worker. When changes in people's needs were identified the care plans were updated to reflect these. Formal care plan review meetings occurred every six months and people were invited to attend these meetings along with their relatives and professionals involved in their care and support.

We saw that people had health action plans in place. We saw from records that when staff identified health concerns people were referred to their GP or other health professionals as appropriate. We saw evidence from records that people received annual health checks from their GP.
Records we viewed showed that care plans had been updated following guidance from GP's and consultants. For example, one person had their fluid intake monitored by the home. This was because they were on a medication that required them to have a fluid intake of at least 2000ml per day. We saw that fluid records were maintained and they showed that the fluid intake of this person was above the daily minimum recommended by the GP. This meant that the service was implementing guidance received from GP's and consultants.

We saw from records that people attended regular appointments with specialist health professionals to monitor their health conditions. For example we saw that one person who had epilepsy attended regular epilepsy monitoring appointments with a consultant in neurology at a local hospital.

We were told that one person at the home had recently been seen by an occupational therapist (OT) from the local community learning disabilities team (CLDT). This followed a referral from the person's social worker following a review of this person's care needs. We were told that the referral was to assess whether an OT input would be appropriate for this person. Staff told us that three meetings had been set up in October for an OT to carry out further assessment. We spoke with the person and they confirmed they had met with the OT and that they would be visiting them again in October. This person told me they were pleased about this.

Where appropriate people had behavioural management plans in place. These plans contained detailed information for staff on how people liked to be supported. We viewed three people's plans which included information on how staff were to communicate with them and a list of 'triggers' that could cause the person to become upset or anxious. The guidance included what staff should not do as well as what staff should do to support this person when they were upset or anxious. They included strategies for staff to use to reduce people's anxiety and reduce the risk of this person displaying aggressive behaviours. Staff we spoke with had a good knowledge of these plans and told us that incidents of aggressive or challenging behaviour were very rare. This was reflected in records we viewed.

We saw that activities were planned and people had individual activity timetables. These included visiting the leisure centre, shopping trips, visits to cafes, swimming, walks and gardening. We also noted that people were supported to do activities in the home such as preparing meals, cleaning the home and washing and ironing their clothes. Staff told us it was important that people were encouraged to be as independent as possible in everyday activities. This meant that people were provided with opportunities to take part in meaningful activities.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People had health action plans in place which detailed the support they required to enable them to access health services. People also had detailed hospital passports which contained important information regarding the person such as how they liked to be supported.

People at the service attended a community dental practice and we saw that advice from the dentist had been entered into people's care plans and details of appointments were maintained.

We saw from records that people were supported to access their GP when required and also had an annual health checks. We also noted that people were supported to attend appointments for screening for specific diseases at the GP's surgery.

We saw that people's medications were regularly reviewed by a consultant psychiatrist. There was evidence that people's medications had been monitored, reduced and amended in line with improvements in their behaviours. This meant that people's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

We reviewed the systems in place regarding the assessment and transition arrangements for new people moving into the home. We saw that a thorough assessment was made of the person's needs and a planned transition was worked out with the previous service. This involved the person visiting the home and meeting the people that lived there before moving to the service. This meant that the home had procedures in place to manage effective transition to the service.

People living at the service had not recently had to access emergency health services. However, we were told that plans would be put in place to ensure that people would be able to access services. This involved liaising and working with other health services to ensure that people supported by the service were able to receive appropriate treatment form these services.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

During our inspection we noticed that the environment was clean and tidy. We saw that staff and people using the service were involved in cleaning the home. There were daily, weekly and monthly cleaning tasks for staff to complete. These ensured that both everyday cleaning and deep cleaning was taking place. We were also told that every other Monday a cleaning company came into the home to thoroughly clean the communal areas of the home.

Staff we spoke with told us that they always had a good supply of cleaning equipment and personal protective equipment such as gloves and aprons. During our inspection we observed staff using personal protective equipment appropriately. Staff had a good knowledge of infection control and were aware of the need to change PPE when working with different people. Arrangements were in place for the disposal of PPE in the appropriate manner.

We saw that there were arrangements in place for tests in relation to legionella to be carried out by visiting contractors. We saw that fridge temperatures were monitored and food was labelled when opened. We were told that the home used the better food better business guidelines and had received five stars from the food standards agency.

The home had infection control policies that had been updated recently and were in line with the code of practice on the prevention and control of infections and related guidance. This meant that the provider had procedures in place which ensured that the environment was kept clean and infections control measures were implemented effectively.

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

We were unable to speak to people in detail about this area. However, one person told us that liked all the staff working at the home. Relatives said that the staff working at the home had a really good understanding of their relative's needs and a good understanding and knowledge of working with people on the autistic spectrum.

Staff told us that they received regular training and the quality of the training was good. We saw from records that staff completed mandatory training on a yearly basis in a range of subjects including: safeguarding adults, infection control, manual handling, Mental Capacity Act, Deprivation of Liberty Safeguards, Autism, health and safety and food hygiene. Records viewed confirmed that training was up to date.

Staff told us that they received good support from the provider. This was provided in the form of regular one to one supervision meetings with senior staff. Records we viewed showed that these meetings were being provided in line with the provider's policy. Staff said that the management team were very approachable and if they had any issues or concerns they would be able to raise these immediately.

We were told that staff had the opportunity to undertake the Diploma in Health and Social care. Staff also told us that they received advanced training around supporting people with an autistic spectrum condition. Staff told us that this training helped them to understand the difficulties people with an autistic condition had in interpreting the world around them. However, it also emphasised the importance of treating every one as an individual and promoting their independence and rights. This meant that staff received appropriate professional development.

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

People who used the service and their representatives were asked for their views about their care and treatment and they were acted on. We saw that the provider encouraged family members and visiting professionals to make comments on the service provided. Relatives we spoke with told us that they were asked for their views on the service during review meetings they attended. They told us that that didn't have any concerns about the service but if they did they would speak to the home manager.

People using the service were given the opportunity to make comments about the service during a monthly meeting with their key worker. We saw that comments received were positive and where suggestions were made by people these were acted on. For example, one person suggested that they would like to have a new exercise bike and this was arranged. The provider may find it useful to note that there was no formal process in place to gather feedback from relatives on a regular basis. If people did not visit the service they would not have the opportunity to comment on the service provided.

We saw that there were a range of audits and checks which senior staff carried out at the service. These included medication audits, health and safety checks, audits on personnel files, support plan audits, food hygiene checks and checks that people's health needs had been attended to. We saw that where shortfalls were identified in practices actions were taken. For example, we saw that the registered manager signed monthly key worker reviews and actioned issues raised in these reviews. The home was visited regularly by the provider and the quality of the service provided was checked during these visits. The provider also told us that they spoke with people using the service during these visits.

We viewed the maintenance records for the home. This showed that maintenance issues identified by staff were reported and repaired in a timely fashion. Fire records for the home were up to date and recorded regular testing of the fire alarm system, fire equipment, emergency lighting, automatic door closures and fire evacuation drills.

We saw that a staff training matrix was maintained which ensured that staff training was being monitored and was up to date. Dates that staff were due to have their training updated were highlighted on the matrix and we saw that arrangements were put in place to

renew the training before it expired. This meant that the provider had an effective system in place to monitor staff training.

There was evidence that learning from incidents and accidents took place and appropriate changes were implemented. We reviewed the incident and accident forms for the home and saw that these were signed off by the registered manger. When signing off forms the manager recorded any actions that needed to be taken to reduce the likelihood of incidents occurring again.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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