

Woodham Enterprises Limited

Woodham House

Daneswood

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 

Overall summary

This unannounced inspection took place 25 August and 3 September 2015. The service provides care and accommodation for up to 15 adults with mental health conditions. At the time of the inspection there were 13 people living at the home.

The manager was in the process of renewing their registration with CQC as they had left the service for a period of time and has now returned. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection of the service took place on 14 January 2014 where we found the service met all the regulations we looked at.

Summary of findings

People told us that they felt safe in the service. Staff had been trained in safeguarding people from abuse and they demonstrated they understood how to safeguard the people they supported in line with company procedure.

There were sufficient numbers of staff on duty to meet people's needs. Risks to people were assessed and managed appropriately to ensure that people's health and well-being were reduced. People received their medicines safely and medicines were managed in line with procedure.

Staff told us they were supported to do their jobs effectively. The service worked effectively with other health and social care professionals including the community mental health team (CMHT). People were supported to attend their health appointments and to maintain good health.

People's choices and decisions were respected. People agreed to their care and support before it was delivered. People made decisions about their day-to-day care and support. People were able to go out and return as they wished within the agreed curfew period. The service understood their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to ensure people were not restricted of their freedom without following the law.

People had access to food and drink throughout the day and staff supported them to prepare food to meet their requirements.

People said staff treated them with respect, kindness and dignity. Care records confirmed that people had been given the support and care they required to meet their needs. People's individual care needs had been assessed and their support planned and delivered in accordance to their wishes. People's needs and progress were reviewed regularly with the person and a professional to ensure it continues to meet their needs.

People were encouraged to follow interests and develop daily living skills. There were a range of activities which took place within and outside the home. People were encouraged to be as independent as possible.

The service held regular meetings with people and staff to gather their views about the service provided and to consult with them about various matters. People knew how to make a complaint if they were unhappy with the service. There were systems in place to monitor and assess the quality of service provided. There were no outstanding actions from audit reports we looked at.

Summary of findings

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. The risks to people were assessed and actions put in place to ensure they were managed appropriately.

Staff understood how to recognise abuse and how to report concerns following the organisation's procedures.

There were sufficient number of staff on duty to meet people's needs.

People received their medicines safely.

Good



Is the service effective?

The service was effective. People were supported by staff who were trained and well supported to meet their needs.

People gave consent to the care and support they received before they were delivered. The service knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to food and drink of their choice and were supported to eat a healthy diet.

People were supported to access healthcare services to meet their needs.

Good



Is the service caring?

The service was caring. People were treated with dignity and their privacy was respected by staff. Staff showed compassion and care in the way they attended to people.

Staff understood the needs of people and how to support them. People were involved in planning their care and support and their wishes respected.

Good



Is the service responsive?

The service was responsive. People's individual needs were assessed, planned and care was delivered in a way that met them.

People were supported to do the things they enjoyed and develop new skills for daily living.

People knew how to complain if they were unhappy the service. People were given the opportunity through meetings to feedback and make suggestions about the service and these were acted on.

Good



Is the service well-led?

The service was well led. People and staff told us that the registered manager was approachable and open to new ideas.

Requires improvement



Summary of findings

There were systems in place to monitor and assess the quality of service provided.

The service worked in partnership with other agencies and community services to provide an effective service to people.

Woodham House Daneswood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 25 August and 3 September 2015 and was carried out by one inspector.

Before the inspection we reviewed information we had received about the service which included notifications

from the provider about incidents at the service. We used this information to plan the inspection. We reviewed information sent to us by a member of the contract monitoring team from one local authority.

During the inspection we spoke with four people who used the service, two members of staff, the manager and two visiting professionals from the community mental health team. We observed how staff supported people and how staff handed over information about people from one shift to the next.

We looked at four people's care records and 13 people's medicines administration records (MAR). We looked at four staff files and records relating to the management of the service such as health and safety and complaints.

Is the service safe?

Our findings

People said their safety was always promoted. One person said, “I feel safe here. Nothing to worry about. They treat me like well like a human being.” Another person told us “I am safe living here. No concerns about that.”

Staff knew how to report abuse or concerns. They were confident in describing the various forms of abuse and signs which indicated someone was being abused or at risk. Staff told us that any concern raised were properly investigated. Staff knew how to ‘whistle-blow’ if they need to and knew their rights if they did. The manager understood their responsibility in line with their procedure to ensure concerns raised were appropriately investigated and actions taken to safeguard people. The service had a safeguarding policy and procedure in place and they also followed the local authority procedure to ensure people are well safeguarded from abuse.

People were provided with the support they required to minimise or avoid any risk to their health and well-being. The service carried out assessments of needs to identify conditions and situations that may expose people to risk of harm. These assessments looked at areas such as physical health, mental health, behaviour, relationships and safety in the community. Action plans were then developed with the involvement of relevant professionals such as the community mental team. One person sometimes behaved in a way that put them and others at risk. This person had regular one-to-one support from staff to discuss any issues that bothered them so they could be resolved quickly before they escalated. Staff also had discussions with the person about the effect of their behaviour on others and themselves. Another person’s plan stated triggers of their mental health condition, signs of relapse, and types of therapeutic activities to engage the person to prevent or manage the risk of relapse. This included seeking the support of a professional, if necessary, and encouragement to comply with their medicines. Staff understood the risks associated with people and the plans on how to support them appropriately. Daily reports showed that staff followed the plans and supported people in line with them.

People’s medicines were managed safely. Staff were trained in the safe administration of medicine before they were authorised to give medicines to people. We observed medicine administration at lunchtime and saw that people received their medicines as prescribed. People were informed what their medicines were for before giving it to them. We checked Medicines Administration Records (MAR) for the 13 people living at the service for the four weeks period before our visit. The MAR were accurately signed and fully completed. Records were also maintained for depot injections administered by the community psychiatrist nurses (CPN).

Medicines were stored safely. We saw that medicines were kept in locked cabinets and in a locked room only accessible by staff. Medicines were organised neatly and clearly labelled and within date. Medicines received into the service were recorded showing the name of the medicine, the person it belonged to and the quantity that was delivered. Unused medicines were returned to the pharmacist and the record maintained for this. The pharmacist stamped the record to confirm they received the unused medicines. Audits were carried out regularly and it showed that all medicines were accounted for.

People told us that there were enough staff to support them with their needs. There were skilled and experienced staff on each shift to safely meet the needs of people. Staff we spoke with told us that they were enough of them on duty to safely support people. We observed that people were given the support they required promptly. The manager told us that they planned staffing level based on dependency level and activities happening daily. They said this system was working well so far. They also said that they could get additional staff from the organisation’s pool of bank staff if required.

The service planned and responded to unforeseen emergencies appropriately. There was an on-call system in place for staff to get support during out of hours. Staff told us that they also had the support of their manager, and the community mental health team to appropriately respond to emergency situations. People had individual crisis plans in place and staff knew what actions to take in the event of emergency situations.

Is the service effective?

Our findings

People told us that staff carried out their work with them well. One person said, “The staff look after me well. They know exactly how to support me with my needs.” Another person said “I get the support I need from staff.”

Professionals we spoke with told us that staff understood the needs of people they worked with and knew how to support them appropriately.

Staff told us that they had the support to deliver their roles and support people effectively. Staff had regular one-to-one supervision meetings. Records from these meetings showed that staff were able to discuss concerns about the people they supported, team issues, performance and learning and developmental needs. Staff told us that they were also able to seek the support of their manager at any time and during handover if they had concerns and they explored solutions to problems together. Staff were appraised annually. They received feedback on their work performance during these meetings and goals and targets were also set for the year. Staff had good understanding of the objective and purpose of the service and their job roles and responsibilities.

Staff had the training they required to improve their knowledge and skills and to provide effective support to people. One staff member said “We have lots of training here. Both in-house and external.” Training records confirmed that all staff members had completed training to enable them provide effective care and support to people in a way that met their needs. These included mental health awareness, managing behaviour that challenges, safeguarding adults from abuse, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). Staff told us that they also learn from professionals involved in the services through review meetings, case conferences and advice provided to them. Record showed that all staff had completed a period of induction when they started working at the service. The induction included reading through people’s care plans, policies and procedures and observing how experienced staff supported people.

People consented to their care and support before it was delivered. One person told us “[Staff] discuss issues or the plan for me with me first and together we agree a way

forward before they do it.” Staff understood that people had the right to refuse care and support. They explained they try to make people understand the reason behind the plan, the benefits and risks to them but it’s the person’s decision to make. They explained the process to follow if a person lacked mental capacity to make decisions in their best interests. Meetings were held involving relevant professionals and advocates to ensure decisions were made in the person’s best interests.

People were able to go out and return as they wished within the organisation’s procedure. There was an 11pm curfew in place which people knew about and agreed to. The manager understood their responsibility to ensure that people were not unlawfully deprived of their liberty and their rights were protected. At the time of our visit, no one was subjected to DoLS authorisation.

People told us they were able to eat and drink what they wanted. One person said “The food is good. All the staff cook very well.” Another said “We have varieties of food. We get African, Caribbean and English on offer.” There was a weekly food menu which showed a wide variety of food options which included people’s cultural/ethnic food. People confirmed that they were involved in planning the menu and told us that they could request something different if they wished. People had access to the kitchen and were able to prepare snacks and hot drinks for themselves anytime of the day.

People had access to health care services they required. People told us staff supported them to see their GP, dentist and their care coordinators when they felt unwell or requested to. People had annual health checks and reviewed carried out by their GP to ensure their health was maintained. People’s mental health needs were met by the service in liaison with the community mental health team (CMHT). The team visited the service regularly for updates, administer and to review people’s medicines. Care programme approach reviews with people’s care coordinator took place as when required. Staff told us that they were able to contact the CMHT team for advice and support if required and they found them helpful. The professionals we spoke with told us staff were knowledgeable in supporting people and worked effectively with them.

Is the service caring?

Our findings

People told us that staff respected them and were kind to them. One person said, “Staff are friendly. They respect you for who you are.” Another person said “The staff are friendly and lovely. They respect your dignity and choices.”

Professionals told us that staff treat people well and are polite and kind to them.

Throughout our inspection we observed positive and open interactions between staff and people. People chatted with staff about their days activities and issues bothering them and staff listened to them with interest offering advice and support where required. We also saw a staff member providing support to a person who was becoming agitated and frustrated due to their difficulty in completing a task. The staff member supported them to complete it and offered them reassurance. We saw staff listen to people’s complaints and concerns and immediately tried to resolve them. One person said “Staff do care about how we feel.”

People’s personal space and privacy were respected. Staff sought permission from people before entering their rooms. Staff were careful not to unnecessarily interrupt people’s conversations or activities. We saw staff knock on people’s doors and waited for answer before entering. We also observed staff quietly wait for people to finish their conversation with others before they started to speak to them. Staff demonstrated they understood and knew how to promote people’s dignity and privacy. Handover meetings and meetings about people were held in the office where other people could not overhear what was being discussed. People’s records and information were kept secured in the office which was locked when staff were not present. This was to maintain confidentiality.

People told us staff knew how to support them as they wished. One person said “They [staff] understand my needs and know how to attend to them.” Professionals also told us staff understood the needs of the people they looked after and supported them according to their plan agreed and the way people wanted. Care records detailed information about people’s histories and background including education, family, social network, culture, religion and individual preferences. Staff knew people’s lifestyle choices and circumstances and how these impacted on their behaviour and mental health. For example how people who had misused substance and how this affected their behaviour and daily functioning. They explained they supported people through regular key-working sessions and engaging them in activities they enjoyed to reduce the effect on them. People had a key member of staff (keyworker) who was responsible for ensuring their well-being and progress. People told us they got on with their keyworker and they could request for a change if they wished.

People told us they were involved in developing their support plans. Care records showed that people had been asked for their views on how they should be supported. People were also involved in their care programme approach review meetings and their key workers supported to express their views in relation to how their needs should be met. People knew about advocacy services and were able to access them should they require one to represent them at meetings. One person said “I can request for an advocate or someone to represent me at meetings if I want.” This ensured people were supported to express their views with regards to their care and support.

Is the service responsive?

Our findings

People told us that they got the support they needed from staff to meet their needs. One person said “I like going to the library. Staff support me to visit the library regularly.” Another person said “[Staff] support me as I want it.” People’s needs were assessed before they moved into the service. Then their needs planned and delivered in a way that met their individual requirements. Care needs assessment covered people’s background, physical and mental health needs, and social relationships, interests and goals they wanted to achieve.

Each person had a support plan in place which clearly sets out how their needs would be met including their goals and aspirations. Staff provided support in a way that met people’s individual needs and enabled them to achieve their goals. People were supported to manage their behaviour as a result of their mental health problems. People were also provided with information and advice regarding their use of substance and how to be free from the use. One person attended a rehabilitation support group and staff supported them to test regularly in line with their support plan. They communicated the result to the relevant professional who recommends the next plan of actions. We saw that people had regular individual sessions with their key member of staff where they discussed any issues bothering them including their feelings and thoughts, and they found ways to deal with them positively. Staff told us that they gave feedback people about any improvements made and the benefits in order to motivate them. Daily notes and minutes of handover meetings showed that staff reported on people’s progress or concerns between shifts to ensure appropriate follow ups or monitoring took place.

The service supported people and encouraged them to be as independent as possible. People were supported to develop independent living skills. People were encouraged to help in the preparation of meals. We saw that people had chores they undertook daily including cleaning their rooms and doing their laundry. People went out to do their shopping independently. People told us they liked doing things in the home. One person said “I like helping out where I can.”

The service had adapted the environment and provided appropriate equipment to enable people with a physical disability do as much as possible for themselves. One person’s room and bathroom had the necessary equipment and made accessible to suit their needs. This had enabled the person get around their room easily and carried out their day to day activities with minimal support.

People attended local educational centres and community centres to learn new skills and to socialise. One person told us they attended college to learn IT skills. We saw that one person was doing voluntary work in a centre. People also attended group activities and sessions such as smoke cessation, substance misuse and recovery and moving on as part of their rehabilitative programmes. People told us it was helpful for them to develop strategies to cope better with their situation.

People were supported to do the things they enjoyed and live active lives. We saw people leave the home independently and return as they wished. People went out to the gym. Each person had an individualised activity plan and staff supported people to participate in these activities where required. One person told us that staff accompanied them to the local library. The person told us they liked visiting the library. People were able to visit friends and family in the community and they were also able to have their friends and family visit them.

People’s views on how their service should be provided were obtained and acted on. The service held regular meetings with people to consult and gather feedback. We saw that people were consulted about the food, activities and house rules. People told us they knew how to make a complaint if they were unhappy with the service and they confirmed that issues they raised were addressed and resolved promptly. One person said “I have not had any cause to but surely know how to if need be.” We saw evidence that a complaint had been acknowledged, investigated and responded to and in line with the organisation’s procedure.

Is the service well-led?

Our findings

The manager is currently not registered with CQC. She was previously registered with CQC as the registered manager for the service before she left for about one year period and then returned back to her post early this year. She is in the process of renewing her registration as registered manager with us. People told us that they could speak to the manager about anything and she listened to them and tried to resolve things quickly. One person said “She is really good.” Another person said “[name of manager] is smashing. She runs this place well.” Professionals we spoke with also told us that the service was well managed and they were confident in the service delivered to people. We observed open and positive interactions between the registered manager, people and staff as they talked about various issues about the service and people and they found solution together to resolve them.

The service worked with other organisations to provide services to people. People using the service had access to the local community and participated in community events. People attended community and educational centres to provide information and skills to them to enable them move-on. People had been able to get into voluntary occupation and into local colleges.

Staff told us that the manager was open and approachable. They said she received suggestions and feedback and used

it to shape the way services are delivered. The manager regularly held meetings with staff to discuss issues regarding people and other concerns. Staff told us that they were able to discuss matters openly and found ways of resolving their issues together. Staff demonstrated they understood their roles and responsibilities and the aims and objectives of the service.

The service had systems in place to regularly assess and monitor the quality of service provided. These included health and safety checks and the provider monthly visits which looked at all aspects of the service including reviewing documentation, speaking with people, staff and managers. Improvement plans were devised following the report where required. There were no actions from the last reports looked at.

The local authority monitoring team also carried out monitoring visits to check the quality of service provided to people. We saw that staffing level had improved following the report of their last visit.

The service reviewed accidents and incidents, reported them and ensured lessons were learnt from them to improve the service. For example, people’s risk assessment had been updated following incidents such as aggressive behaviour. We saw that the service reported all notifiable incidents to CQC as required by their registration.