

Bespoke Care and Support Ltd

Woodways

Inspection report

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Barnsley
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Date of inspection visit:
28 October 2021
29 October 2021

Date of publication:
19 November 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Woodways is a care home providing accommodation and personal care to younger adults who have a learning disability or autistic spectrum disorder and may also experience mental health difficulties. The service can support up to six people in six separate apartments on the first floor of the building. At the time of this inspection there were six people living at Woodways.

People's experience of using this service and what we found

Processes and quality assurance systems needed to be developed. We found people's care records needed to be reviewed and better organised; infection prevention and control, care records and medicines audits needed to be implemented; and regular supervisions needed to be sustained.

There were systems in place to recognise and respond to any allegations of abuse. Staff had received training in positive behavioural support. Safe recruitment procedures made sure staff were of suitable character and background. There were enough staff deployed to meet people's care and support needs in a timely way. Medicines were stored safely and securely. There were effective systems in place to ensure people received their medicines as prescribed.

Staff were provided with an induction and relevant training to make sure they had the right skills and knowledge for their role. Staff told us they felt supported by managers and colleagues. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access health and social care services as required. Positive and supportive relationships had been developed between people living at Woodways and the staff. People's independence was promoted and their dignity was maintained. People were supported to maintain meaningful relationships and to access the community.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support

- People's individual needs were met by the size and design of the service.

Right care

- The care and support provided was person-centred and promoted people's dignity, privacy and human rights

Right culture:

- The ethos, values, attitudes and behaviours of managers and care staff ensured people using services led confident, inclusive and empowered lives.

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

This service was registered with us on 20 April 2021 and this is the first inspection.

Why we inspected

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about inappropriate use of restraint, medicines management, staffing levels and deployment of staff. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. However, we have found evidence that the provider needs to make improvements with regards to governance systems and processes. Please see the well-led section of this report for further details.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach in relation to good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Woodways

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of one inspector and a specialist advisor. The specialist advisor was a nurse with experience of working with people with a learning disability and people with mental health conditions.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The manager was in the process of applying to register with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the different local authority commissioners and from Healthwatch, Barnsley. Healthwatch is an independent consumer

champion that gathers and represents the views of the public about health and social care services in England.

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

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who lived at Woodways and two relatives about their experience of the care provided. We met with the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider), manager and deputy manager. We spoke with five members of staff.

We looked around the building to check environmental safety and cleanliness. We looked at written records, which included three people's care records and three staff files. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included reviewing policies and procedures.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Woodways. Relatives confirmed this. Comments included, "[Name of relative] is definitely safe there. They have been in a few places and I think this is the best" and "[Woodways] is a nice place and they [staff] look after [name of relative] well."
- There were systems in place to help protect people from abuse. Staff confirmed they had received training in safeguarding, and they were aware of the provider's whistleblowing policy and procedure. Staff told us they were confident any concerns they reported to managers would be taken seriously.
- The manager kept a file of safeguarding concerns referred to the local authority and any action taken in response. However, there was no system in place to keep an overview of what was happening with each referral. The manager agreed they would introduce this.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff knew people well and how to manage any risks to the person. The manager was able to show us copies of people's risk assessments. These were detailed and person-centred. However, they were not available on people's care records for staff to be able to access easily. The manager told us they were in the process of reviewing and updating everyone's care records.
- Accidents and incidents were recorded at the time and then reviewed by managers to ensure appropriate action had been taken. The manager had recently reviewed the recording process and they were planning to keep an overview of all accidents and incidents so any themes and lessons learnt could be shared with staff. Staff debriefing sessions took place after any potentially challenging incidents had occurred.
- Risks to people in the event of a fire had sometimes been assessed and managed. There were regular checks of firefighting equipment. However, not all people had a personalised evacuation plan (PEEPs) in place. We spoke with the nominated individual about this and the missing PEEPs were completed during the inspection.
- Regular checks of the buildings and facilities were carried out to keep people safe. The home had the necessary safety certificates in place.

Staffing and recruitment

- The process of recruiting staff was safe. Staff personnel files contained the required information to help ensure people employed were of good character.
- There were enough staff employed to help keep people safe. The nominated individual worked with the relevant local authority commissioners and case workers to ensure people received the level of care and support they needed from staff. Staff rotas showed consistent staffing levels to meet these needs.
- Staff told us there were enough staff on shift and the use of agency staff to cover any gaps was reducing.

The nominated individual told us there was an ongoing programme of recruitment in place.

Using medicines safely

- Medicines were stored safely and securely and disposed of properly. However, the medicines room was small and untidy. The manager told us they had ordered locked medicines cabinets for each person's apartment. This would free up space in the medicines room.
- People received their medicines as prescribed. People's medicines administration records confirmed this.
- Senior care staff took responsibility for dispensing medicines. These staff had received training in medicines management, and we saw their competency in this area was checked.
- Some people were prescribed medicines on an 'as required' basis (PRN). In these cases, we saw there was clear, person-centred guidance for staff on when a PRN medicine may be required by the person.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. Not all staff were seen to be wearing masks appropriately.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The nominated individual agreed to implement regular infection prevention and control audits.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs had been comprehensively assessed before they moved to Woodways. Staff told us they were involved in the transition process with the person and this had been beneficial for everyone involved. It increased the likelihood of a successful move where a person's needs would be met, and any risks managed
- People's care records did not always contain all the information listed in the contents. For example, not everyone had a 'Me at a glance' summary sheet. Files were difficult to navigate with some information held in the person's apartment, some in the offices and some electronically. Potentially this could have made it difficult for new members of staff to access the information they needed in a timely way.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records contained consent to care documents. It was clear where people did not have capacity and would require support with making some decisions.
- Staff had received training on the MCA and understood the principles of it. They were able to give us examples of how they promoted people's independence.
- The manager and nominated individual understood their responsibilities under the MCA and they had made appropriate applications to the local authority for DoLS authorisations. However, not all staff were clear who was subject to a DoLS and therefore potentially not aware of any associated conditions. The manager was in the process of introducing a DoLS tracker to keep an overview and their current review of care records would ensure this information would be readily available to staff.

Staff support: induction, training, skills and experience

- Newly recruited staff received an induction to their job. Staff told us this included several weeks of classroom-based training and shadowing more experienced members of staff. It was clear from our observations staff had received training in positive behavioural support.
- There were systems in place for staff to renew their training as required. The service had not yet been open long enough for staff to complete annual refresher courses. However, there was support available on site from the MAPA (management of actual and potential aggression) trainer and coach. Staff told us they found this useful.
- Staff told us they felt supported by management. Comments from staff included, "I get so much more support now, I know I will get what I need from [name of manager]" and "I feel supported by the team leaders and I get on well with the manager." However, not all staff files contained records of supervision taking place in line with the provider's own policy of 'no less than a six-weekly basis'. The manager told us they were working on implementing this policy and showed us a record of planned supervision dates for all staff.

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

- People's nutritional needs were met. Staff supported people with menu planning and purchasing their own food according to their preferences. A relative told us, "[Name of relative] chooses their own food and does their own budgeting, they have never done that before."
- Staff knew people's dietary needs and preferences. People were encouraged to have a varied diet and where needed staff supported people with meal preparation. Each person had their own kitchen in their apartment enabling them to eat when it suited them. Some people told us they enjoyed cooking and had invited others to have a meal or drink with them.
- People's nutrition and fluid intake was recorded to ensure appropriate intake. Staff encouraged people to follow a weight management plan, where assessed as needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of health and social care professionals. A multi-disciplinary team meeting took place every Wednesday to review people's needs. We saw records of these meetings taking place. The person themselves, their relative and relevant staff were involved in these meetings, as appropriate.
- People's care records contained a 'My health action plan'. These were in easy read pictorial formats and contained useful information about people's health needs, such as any health conditions and any allergies.
- Any changes to a person's care and support needs were shared with staff during their handover meetings between shifts.

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

- The service was designed and decorated to meet people's individual needs. Communal areas were clean and well maintained with artwork on the walls. Staff offices were easily identifiable. Rotas and other information for staff was only displayed within offices.
- People had personalised their own apartments. One person told us they had chosen the paint colours before they moved in. People displayed their own artwork and possessions. The apartments were individualised and homely. People also had access to a relaxation room and a conservatory (shared with the service downstairs) for any group events or activities.
- The apartments were independent of each other with their own heating and hot water systems. This further promoted people's choice and independence.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were caring. Comments from relatives included, "Staff are lovely" and "[Staff] are good at contacting me if there is a problem, communication is good. I definitely feel involved. I am always welcome when I visit."
- We saw positive interactions between people and staff. For example, a person was becoming agitated and staff were calm and patient with the person. They focused on the person and were able to quickly diffuse the situation.
- Staff talked about the people they supported with compassion. They clearly knew people well. We saw people and staff were comfortable and relaxed with each other, engaging in friendly conversations.
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under this legislation, such as age and gender. Our observations of care and discussions with staff showed us they were respectful of people's rights.

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

- People told us they were involved in making decisions about their care. Staff asked people how they were feeling and encouraged them to say what they wanted to do. One person told us they wrote part of their care plan with staff. They had listed their likes and dislikes. They also told staff what they should say if they needed support to feel in control.
- The provider had ensured people knew about their right to advocacy support. People were supported to keep in contact with professionals involved in their care. Staff also saw themselves as advocates for people, if needed. A member of staff told us, "The service users are my priority. I am their voice if they haven't got one."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. A relative told us, "They [staff] treat [name of relative] with respect and listen to them. They have the time to focus just on [name of relative]."
- Staff encouraged people to be as independent as possible. They knew people's strengths and dislikes. A member of staff told us, "I like to have a drink and chat. I stand back and only support if needed. Not regimental. Nice to get people out. We stroll up to Wombwell, everyone loves going to the charity shops."
- People's personal information was respected. We did not see or hear staff discussing any personal information openly or compromising people's privacy. Staff we spoke with understood the need to respect people's confidentiality and we saw confidential records were locked away in the manager's office when not in use.

Is the service responsive?

Our findings

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

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

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

- People were supported and encouraged to develop meaningful relationships with friends and family. For example, people were supported to attend events and activities. Three people had gone to a disco the night before our inspection.
- People were supported to take part in activities. The provider had recently employed an 'Occupational Activity Coordinator' to work across both of their services. We were told they tried to see each person every weekday to see what they wanted to do. For example, on the day of the inspection some people were going conker collecting to make Autumn wreaths.
- People told us they had access to the local community. One person told us they went out whenever they wanted. They explained there was a bus stop and a train station close by. The provider had also purchased an electric minivan for staff to facilitate trips out.
- People were encouraged to consider employment and training opportunities. One person told us they were excited to be starting a design course soon.

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints policy and procedure. The provider's easy read pictorial 'Service User Guide' gave people information on ways to complain.
- People and relatives told us they knew how to make a complaint and management were responsive to any concerns they raised. Relatives told us they had not had any reasons to make a formal complaint.
- We saw the manager had a system in place to record any complaints, their response and the outcome. They told us there had not been any formal complaints to date.
- The manager told us they had an 'open door' policy so people could meet with them at any anytime. The manager told us they had introduced comment cards anyone could complete with any queries when they were not available to speak with. People we spoke with confirmed this to be the case.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People told us they were involved in their care planning and in regular reviews of their care and support needs. A relative told us, "They [staff] listen and engage with [name of relative]. My [name of relative] is the person at the centre of it all."
- People received personalised care from staff that knew them well. Although care records were being reviewed and reorganised staff supported people to have choice and control. People were encouraged to undertake activities that staff knew they enjoyed.
- There was an option to complete a 'last wishes' document with people as part of their care record, as

appropriate.

Meeting people's communication needs

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

- People's communication needs were met. People's communication needs were assessed and information was available to staff on how to best meet these needs.
- Information was made available to people in different formats, such as easy read, pictorial documents.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The first person moved in to Woodways six months ago and processes and systems still needed to be developed. In particular, we found people's care records needed to be reviewed and better organised; infection prevention and control, care records and medicines audits needed to be implemented; and regular supervisions needed to be sustained in line with the provider's own policy.
- Provider audits were not taking place. These may have picked up on some of the issues we found. However, the nominated individual was fully aware of the need to introduce this and already had plans in place. The nominated individual told us they had initially focused on staff recruitment and providing quality care and support to people. They were now moving on to developing effective quality assurance processes.

We found no evidence that people had been harmed, however systems were not in place to assess, monitor and improve the quality and safety of the services provided this was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance. Staff told us these were discussed as part of their induction and confirmed they were available to them in the manager's office.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives told us they thought the service was well managed. A relative told us, "All the staff seem to enjoy working there. A lot of it is down to [name of nominated individual and their attitude. The new manager also seems very professional."
- We found no evidence of a closed culture. This is a poor culture which has an increased risk of harm. We saw there was positive and open engagement between people and staff.
- Staff told us they enjoyed working at Woodways. They said they felt valued and supported in their jobs. Comments included, "Everyone was so welcoming when I started. I really feel like part of a team" and "I am now happy to come to work every day. It doesn't even feel like work."
- The manager was in the process of registering with CQC. They had previous management experience in adult social care and were aware of their obligations for submitting notifications in line with the Health and

Social Care Act 2008.

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

- There were systems in place to gather feedback about the service. We saw minutes of staff meetings taking place. Staff confirmed there were regular meetings and they could access the minutes if they were unable to attend. The manager also met with people living at the service to gain their views and any feedback.
- Staff were also asked for their views of the service via 'spot chats'. Managers or staff could request one of these anytime they had any concerns or issues they wanted to discuss. We saw records of these taking place on staff files.
- The nominated individual told us they were in the process of creating satisfaction surveys which would be distributed once the service was more established.

Working in partnership with others

- The manager told us they had developed a good working relationship with the local GP surgery and pharmacy.
- Staff worked with the relevant commissioning local authority to monitor and review people's care and support needs.
- The nominated individual was keen to develop links with the local community as the COVID-19 pandemic lockdown eased.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (a) Systems were not in place to assess, monitor and improve the quality and safety of the services provided.