

Cognithan Limited

Woodside Court

Inspection report

80 – 82 Birchanger Road
South Norwood
London
SE25 5BG

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15 October 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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

Woodside Court is a 'care home' which accommodates up to ten people with mental health needs in one adapted building. At the time of the inspection, there were eight females using the service. Woodside Court is located on a residential road in South Norwood.

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

Some aspects of the premises were not safe. We saw that at least two large windows on the first floor of the home were not restricted. This posed an obvious risk to people of falling from a window. The provider's audits had not identified this.

People were satisfied with the quality of care they received. Their needs were assessed and regularly reviewed. People received care and support from a consistent staff team who were trained and knowledgeable in the care and support people required. Staff treated people as individuals and respected their privacy and lifestyle choices.

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 actively involved in decisions about their care and support.

People were protected from the risk of abuse and felt safe. All incidents involving people were appropriately reported, reviewed and used to improve practice. People knew how to make a complaint and the provider had an appropriate system in place to record

People were supported to maintain their mental and physical health. The registered manager and staff worked well with external healthcare providers to make sure that people received consistent care which met their needs. The provider and staff were following national guidance for the receipt, storage, administration and disposal of medicines. People received their medicines when they were due.

The provider had systems in place to assess and monitor the quality of care provided although they were not always as effective as they needed to be.

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

Rating at last inspection

The last rating for this service was good (report published April 2017).

Why we inspected

The inspection took place on 15 October 2019. This was a planned inspection based on the previous rating. We found that the provider needed to make improvements and we found one breach of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see the Safe and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve and maintain 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Woodside Court

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

The inspection team consisted of one inspector.

Service and service type

Woodside Court is a care home. People in care homes receive accommodation and nursing or 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

The inspection was unannounced.

What we did before the inspection

Before the inspection, we checked the information we held about this service including the inspection history, previous inspection reports and statutory notifications. A statutory notification is information about important events affecting people using the service which the provider is required to send us by law.

During the inspection

We spoke with three people who used the service and two members of staff. We reviewed a range of records including four people's care records as well as variety of records relating to the management of the service, policies and procedures. Some staff records were not accessible by staff on the day of our inspection.

After the inspection

We spoke with the registered manager via the telephone and sought additional information from the service regarding safety of the premises, staff training and supervision. This was sent promptly by the registered manager.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Each person had a personalised risk assessment but we found that people were not adequately protected from avoidable harm.
- Some areas of the home were not safe for the people living there or staff. The provider's audits had failed to identify this.
- As we approached the home we noticed that a window on the first floor was open to its fullest extent. We later learned that this was an office window. People had access to the office and there was not a window restrictor in place.
- We were not able to access every room because some people's bedrooms were locked but we saw a person's bedroom on the first floor which did not have a window restrictor in place. We showed a staff member who accompanied us to the room that we were able to open the window to its fullest extent.
- This posed an obvious risk to people living there and staff of falling from a window and being seriously injured. The provider had carried out a risk assessment of the home which considered the risk of falls from a height and window safety, however, this had not considered risks relating to individuals in the service and had not considered national guidance for care homes.

The provider's failure to ensure the premises were safe is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we asked for assurances from the provider that they would refer to health and safety guidance and take immediate action to make sure that the premises were safe for people. The provider had window restrictors fitted to all windows which were not restricted and carried out an environmental risk assessment which included window safety on the same day of our inspection.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- Everybody we spoke with told us they felt safe living at Woodside Court.
- Information was on display in a communal area advising people who to contact outside of the service if they felt unsafe or had been abused. People were aware of this information.
- There was a safeguarding policy and procedure in place which staff were familiar with. Staff had been trained in how to protect people from abuse.
- Staff spoke knowledgeably about how to recognise the signs of abuse and how to report any concerns.
- Staff understood their responsibility to record and report accidents and incidents involving people living in the home.
- When things went wrong the registered manager investigated and took action to help prevent the incident

happening again. During staff meetings staff discussed incidents involving people and put forward solutions for limiting the chances of the incident being repeated.

- The registered manager had reported incidents to the local authority and CQC as required.

Using medicines safely:

- Staff responsible for giving people their medicines had been trained to do so.
- There were appropriate arrangements in place to make sure that people's medicines were ordered on time and stored safely.
- People's care plans contained detailed information on the medicines they had been prescribed including any side-effects. People's medicines were reviewed regularly by external healthcare professionals.
- Staff kept records of the medicines people received. People told us and the records we looked at confirmed that people received their medicines as prescribed.

Preventing and controlling infection:

- People were protected from the risk and spread of infection.
- The provider made sure that up to date infection control policies and procedures were in place and the registered manager checked that staff applied these procedures in practice.
- Staff were aware of their individual roles and responsibility in relation to infection control and good hygiene.

Staffing and recruitment:

- The provider continued to have a safe recruitment procedure in place to make sure that only applicants suitable for the role of a care worker were employed.
- Appropriate checks were carried out before staff began to work with people including their right to work in the UK, criminal record checks and checking they were physically and mentally fit to carry out their role.
- There was sufficient staff to support people safely and meet their needs. The staffing arrangements were flexible enough to make sure that replacement staff were available if a staff member was off through sickness or another unplanned event.

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 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 needs were assessed before they began to use the service with their input.
- The assessments covered people's backgrounds, personal history, physical and mental health conditions.
- Information on people's mental health diagnosis and treatment plan from external healthcare professionals was taken into account in the care planning process which helped people receive appropriate and consistent care.

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 the conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were aware of the main principles of the MCA and their responsibilities under the MCA.
- DoLS applications were appropriately completed and submitted promptly.
- People who had the capacity to make their own decisions made their own decisions about their day to day care.

Staff support: induction, training, skills and experience:

- People thought staff had the necessary skills, training and experience to support them effectively.
- Staff completed an induction to the service and their training was up to date. The registered manager checked staff understanding of their training during one-to-one supervision meetings.
- Staff were confident in their roles and felt their training equipped them to provide effective support. Staff also had the opportunity to attend additional training and obtain further qualifications relevant to their role.
- The provider gave staff lots of information about people's mental health conditions which helped them to better understand people's needs. A staff member told us, "We have lots of training and information over

and above what most employers would give."

- Staff were supported in their role and attended regular supervision meetings with the registered manager. During these meetings staff discussed issues relevant to their role.
- Staff who had worked for the provider for more than one year received an annual performance review where their objectives for development were agreed.

Supporting people to eat and drink enough to maintain a balanced diet: Adapting service, design, decoration to meet people's needs:

- Staff supported people to have enough to eat and drink and have a balanced diet.
- People were encouraged to help plan the menu. People enjoyed this responsibility and it helped them to maintain their independent living skills.
- People were satisfied with the quality and variety of food and told us they were given enough to eat and drink.
- The home was of a suitable layout to meet the needs of people living there.
- There were large, well decorated communal spaces and people had access to a well-maintained garden. People who wanted to had personalised their bedrooms to reflect their tastes and interests.

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

- Care plans contained health care information which was useful to external healthcare professionals. This included people's personal details and healthcare needs and how healthcare professionals should best approach and support them.
- Staff supported people to maintain good health by ensuring they attended appointments with healthcare professionals. Staff were fully involved in reviews of people's mental health carried out by external healthcare professionals.
- Staff followed the recommendations of healthcare professionals involved in the people's care to make sure people received appropriate and consistent care.
- The support people received had a positive impact on their health and well-being. One person told us, "I've been better here than any other place."

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 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 staff were caring and kind. They commented, "They are good. They have manners and respect. I get on with them" and "They've got good hearts."
- Staff knew people well, including their likes, dislikes, personal histories and the people who were important to them. Staff used this knowledge to form positive relationships with people.
- We saw that staff were patient when people became anxious or agitated. They used their knowledge of people to calm and reassure them.
- People's choices and individuality were understood and respected. This was reflected in how people spent their time.

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

- Staff supported people to express their views.
- Information was available to people about getting and using an Advocate. Part of the role of an advocate is to make sure that the person they are supporting has their views heard.
- The registered manager actively sought opportunities for people to be involved in making decisions about their care and support. For example, the registered manager arranged regular "resident meetings" for people to discuss the service, staff and care they received. People were actively involved in these meetings. People's views were used to help shape the way their care was provided.
- Each person was allocated a keyworker - a member of staff who would meet with the person to discuss their goals, health and concerns. People told us they could approach staff at any time to discuss their care or any concerns.

Respecting and promoting people's privacy, dignity and independence:

- Staff supported people to maintain their independence. Throughout the day of our inspection people went out when they wanted to and spent the day in the way they chose. People managed their own finances and shopped for their personal items.
- Staff treated people with dignity by talking to them in a polite and respectful manner. People were supported with their personal hygiene if required and were well-groomed.
- Staff respected people's privacy by knocking on their bedroom doors and asking for permission before entering. Where permission was refused the person's wishes were respected.
- People's personal information was held securely and only accessible by staff so that confidentiality was maintained.

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 good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; improving care quality in response to complaints or concerns

- People were satisfied with the way they were supported and complimentary about the quality of care they received. They told us, "I like it here. I'm happy" and "They look after me really well."
- Care planning considered people's cultural, social and spiritual needs as well as their health care needs.
- People were fully involved in the care planning process and in deciding how their support was provided day to day. Staff knew people's needs, routines and preferences and provided personalised care which met their needs.
- People felt able to request a change in the way their support was provided and were confident their requests would be responded to.
- There continued to be an appropriate complaint's procedure in place to record, investigate and respond to complaints.
- Information was available for people in a communal area about how to make a complaint. People felt able to approach the registered manager to make a complaint.
- Staff were aware of their responsibility to support people using the service to make complaints or raise concerns.

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

- Staff had formed good working relationships with people's relatives and helped to make sure the relationships between people and their families remained positive.
- Visitors were welcome and there was sufficient space for people to have time alone with their visitors.
- Staff organised activities for people to participate in at home. One person was looking forward to the karaoke which was due to take place that afternoon. They told us, "I was going out but I'm going to do karaoke. I love singing."
- However not everyone at the service was completely satisfied with the activities on offer. One person told us, "It's a bit boring sometimes. There could be more activities."
- We looked at the activity schedule which showed that there was a lot of free time in the weekly activity timetable. We felt that more could be done to engage people in activities both in the home and in the community which reflected their interests. Records of staff meetings showed that this had been identified as an area for development and when we spoke with the registered manager after the inspection she confirmed her plans to introduce new activities.

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.

- Nobody using the service had any specific communication needs.

End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care. However, the provider had procedures in place to ensure appropriate assessments were conducted if a person's needs changed and required end of life support or wished to make funeral plans.

Is the service well-led?

Our findings

Well-Led – this means 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 deteriorated to 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

- The provider had a system of regular audits to check the quality of the care people received. However, they were not as comprehensive as they needed to be to make sure people were safe.
- The provider's audits had not identified that people were at risk of serious injury because not all the windows in the home had been restricted..
- Appropriate checks were regularly conducted of people's care plans, how medicines were stored and administered, and staff training needs. There were systems in place to check staff knowledge and working practices.
- We saw confirmation that where issues were found they were raised with staff. For example, it had been identified that staff were not consistently keeping records of their "keyworker meetings" with people. The registered manager repeatedly reminded staff of the need to hold these meetings and keep records.
- The registered manager knew the circumstances in which notifications had to be sent to the CQC. Notifications are important as they allow the CQC to monitor events at the service. The registered manager had sent notifications to the CQC promptly.
- Staff understood the responsibilities of their role including protecting people from abuse.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People's care plans were person-centred and contained lots of information about people's routines, likes, dislikes and what mattered to them.
- People's care records including their medicine records were detailed, accurate and up to date.
- Staff understood what was required to provide high-quality person-centred care to people with mental health conditions.
- The registered manager and staff understood their responsibility to be open and transparent when accidents or incidents occurred. The registered manager and staff were open in communications with people and others involved in their care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider made it easy for people to voice any concerns and give feedback on every aspect of the care they received and they felt comfortable doing so. People attended meetings with staff as a group and

individually to discuss their care and changes they wished to make. They also had the opportunity to complete a feedback survey.

- Staff also had the opportunity to feedback on and contribute to the development of the service at staff meetings and at one-to-one supervision meetings.
- The provider was aware of their responsibility to make sure that staff and people's differences were respected and protected in the way the service was organised and care was provided. For example, the food menu reflected people's personal and cultural preferences.
- The registered manager and staff worked well with other health and social care professionals. This helped people to receive a person-centred approach to their care.
- Where appropriate, relatives were involved in the care planning process and involved in supporting staff to make sure people received consistently high-quality care which met their needs.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure care and treatment was provided to service users in a safe way by assessing the risks to the health and safety of service users receiving the care and treatment; doing all that is reasonably practicable to mitigate any such risks and ensuring the premises were safe.</p> <p>Regulation 12 (1) and (2) a, b and d Health and Social Care Act (Regulated Activities) Regulations 2014.</p>