

# Waterfield Supported Homes Limited

## Waterfield Supported Homes Limited - 23 Broadfield Road

### 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?	Good ●

# Summary of findings

## Overall summary

### About the service

23 Broadfield Road is a care home for up to seven people with mental health needs. At the time of our inspection, there were seven people using the service. The home is an adapted residential property with accommodation over three floors. There was a communal lounge, dining area, kitchen and garden.

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

People told us they liked living here and that they felt safe. They told us they had privacy and were treated with respect by staff.

People were supported by well-trained staff who knew them well and understood their needs. We saw staff interact with people in a caring way.

People's medicines were safely managed and stored. Fire safety checks and drills were regularly completed. There were regular, documented safety checks and external assessments of safety and equipment.

People had detailed risk assessments and care plans which they helped develop.

The registered manager regularly audited and reviewed the home's records, policies and procedures.

Staff told us they enjoyed working at the home and felt supported by management.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 11 May 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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## **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.

### Inspection team

This consisted of one inspector.

### Service and service type

23 Broadfield Road is a 'care home'. People in care homes receive accommodation and personal care as 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 had a manager registered with the Care Quality Commission. 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.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service. We spoke with the registered manager, assistant manager and one support worker. We looked at a range of records. This included three people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. We looked at training records and materials.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and other documents relating to the running of the service. We spoke with two further members of staff and one relative.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they thought that the home was a safe place.
- People were supported by staff who were aware of the signs of abuse and knew how to report any concerns. Staff had received training in safeguarding which was refreshed regularly. They understood whistleblowing and how to escalate concerns to the provider organisation if they needed to. A staff member told us, "I'd first report to the senior staff on duty, if they weren't doing anything about it then I'd report to the manager, if they were still not doing anything, to the local council, if I was still not satisfied then I would report to the CQC."
- There were suitable policies and procedures in place, and staff were following them. For example, we saw receipts and records being kept to protect people from financial abuse. A staff member told us, "We are making sure no-one is abused in any way, including making sure right practice is followed."

Assessing risk, safety monitoring and management

- Detailed risk assessments were completed to identify risks to people's safety and wellbeing. These were reviewed monthly or when people's needs changed. Staff were familiar with the assessments and described the risks people faced and how these were managed to keep them safe.
- The provider had systems and procedures in place to routinely monitor the safety of the premises and equipment. Records were up to date and were reviewed regularly by the registered manager.
- A Personal Emergency Evacuation Plan (PEEP) had been completed for everyone, to ensure there were arrangements in place to support them to evacuate the building safely in the event of an emergency. These were reviewed regularly. Staff told us they felt confident they would know what to do in a fire.
- There were regular fire drills and alarm tests, and records were kept. The alarm system and fire extinguishers were regularly serviced. An external fire safety assessment had been completed in October 2018 and there was no action required. Fire doors were all closed or would close automatically in the event of a fire.

Staffing and recruitment

- There were enough staff to support everyone. A member of staff told us, "There are always enough staff to work with." Regular agency workers were used to supplement the permanent staff and knew people well. One of the agency staff told us, "I always get a handover on what has been happening since I last worked, and if I have questions I would ask."
- Staff were recruited safely. Full checks were completed which included verified references and a full employment history. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

### Using medicines safely

- People's medicines were managed and stored safely. Processes were in place to ensure medicines were ordered and supplied regularly. Audits of records and stock were carried out monthly by the registered manager. No concerns had been identified.
- People were supported with their medicines by staff who had been trained in the safe administration of medicine. Staff knew the home's procedures and adhered to them. Medicine administration records (MAR) were completed correctly each time a person was supported.
- The support people required with their medicines was assessed and clearly documented. Information about people's medicines was detailed and included potential side effects and interactions, and a photograph of the person. There was clear guidance for medicines being taken 'as required'.

### Preventing and controlling infection

- The home was clean and was generally free of malodour.
- There was a plentiful supply of personal protective equipment (PPE) and staff told us there were always enough gloves and aprons. We observed staff using PPE correctly to ensure that people were protected from the risk and spread of infection.
- The kitchen had a rating of five (the highest possible score) from the Food Standards Agency. On the day of our visit the kitchen was clean and food was stored correctly. Records of safety and hygiene checks were being kept and were up to date.

### Learning lessons when things go wrong

- Processes were in place to record any incidents and learn from them. There had been one unsubstantiated allegation of abuse, which was recorded in detail and dealt with appropriately. There had been no other incidents of note in the past year. People confirmed they had never had to report any concerns, but knew how to if they needed to.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 needs and preferences were assessed and recorded clearly. These assessments were in line with current guidance and best practice. They considered people's strengths first and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices. A member of staff told us, "All the information we need is there."
- People's personal care needs were assessed and recorded in an appropriate level of detail for their needs. Where people required support from the care staff, this included information about people's preferred routine and important details such as oral and denture care.
- People's protected characteristics under the Equality Act were identified and any related needs were assessed and documented.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction programme in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet. Further training and vocational qualifications were available to staff.
- Staff were confident in their role and told us they felt supported. They had regular supervision and appraisal with their line manager. A staff member told us, "I definitely feel supported. We have bimonthly supervision but if I had concerns I could ask for support at any time."

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

- People's nutritional needs were assessed and documented. Risks were described and steps taken to avoid them, for example, how to encourage people to eat when they were at risk of self-neglect.
- The menus offered to people promoted a healthy diet and included fresh fruit and vegetables, but reflected people's preferences and needs. A staff member told us, "We always give a choice of food. We generally follow the menu but if someone wants something else, we do that." People confirmed they liked the food usually but would be happy to ask for something else if they didn't.

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

- Staff helped people to have access to healthcare services and receive ongoing healthcare support. People living at the service had regular access to a range of healthcare professionals in the community or who visited the home as appropriate. Detailed records were kept showing visits by or to professionals such as GPs, nurses, opticians and chiropodists. A person told us, "I see my doctor as often as I need to." A member



of staff told us, "I think we are very proactive in facilitating appointments and are very good with other professionals."

- People were supported to receive good care when they had to transfer between services. Processes were in place to ensure that a person being taken to hospital would have with them their medicines, personal information, a summary of their needs and their important personal items, such as their glasses or handbag.

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

- The home is a period property which has been adapted to be accessible for the people who lived there. There was a stair lift in place.
- At the time of our inspection, the home was undergoing exterior renovations. The registered manager told us this was the beginning of the complete renewal and redecoration of the home, including the interior, which took place every two years.

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.

- At the time of the inspection, there were current DoLS authorisations in place for the people who were being deprived of their liberty. The registered manager ensured any conditions were met and the arrangements were regularly monitored and reviewed. There were policies and procedures in place for assessing people's mental capacity and making decisions in people's best interests.
- Staff understood the principles of the MCA. They told us they routinely sought consent when supporting people. A staff member told us, "I don't make decisions for people. They have capacity to make their own decisions unless it is proven otherwise."
- Care plans included information about how to support people in making decisions. Staff gave us examples of how they supported choice in people's day to day decisions such as choosing what to wear and what to eat.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 well treated by staff. People told us they thought the staff were caring towards them and supported them with respect. We observed friendly, natural interactions between people and staff during our inspection.
- Staff knew people well and what was important to them. They wrote their daily records and observations in a positive and caring way. Each person had an allocated key worker and had protected one to one time with them.
- Equality and diversity was respected at the home. People's protected characteristics were considered during their assessment. Staff were trained in equality and diversity as part of their induction.

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

- People were able to express their views and make decisions about their care and support. They spoke about their care with their key worker and there were regular residents' meetings. People's views and preferences were included in their support plans. A person told us, "I feel like they listen to me most of the time. I can talk to them when I need to but they leave me alone when I want that." A member of staff told us, "We listen to the people here very well."
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, they were supported to access advocacy and related services. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were promoted by staff. People told us they thought staff were respectful of their privacy. A person told us, "They always knock and things like that. I keep my door locked." Staff described further good practice they followed, such as how to maintain people's dignity when assisting with personal care.
- People's independence was promoted by staff. A person told us, "I'm independent with most things, but some things they help me with. I forget to take my tablets unless they remind me."
- Personal information and records were stored securely. Filing cabinets and offices were secure and computer systems were password protected.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 support plans were personalised and included how they wished their assessed needs to be met. People told us they chose what to do with their lives, and that staff listened to them when they said they liked or disliked things. The information in the plans was detailed and reflected the knowledge and understanding staff had of people's personal histories and how they now wished to be supported.
- Staff were familiar with people's care plans and found them useful. Staff members said, "We look through them and we know someone's needs and how to support them" and "We have enough information to care for people, and we have a daily handover to update the information."
- Staff told us they were comfortable with the home's computer based systems, which were used for support planning, risk assessment and record keeping.

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 assessed in line with the AIS. At the time of the inspection, none of the people living at the home had any specific communication needs.

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

- The home had a very strong culture of promoting people's relationships with families and friends. The registered manager described times she and her staff had taken exceptional action at people's request, including sensitive "detective work", to reunite several previously isolated people with families and relatives where possible. This included travelling abroad with a person to reunite them with their extended family.
- People told us they had visitors when they liked but also that they went out and visited friends and family. A staff member told us, "We are especially good at helping people visit their families." There were social activities for people in the home and their friends and relatives, such as a barbeque party in the garden.
- People were supported to follow their interests and take part in activities both inside and outside the home. People regularly attended day centres, church services and community events. There were organised activities such as arts and craft sessions. People's hobbies and interests were included in their support plans.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. People told they understood how to complain to the registered manager if they needed to, and what to do if they needed to take it further. There had been no complaints in the past year. We could see that suggestions for improvements had been sought during resident and staff meetings.

#### End of life care and support

- The service was not supporting anyone at the end of their life, but people's end of life needs had been discussed and recorded appropriately. People's personal beliefs and their religious and cultural preferences had been recorded and any arrangements already in place were noted.

# Is the service well-led?

## Our findings

### 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home had a positive atmosphere. People told us they liked living there and staff told us they enjoyed working there. Staff turnover was low. Staff members said, "I think everyone is doing their best" and "I would definitely recommend working here."
- Staff spoke to and about people in a positive and empowering way. Support plans, risk assessments and records used person-centred, inclusive language. A member of staff told us, "It's important to give all the clients holistic care."

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

- Managers and staff were clear about their roles and responsibilities. There were regular staff meetings and staff told us they had opportunities to discuss their practice, professional development and "anything else we need to talk about, really". Staff told us they could talk to the managers "any time" if they had concerns.
- Managers were knowledgeable about current best practice and stayed up to date using different resources. These included CQC publications, NICE guidance and the provider's internal resources. The assistant manager told us, "we stay up to date and are proactive around updating policies and procedures." There was a noticeboard for staff with information including good practice.
- There were systems in place to monitor the quality of the service. This included regular auditing of daily checks and records by the registered manager, who took appropriate action.

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 understood their duty of candour and the regulatory responsibilities around reporting to the CQC, and sent the required notifications correctly. We saw feedback from professionals at the local authority safeguarding team praising the home's openness and general good practice during an investigation.

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

- People's feedback was sought in formal and informal ways. We observed that people were comfortable expressing their feelings to the staff. People's feedback was sought during key worker sessions, resident

meetings and an annual survey of people, their relatives and representatives and professionals. Feedback and results we saw were generally positive.

#### Working in partnership with others

- The home had effective relationships with health and social care professionals and services. People were supported to attend appointments or were visited in the home to meet their physical and mental health needs. There were also regular visits from dentists, opticians, chiropodists, dieticians and others.