Woodrowe Healthcare Ltd

Woodrowe House

Inspection report

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Ratings

Overall rating for this service	Good

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
Woodrowe House is a residential care home providing accommodation and personal care. It is registered to support up to 27 people with a physical disability, sensory impairment or mental health needs. The service specialised in providing rehabilitation for people with acquired brain injuries. At the time of our inspection there were 20 people using the service.

The living accommodation was provided over two floors accessed via stairs or a lift. Bedrooms were of a large size with an adjoining en suite shower room. There were several quiet communal areas people could access both within Woodrow House and in the grounds. People had access to a sensory room, spa bath, activity area, gym, games area and hairdressing salon.

The service employed occupational therapists and physiotherapists to support people to regain their skills and to promote independence. Therapy was provided on the third floor of the service.

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

Quality assurance systems and processes to monitor the quality and safety of the service required improvements.
Staff had the relevant skills and competence to meet people's needs. However, improvements were needed to the providers mandatory training programme. These were made following the inspection and needed to be embedded in practice and sustained. Where staff needed to undertake specific tasks such as giving injections, they had been trained and competency assessed by the appropriate healthcare professional. Staff received an in-depth introduction to people's care needs and did not support people with these until they had been assessed as competent to do so.

People were supported by staff that knew how to keep them safe from harm or abuse. People received medicines on time and were supported by staff that had been safely recruited. Staff had a good knowledge of risks associated with providing people's care and received training relevant to people's needs. There were enough staff employed to meet people's care needs.

The registered managers were passionate about providing person-centred care. They knew people well as they were involved in care delivery. The service regularly sought feedback from people about their care experience to ensure any issues were promptly addressed.

The service supported people to express their views, preferences, wishes and choices. Staff supported people to engage in their hobbies and interests, while promoting people's independence. The service was

flexible and responsive to people's individual needs and preferences. People and relatives knew how to raise a concern or make a complaint and felt confident this would be addressed.

People and relatives told us the care received was kind, caring and compassionate. Staff we spoke with were committed to ensuring people's health, emotional and social wellbeing needs were fully met. People and staff had built positive relationships together and enjoyed spending time in each other's company. People's diversity was respected and embraced. Staff were open to people of all faiths and beliefs and people's privacy and dignity was respected.

People were supported to eat and drink enough and changes to their health were promptly identified. They were supported to access timely medical intervention.

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

Rating at last inspection
This service was registered with us on 04 July 2019 and this is the first inspection.

Why we inspected
This was a planned inspection of an unrated service.

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.

We found improvements were needed with the providers quality assurance systems and processes, please see the well-led section of this report. We made a recommendation the provider review their mandatory training programme and quality assurance systems and processes.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive findings below	**Requires Improvement**

Woodrowe House

Detailed findings

Background to this inspection

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

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 was undertaken by one inspector over two days.

Service and service type
Woodrowe House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Woodrowe House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We communicated with six people who used the service and three relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, nominated individual, service manager, occupational therapists and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a healthcare professional and visiting paid relevant persons representative (PRPR). A PRPR visits people who are subject to Deprivation of Liberties Safeguards (DoLs) which restrict their lives in some way, and do not have family and friends to ensure these are being used lawfully.

Some people were not able to fully communicate all their experiences of receiving care verbally but used different ways of communicating such as gestures and their body language. During the inspection, we spent time observing staff interactions with people.

We reviewed a range of records. This included five people's care records and eight people's medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at a variety of compliance records, not limited to, but including training data, policies, newsletters, survey outcomes and meeting records. We reviewed feedback we had received online from a relative and written feedback from a GP. We also spoke with professionals from three commissioning organisations.

Good

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 of 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 Woodrowe House. They told us if they needed help from staff, they could use their call bell and staff would attend promptly. Call bells were portable and enabled people to request support wherever they were in the service. One person said, "Safety wise, I feel very safe here. I couldn't pick anything they do that makes me feel unsafe" another person said, "I feel safe with the staff, one hundred and one percent."

● People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

● People told us if they had concerns about their own or other people's safety they would speak to staff or a member of the management team and these would be addressed. Staff knew how to 'whistle-blow' and raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. A staff member said, "If I had any concerns, I would raise these with the managers straight away and they would be very swiftly addressed."

Assessing risk, safety monitoring and management

● There was a strong focus on risk management to prevent untoward incidents occurring and people were supported to take positive risks to maintain their independence. Where people were at risk of falling or required equipment to support their mobility, risk assessments and care plans contained detailed instructions for staff. Staff did not support people to use mobility equipment until they had been assessed as competent to do so. All equipment we saw was clean and in a good state of repair.

● People were involved in managing their risks. Risk assessments were person-centred, proportionate and reviewed regularly. Adequate guidance was in place for staff to ensure they knew how to reduce risks to people's safety. Staff we spoke with knew about people's risks and the support they needed. For example, one staff member told us in detail the signs they looked for to recognise if a person's health condition was deteriorating and the action they would take. People's allergies were clearly referenced within their care records, and staff knew of these.

● People had a personal emergency evacuation plan (PEEP) to instruct staff how to support them to leave the service safely in the event of an emergency. Staff had received fire training, and environmental checks were in place to ensure fire risks were mitigated against.

● Water temperature checks were undertaken regularly. We identified the water temperature in three basins in people's en suites to be over the recommended safe level by up to 6 degrees. We discussed this with the registered manager who took immediate action to address this and implemented new systems and processes for checking water temperatures.

Staffing and recruitment

● There were enough competent staff available to meet people's care needs. Staffing levels were reviewed when new people were admitted to the service to ensure there was enough staff for everyone at Woodrowe House. If a new person was admitted or a person was unwell a member of the management team would 'sleep in' to provide additional support and guidance to staff as needed.
● Safe recruitment checks had been undertaken to ensure the right staff were recruited to support people to stay safe. This included seeking suitable references and undertaking checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● Medicines were safely stored. We noted the temperature in the medicines room had been up to 26 degrees Celsius on some days when the weather had been warm. Manufacturer guidance for most medicines recommends storage under 25 degrees Celsius. We discussed this with the registered manager and nominated individual. They told us they would monitor the medicines room temperature and seek guidance from the pharmacy in relation to the storage of medicines.
● People received their medicines as prescribed, on time and in the way they preferred them by competent and knowledgeable staff. People were involved in regular medicines reviews and were supported to be as independent with their medicines as possible. People's medicines profiles detailed when they needed to be given 'as required' medicines and records evidenced these were given in line with this guidance. Staff knew what to do if people refused their medicines. A staff member told us, "If a person refuses their medication, we contact the GP."
● Some people's medicines regimes were complex and required frequent administration at a set time. These medicines administration records had been transcribed and simplified to reduce risks of medicines being missed or errors occurring. Where medicines records were transcribed national best practice guidance was followed.

Preventing and controlling infection
● We were assured the provider was preventing visitors from catching and spreading infections, meeting shielding and social distancing rules, admitting people safely to the service and accessing testing for people using the service and staff.
● We were assured the provider was using PPE effectively and safely. One person said for personal care, "Staff always wear gloves, aprons and masks. I have never actually seen their faces."
● We were assured the provider was making sure infection outbreaks could be effectively prevented or managed and found they were promoting safety through the layout and hygiene practices of the premises. A person said, "They clean my bedroom and bathroom every day."
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
Visiting was supported in line with current government guidance relating to the COVID-19 pandemic. People and relatives were able to spend time together inside Woodrowe House and in the grounds. They told us they were happy with the visiting arrangements. One relative said the service was "Always supportive of visits."

Learning lessons when things go wrong
● There was an open culture of learning from mistakes, concerns, incidents, accidents and other relevant events. Staff knew how to report accidents and incidents. There had been very few accidents and incidents due to the service's focus on preventing accidents and incidents from occurring. A staff member said, "We have incident forms to fill in. If someone has an injury such as bruise on their arm, the relevant body map

would go with the incident form." This meant staff were able to monitor any injuries that had occurred.

● Accident and incident records were reviewed by the management team. Thorough investigations were undertaken involving all relevant staff, partner organisations where appropriate and people who used the service. People's care plans and risk assessments were reviewed, and measures put in place to reduce the risk of recurrence.

● Regular management meetings were held to identify themes and trends in accidents and incidents, so improvements could be implemented.

Good

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.
Staff support: induction, training, skills and experience
● The services mandatory training programme did not include some areas such as health and safety, mental capacity act and DoLS, equality diversity and human rights, pressure area care and epilepsy. However, all staff we spoke with had a good knowledge and understanding in these areas due to the personalised induction.

We made a recommendation the provider review their mandatory training programme to ensure this reflected the training staff required to maintain necessary skills to meet the needs of people receiving care at Woodrowe House.

● Staff new to a caring role completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff told us they had regular supervisions and felt valued and supported by the management team. A staff member said, "[Managers] ask for feedback a lot and actually take things on board. I provided feedback on a [record template] that needed to be updated, they listened and sorted it straight away."
● Staff shadowed experienced staff to get to know people as part of their induction. Staff did not provide care to people until they had been assessed as competent to do so. A member of the therapy team observed staff undertaking people's morning, lunch and evening routine. A staff member said, "Some routines only involve [piece of mobility equipment], some positioning, some hoisting. [OT Name] will stay with you through the whole routine. They will provide feedback and say you have passed. They do that for every single person. You don't support by yourself until you have been signed off."
● Staff had received competency-based training from healthcare professionals to undertake tasks such as administering injections and providing people's nutrition enterally [directly into gastrointestinal tract]. One person told us that having staff trained meant they had more choice and control over when they received this care and said, "The fact the staff do it is great".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's physical, social and wellbeing needs were holistically and comprehensively assessed before receiving care from the service. Pre-admission checklists were completed to ensure all aspect of the person's care had been risk assessed and care plans undertaken. This included ensuring appropriate referrals were made to external services to make sure their needs are met.
● People and, where appropriate, their relatives were fully involved in writing their care plans.
● Care and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes. Government guidance relating to the COVID-19 pandemic had been shared with staff when

changes had been made that impacted the delivery of personal care.

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

● Peoples likes, dislikes, dietary preferences and allergies were fully detailed in people's care plans. Some people did not eat certain foods due to their ethical, cultural or religious beliefs. This was considered when planning meals and was catered for. Without exception we received positive feedback about the food at Woodrowe House.

● People chose their meals from a menu. One person told us. "There's a couple of choices each day. If there is something I don't like, I will ask for something else and they will find it for me." We saw recent feedback that said, "I just wanted to say how impressed I am with the menu. I would happily choose anything from the menu as it sounds so fresh and tasty." We observed people's mealtime experience and found this to be a relaxed and social occasion, people ate well supported by staff in line with their care plans.

● People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions affecting their health. People's care plans and risk assessments provided adequate guidance to staff to ensure they ate and drank enough and reflected health professional advice and guidance. We observed people to have a drink within reach at all times.

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

● People experienced positive outcomes regarding their health and wellbeing. Concerns had been identified and prompt action taken to address them. For example, on the day of the inspection a person had been unwell overnight. By the morning, paramedics had attended, there had been liaison with the GP and antibiotics had been prescribed and were in place. The service employed occupational therapists, physiotherapists and sourced psychiatry support to ensure people's needs in these areas were promptly assessed and responded to, to aid their recovery and to support them with their rehabilitation.

● Staff were knowledgeable about people's healthcare needs and knew how to recognise signs of healthcare deterioration. Records and feedback evidenced people had prompt access to healthcare support when needed. One person said, "[Registered manager] has weekly calls with the GP, but if anything is needed in between they get it done." Hospital passports were in place summarising people's needs. These were very detailed and could be shared with hospitals to ensure people received continuity of care during admissions.

● People's oral health needs had been assessed and were met. One person's care plan provided detailed instructions for staff of the measures they needed to take to reduce the risk of toothpaste or secretions accidentally entering their lungs. Two people told us how the service was supporting them to access the dentist, with one person being supported to attend on the day of inspection.

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

● The building had been fully refurbished prior to opening and had been designed, adapted and decorated to a high standard to meet the needs of people requiring rehabilitation. There were several lounge areas, a sensory room, games area, spa bath, gym and therapy suite for people to use. The large outdoor space was seen to be in use throughout our inspection.

● People's bedrooms were a good size and had adjacent en suite shower rooms. Bedrooms were personalised and reflected people's preferences, hobbies and interests. For example, we saw posters of people's favourite films, fairy lights, football souvenirs and motorbike racing.

● Specialist or adapted equipment was made available as and when required to deliver better care and support. This was assessed by the occupational therapy team. People were supported people to make choices about their equipment.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The service met the requirements of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. One staff member said, "We have to assume everyone has capacity unless proven otherwise, we support people to make their own choices as much as possible. If they don't have capacity, we make sure care is in their best interest and the least restrictive option." Another staff member said, "We give people as much choices as possible from clothes to food to everything." People's choices were respected.
● Where people were no longer able to make decisions about certain aspects of their lives, this had been assessed and best interest decisions had been undertaken. People's preferences and wishes were taken into consideration and relatives and Lasting Power of attorneys (LPA) consulted if appropriate. LPA gives representatives the legal authority to make decisions on a person's behalf when they no longer have capacity to do so.
● Everyone we spoke with told us staff asked for consent before providing their care. Care plans detailed conditions within people's DoLS, and records evidenced these were met. Reviews of DoLS authorisations were promptly requested if there had been a change to people's circumstances. The PRPR gave positive feedback about the level of information received from the service and told us the management team provided regular updates.

Good

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 were always treated with kindness. This was reflected in feedback from people who used the service, their relatives, staff and professionals. One person said, ""It's a nice atmosphere here. The carers are great and genuinely care." A health professional said, "I am always in awe of the way they [staff] support people in a kind and humane way." Staff knew peoples likes, dislikes and preferences and we observed them speaking to people about these.
- The provider's recruitment process focussed on recruiting compassionate, kind and empathetic staff. Staff had the right skills to make sure that people received compassionate support and had more than enough time to get to know them. This including enabling staff to understand people's care and support needs, wishes, choices and any associated risks.
- People's cultural and religious needs were detailed in their care plans. 'Spirituality and sexuality forms' were completed with people on admission. These helped the provider to understand people's preferences and wishes in relation to their protected characteristics to inform their care plan. Staff provided examples of how they supported people to follow their cultural, ethical and religious beliefs.

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

- People's views regarding their care were regularly sought and they were empowered to make decisions about their care. People had been fully engaged in developing their care and therapy plans. These considered people's goals and aspirations.
- Staff understood when people needed or wanted help from their relatives and others important to them when they were making decisions about their care and support. They did so in a way that was sensitive to each person's individual needs.
- The service understood when people needed the support of an advocate. Advocacy information was displayed in the service. An advocate is someone that can help a person speak up to ensure their voice is heard on issues important to them. Whilst no one was supported by an advocate, some people had an LPA in place. This is a person that acts in the persons best interests when making decisions on their behalf.

Respecting and promoting people's privacy, dignity and independence

- Respect for people and their privacy and dignity was at the heart of the provider's culture and values. People using the service, their families and staff felt respected, listened to and valued. People's care plans detailed how they wished for their privacy and dignity to be maintained. One person said that during personal care, "Staff always cover me with a towel." Staff confirmed this approach was embedded in practice. The service supported and encouraged staff to notice and challenge any failings and to report these to the management team. People's personal data was protected.

● Staff had enough time to develop trusting relationships with people and their relatives. They identified when people were in discomfort or distress and took prompt action to provide care and support. People received consistent, timely care and support from familiar staff who understood their needs and got along with them. People had as much choice and control as possible in their lives. This included in relation to the staff who provided their personal care.

● People's skills and abilities were recognised by staff. People were empowered to be independent and take positive risks. The service philosophy advised the service is designed, 'to empower clients to regain maximum autonomy and wellbeing regardless of complexity or need'. A staff member said, "We try and give everyone that bit of independence to things themselves, like shaving and washing."

● People were supported to maintain and develop their relationships with those close to them, there were no restrictions on visiting and people had free access to their community. Any restrictions were unavoidable or demonstrably in their best interests.

Good

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.

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

● People's care plans were reviewed regularly with people and as their needs changed, they fully reflected people's needs and included detailed information about what was important to them and how they preferred to manage their health.

● Staff spoke knowledgably about tailoring support to individual's needs. People were in control of how they lived their life. One person said, "I am able to direct my own care. Even though it's in my care plan, I can say how I want it." Another person said, "They [staff] do everything exactly how I want." A staff member said, ""[Name] is offered [personal care] first thing. It is led by [Name], if they are awake and they want it, we will do it straight away, if they want a lie in we will do it later."

● Care plans reflected people's likes, dislikes, hobbies and interests and how staff could best support them. People were supported by a consistent team of staff that knew them well. A relative told us how the maintenance staff member had recognised a person had an interest in this area of work and had involved them when they were undertaking their role. They told us the person "Spoke about that for weeks." A commissioner told us, "[Names] care plans were well written, reflective of their needs, who they are as a person and personalised."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● Staff ensured people had access to information in formats they could understand. Information could be translated to people's first language or larger print if required.

● People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. Pictorial menus were available if required to support people to make mealtime choices.

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 to live active and fulfilled lives. A staff member told us they took people for walks, to the pub, local park and supported people to do art and crafts, play pool and games. A person said, "I can't think of anything that can be improved, everything is how I want it to be. There is enough to do if I want to."

● Some people liked to access group activities and some people wished to undertake activities on their own. Staff supported people to follow their interests and take part in activities socially and culturally to them. With the lifting of COVID-19 restrictions, more community-based activities were being planned.
● Relationships between family and friends were fostered, we saw visitors attend during our inspection and take people out. People told us they were able to access the service's internet so they could make video calls to family and friends.

Improving care quality in response to complaints or concerns
● The service had a policy and procedure in place to manage complaints and kept a comprehensive log of compliments and complaints. They dealt with complaints in an open and transparent way, with no repercussions. Compliments were celebrated and shared with staff and records showed complaints had been investigated and addressed to people's satisfaction.
● The service used learning from complaints and concerns as an opportunity for improvement. For example, there had been a complaint about laundry management resulting in lost/misplaced clothing. As a result, the management team had appointed a separate member of staff to manage the laundry and changed the laundry management system. A staff member told us this had reduced incidents of clothing being misplaced and there had been no further complaints about this.
● People and relatives told us they knew who to speak to if they had any concerns and were confident concerns they raised would be addressed. A relative said, "[Name] would tell me if worried about anything, they never have."

End of life care and support
● At the time of the inspection, people were not receiving end of life care at the service. End of life care plans were in place for some people and in development for others. The registered manager told us should a person reach the end of their life they would liaise with healthcare professionals to ensure people received joined up care and to continue to support people to remain at Woodrowe House if this was their wish.
● The service had recently supported a person at the end of their life. We received positive feedback from their relative which evidenced the person received personalised, dignified, comfortable and respectful care at the end of their life. They said, "Staff were so respectful, they treated [Name] with the utmost respect." They gave positive feedback about the emotional support they received from the management team. The service made sure facilities and support were available for the persons relatives and staff.

Requires Improvement

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 management and leadership of the service had not maintained full oversight of the service. There was an increased risk the support and delivery of high-quality care would deteriorate.

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

- The provider's quality assurance systems and processes were not always reliable or effective. For example, they did not identify water temperatures over a safe level, or evidence staff training for some areas. Improvements were needed to quality assurance systems and processes and training records to evidence the service was assessing and monitoring the service against the regulations.
- Audits were not undertaken for some aspects of the service such as medicines administration records and infection prevention and control. The management team had a good oversight of the day to day management of the service and were undertaking regular checks of compliance in these areas. However, there were no records to evidence this.
- Following the inspection, changes were made to the providers mandatory training programme and the auditing of maintenance checks. These new systems needed to be embedded in practice and sustained.

We made a recommendation the provider review their quality assurance systems and processes to evidence as the service grows, they are effectively assessing monitoring and improving the quality and safety of service.

- Without exception we received positive feedback about the registered manager and nominated individual. A person told us, "The managers are very friendly here, they help a lot." We saw feedback about the management team that said they were "Two very special individuals whose lives are driven in delivering the best possible care to each and every one of your residents." A staff member said, "I cannot praise the management enough, we have recently had a resident that passed away, [the provider's nominated individual] stayed the whole week and during the COVID outbreak they [management team] were on the floor helping."
- Staff were clear about their roles and responsibilities and felt listened to and valued. Staff gave positive feedback about the level of detail provided in people's care plans and told us they received excellent support from the management team. The service had appointed a freedom to speak up guardian, and staff could go to them anytime with queries or concerns. Staff provided positive feedback about the support they received from the speak up guardian.

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

- The service had a positive person-centred, open, inclusive and empowering culture. The management

team were passionate about providing person centred care and had a good understanding of equality, diversity and human rights. People were in full control of their care delivery and were consulted about all aspects of their care. Staff understood the need to treat people as individuals and respect their wishes.
● The management team knew people using the service well. They were available, consistent and lead by example. They worked closely with people and staff, modelling open, cooperative relationships. They knew people's goals and aspirations and worked with people to achieve these. For example, the management team had co-ordinated personal meetings with people's idols such as footballers and musicians.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager and provider was aware of, and there were systems in place to ensure compliance with, duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The service involved people, their family, friends and other supporters in a meaningful way. Regular meetings were held with people living at Woodrowe House to gain feedback on their experience of receiving care to implement improvements. A relative told us how a person had provided feedback regarding the food and advised they fancied a unique meal that was their favourite, this was actioned and prepared for them on a weekly basis.
● People, relatives, staff and professionals told us they would recommend the service. One person said, "I would definitely recommend here for rehabilitation, you get regular therapy. Bedrooms can be adapted to what you want." A relative said, "You can't fault it really, you would have to go a long time to beat it." We received positive feedback about communication. A relative said, "We were kept fully informed during COVID, we were confident in knowing [Name] was protected during COVID." Another relative said, "They [service] are always in contact, they are good at that, any problems they always ring me."
● Regular staff meetings were undertaken. These were used to keep staff informed about any changes within the service, to provide feedback to staff and to seek feedback to inform improvements. Staff had suggested the introduction of a newsletter, this had been implemented and was well received by staff.

Continuous learning and improving care
● The management team met weekly to discuss individual people's health and wellbeing, to discuss themes and trends with accidents and incidents and to discuss improvements needed. Whilst there was no formal business improvement plan, the registered manager and provider told us they discussed and implemented improvements required.
● Where professionals had recommended improvements, the registered manager and provider had been responsive and implemented these promptly. For example, a recommendation had been made regarding mop storage during an infection prevention inspection. This had been actioned.

Working in partnership with others
● The service was transparent, collaborative and open with all relevant external stakeholders and agencies. It worked in partnership with key organisations to support care provision, service development and joined-up care.
● We saw feedback from a healthcare professional that said, "Can I add what a pleasure it was to receive such detailed hospital passports, it was obvious a lot of care had gone into ensuring that anyone who comes into contact with one of your residents has a good basis of knowledge surrounding not only their background and health needs, but their likes and dislikes." Another healthcare professional said, "The

management team at Woodrowe House always seem to listen and consider our suggestions, and we are always able to have an open and honest discussion about [people] aswell as raise our own concerns."

- The registered manager told us how they kept up to date with best practice by engaging in specialist forums relating to acquired brain injury and received other sources of news via skills for care, email and specialist magazines.