

Woodham Enterprises Limited

Woodham House Stanstead

Inspection report

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Date of inspection visit:
26 February 2020
27 February 2020

Date of publication:
03 April 2020

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

Woodham House Stanstead is a care home that provides care and support for up to six people with mental health needs and people with learning disabilities and those with autistic spectrum disorders. At the time of the inspection there were six people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People and their relatives told us they felt safe using the service. Risks to people's health and wellbeing were managed well. The provider supported people to take their medicines safely. There were adequate infection control processes in place. Staffing levels were sufficient to maintain people's safety and ensure their needs were met.

People's health and social care needs were assessed, and plans put in place to meet these. People were supported with their physical and mental health and care records contained good information on these. The provider met people's hydration needs and supported them to have a balanced diet.

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 told us the registered manager and staff were kind and caring and knew people well. People were treated with dignity and respect. People's religious and cultural needs were met.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were supported to attend activities of their choice in their local community. People's communication needs were considered, and detailed guidance was in place to help effective communication.

We received positive comments about the overall management of the service. There were quality assurance systems in place to ensure care and support were kept to a good standard. The service worked with a range

of healthcare and multidisciplinary professionals to achieve good outcomes for people.

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 (published 1 September 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 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?

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.

Woodham House Stanstead

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 was carried out by one inspector.

Service and service type

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

The service 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 first day of the inspection was unannounced. The registered manager knew we would be returning to complete the inspection the following day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 spoke with four people receiving care and support. We spoke with the project coordinator, the registered

manager, the deputy manager and two support workers. We reviewed care and medicine records of three people and we looked at eight staff files in relation to recruitment, induction, supervision, and training. We also looked at a sample of policies and procedures and records related to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We got feedback from two health and social care professionals who worked with the service to plan and coordinate people's care and support.

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

- Systems and processes were in place to ensure people receiving care were protected from harm or abuse. Staff received regular training and showed a good understanding of safeguarding procedures when we spoke with them. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC and they conducted prompt investigations when necessary.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were identified, assessed and reviewed regularly by experienced staff and people told us they felt safe. The risks associated with people's health conditions had been considered and there was information available to staff on actions they should take if people experienced a medical emergency associated with their health condition.
- Staff showed a good knowledge of the potential risks to people and knew what they should do to ensure people's safety was maintained. One professional who worked with the service told us, "They manage the risk of behaviours that challenge. We have no concerns."
- The risk of harm from a fire was assessed, which considered personal factors such as smoking. Personal emergency evacuation plans (PEEPs) were in place to give staff guidance on what support people required to evacuate safely in the event of a fire. There were regular checks of the environment and fire equipment.

Staffing and recruitment

- There were enough staff on duty at all times to ensure people's needs were safely met.
- The service followed safe recruitment processes. Pre-employment checks included candidates' right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

Using medicines safely

- People's medicines were well managed. Staff who supported people to take their medicines had completed appropriate training. However, at the time of the inspection the service was not conducting competency assessments to ensure staff had the practical skills to manage people's medicines. We discussed this with the registered manager, and they have instigated medicine competency assessments for all staff.
- People's medicines were checked regularly by the registered manager and any issues were promptly

investigated. Samples of medicine administration records (MARs) we reviewed had been completed correctly and we could see there were systems in place to ensure medicines were being stored at the correct temperature.

- People's ability to take their medicines independently was assessed and plans were in place to support people to develop their skills in this area whilst ensuring they took their medicines as prescribed.

Preventing and controlling infection

- The service ensured infection control was well managed and the environment was kept clean and tidy. There was a cleaning rota in place and Infection control was discussed during team meetings and actions agreed to ensure high standards were maintained.
- The service had reviewed their infection control guidance in response to Covid-19 risks to ensure staff and people receiving care were protected from undue risk of infection.
- Staff had access to personal protective equipment to prevent the spread of infection such as gloves and aprons. We saw that staff were following safe food storage practices in the communal kitchen.

Learning lessons when things go wrong

- There were appropriate systems in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager who ensured all necessary steps were taken to maintain safety after incidents occurred.
- The manager used staff meetings to discuss previous health and safety concerns, accidents and incidents and medicine errors to ensure the whole team learnt from these, so they could be avoided in the future.

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 were assessed before admission to ensure the service could provide effective care and support. Assessments included risks associated with people's mental health, behaviours that challenged the service or issues with substance misuse.
- People were supported to attend the service for trial sessions before they moved in so they would be sure it was the right place for them, and the service would be able to meet their needs.
- We saw evidence that care guidelines were devised in consultation with people and other professionals and these were reviewed on a regular basis to monitor progress towards agreed goals.
- Care and support was delivered in line with the law and guidance. People's ability to manage their oral care was assessed and guidelines were in place to ensure staff supported people appropriately to maintain their oral health.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to be able to perform their roles effectively. New staff had a comprehensive induction and probation period to ensure they were competent to deliver care and support for people with mental health needs. One member of staff told us, "The induction was very useful. It helped me to understand what support people needed and how to ensure the environment was being kept safe."
- Staff told us they received regular supervision and training to enable them to carry out their role effectively and records we saw confirmed this.

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

- People told us they enjoyed the food that was prepared, and they participated in the menu planning, food shopping and food preparation. Support plans contained information on people's specific dietary needs including those associated with their culture and/or religion.
- Staff encouraged people to make healthy choices when planning meals and people's food intake was recorded so the service could be sure people were eating a balanced diet.

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

- The service worked with a range of health and social care professionals to ensure people's needs continued to be met. This included community psychiatric nurses, psychologists, speech and language therapists and social workers. We received positive feedback about how the service worked with other health and social care professionals and kept them up to date with relevant information. One professional told us, "I visit the service regularly and I am confident that they communicate effectively and make the right

referrals if people are having a relapse."

- People were supported to attend routine medical appointments with their GP and other health professionals. Each person had a health action plan which was updated yearly to help monitor people's health.

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

- The home was accessible to people who used the service. Each person had their own bedroom with an en suite shower and W.C. People's rooms were decorated to suit their needs and preferences.
- There was a communal kitchen, dining area and access to a rear garden with a communal summer house.

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.

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.

- The service had carried out mental capacity assessments when there were indications that people lacked the capacity to make some decisions about their care and support.
- All the necessary DoLS applications were completed when safety measures meant restricting some parts of people's lives. We could see that all conditions were currently being met.
- Staff had received mental capacity training and understood their responsibilities in relation to protecting people's rights. One member of staff said, "We advocate for people and involve them in all decisions. If people do not have capacity, we have best interests' meetings with their care coordinator."

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 told us they were treated well. We received comments from people such as, "I can have jokes with the staff, there are some good characters" and "The manager is perfect. The staff are perfect."
- The provider respected people's equality and diversity. Care plans contained information about people's religious needs and people were supported to attend the place of worship of their choice.
- We observed staff respecting people's equality and diversity and supporting people with their cultural needs.

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

- Staff knew how best to communicate with people. People's care plans contained information on what approaches worked best with them and what could potentially upset them. There were clear guidelines in place to help staff de-escalate situations if they arose.
- People attended residents' meetings to discuss aspects of the running of the service such as house cleaning, food choices and health and safety issues.
- People told us staff listened to them and supported them to overcome any personal challenges. One person told us, "The staff are very helpful. If I have any issues, I can just ask them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was promoted, and they were treated with dignity and respect. We received comments from people such as, "Staff are very nice and respectful" and "They talk to me with respect."
- The service focused on enabling people to be more independent and learn daily living skills. We saw examples of people being supported to learn how to take their medicines independently. People told us, "The staff have taught me to cook some foods" and "I am very appreciative of all the help they are giving me so I can be more independent."

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

- There was detailed information on people's mental health needs and guidance for staff if they were concerned that people's mental health was deteriorating. Positive behaviour support plans had been developed which focused on what was important to them in their lives to help reduce behaviours that challenged. The plans also detailed what situations and circumstances people found difficult to manage with coping strategies which would help staff de-escalate situations if they arose.
- People were allocated keyworkers who took more responsibility in key areas of people's care and support including communicating with family members and other health and social care professionals. Keyworkers produced a monthly report which described how people were progressing in their goals. One person told us, "I am very appreciative of all the help they are giving me. My keyworker is brilliant."
- People's ongoing needs and preferences were discussed in regular care programme approach (CPA) meetings. These are meetings for people with mental health needs which are attended by mental health professionals such as psychiatrists and community psychiatric nurses to plan and review people's care and support.

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.

- The provider was meeting people's communication needs. People had access to information in accessible formats. Key information such as one-page profiles and life story work were available with pictures and were easier to read.
- Support plans contained detailed guidance from speech and language therapists so staff could understand people's communication preferences better. These included details about how people expressed themselves and signs to look out for which might indicate people were struggling to understand what was being said to them.
- The service had also devised social stories to help people understand their support needs better. Social stories are a communication tool which uses pictures in a story format to help people with a learning disability and/or autism understand the consequences of their actions and enable them to make informed 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

- Care plans contained information on people's cultural and spiritual needs and the service ensured people had food that was culturally relevant to them.
- People told us they were engaged in activities such as adult education classes, vocational training, attending peer support groups, and sport and fitness groups. One person told us, "I have completed some courses and taken some exams. The next step is looking for work."
- People were supported to maintain relationships that were important to them to ensure they had a support network.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was available in different formats and languages on request. The policy was prominently displayed in the service and discussed during residents meetings so people would know how to complain if they were unhappy about any part of their care and support.
- There had been no complaints about the service since the last inspection.

End of life care and support

- There was an end of life policy in place. At the time of our inspection the service was not providing end of life care and support.
- The service supported people to devise end of life plans which contained information about their funeral wishes including religious and cultural needs they wanted to be addressed.

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.

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 service worked to achieve positive outcomes for people. People told us the staff supported them to achieve their goals. We received comments such as, "They have been really supportive and helped me to achieve things already."
- People were confident in the way the registered manager led the team to ensure they received a good service. We received comments such as, "I can't fault the (registered) manager" and "It is a well gelled team."
- The service supported people to achieve their personal goals and move on to more independent living. One member of staff told us, "Our aim is to support people to integrate back into the community."
- Staff were also positive about the learning and development opportunities available and the support they received to fulfil their roles. One staff said, "They give you thorough training here and managers are very supportive."

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 responsibility to be open and honest and give people all the relevant information when things went wrong. They also understood their responsibility to send the appropriate notifications to CQC after significant events occurred.

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

- Staff were clear about their roles. The registered manager demonstrated a clear understanding of their responsibility to monitor and mitigate risks to people using the service. Support workers understood their responsibilities to provide safe and effective care.
- The service had developed a contingency plan which considered the risks of a range of incidents that could affect the safe running of the service. The plan had been updated to consider the risks associated with Covid-19.
- At the time of our inspection staff were not recording shift handovers which meant there was a risk that important information may not be passed between staff. We discussed this with the registered manager and they installed a shift plan to record the handover of key information such as recent incidents, issues with medicines and activities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were regular residents' meetings to discuss the running of the home, health and safety, menu planning and activities.
- The service sought feedback from people by asking them to complete satisfaction surveys. Results of the surveys were analysed, and action plans put in place to address any areas of concern. The most recent survey showed that people were happy with the care and support they received.
- The registered manager arranged regular staff meetings to discuss the quality of the service, plan improvements and to keep all staff informed of relevant information. One member of staff told us, "The team meetings are useful as we discuss any issues or concerns we have and share ideas with the team."
- There were regular quality assurance audits of the service which looked at key areas such as people's medicines, health and safety, infection control and people's care and support records.

Working in partnership with others

- The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs.
- We received positive comments from professionals about how the service worked in partnership with them to plan and deliver care and support. One health and social care professional told us, "The service always raise any concerns they have about the client and they keep me up to date with all the relevant information."