

Woodham Enterprises Limited

Woodham House Stanstead

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

Woodham House Stanstead provides personal care, support and accommodation for people with mental health needs. The service is located in a large house with a garden and can accommodate five people. At the time of the inspection four people were using the service and another person was visiting the service with a view to using it.

This unannounced inspection took place on 17 July 2015. The service was last inspected on 27 November 2013 when it was found to have met legal requirements.

The service should have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 manager of the service is in the process of registering with the CQC. We will be keeping this under review to ensure the service has a registered manager as soon as possible.

People in the service were safe. Staff had carried out risk assessments and implemented plans to promote people's safety. They had updated these plans when

Summary of findings

people's needs changed. The current risks to people's health and safety were managed. Staff gave people the assistance they needed to take their medicines as prescribed.

Staff knew how to protect people from harm by recognising and reporting any concerns about abuse or neglect. The manager ensured there were enough people on duty to meet people's needs.

Staff were well-trained and understood how to support people with complex mental health needs. They gave people support to develop their skills in relation to meal preparation. The manager and staff worked in partnership with the mental health team to promote people's well-being. Staff supported people to attend appointments in relation to their physical health.

Staff knew people well and treated them with respect. People's right to privacy was upheld and staff were polite and friendly. People were fully involved in planning their support and deciding how they spent their time.

The manager and staff assessed people's needs before they started to use the service. Staff developed and delivered effective support plans which promoted people's mental health and developed their independent living skills. People were asked for their views of the service and these were taken into account. People had access to information about how to make a complaint.

Staff understood their role in relation to the service's aims of 'recovery, rehabilitation and re-integration'. They supported people to develop independent living skills. The manager carried out checks on the quality of the service and, when necessary, took action to improve the service people received.

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. Staff assessed risks to people and delivered support to promote their safety. People received their medicines as prescribed.

There were enough staff on duty to meet people's needs.

Is the service effective?

The service was effective. Staff received training and support which enabled them to understand and meet people's mental health needs.

Staff asked people for their consent to the support they received. People were supported by staff to plan and prepare meals they liked. Staff ensured people received appropriate healthcare in relation to their general health and mental health needs.

Is the service caring?

The service was caring. People told us the staff were caring and respectful. Staff upheld people's right to privacy.

People were fully involved in planning their support.

Is the service responsive?

The service was responsive. Staff thoroughly assessed people's needs before they moved to the service. They ensured there were up to date support plans which set out how staff should deliver people's support.

People received care and support which met their current needs. People were asked for their views of the service. Staff took people's views into account. People knew how to make a complaint.

Is the service well-led?

The service was not always well-led because the current manager was not yet registered with the CQC. The manager has applied to the CQC to be registered and we are keeping the situation under review to ensure the service has a registered manager as soon as possible.

The manager made checks on the quality of the service and ensured there was open communication with people, staff and health professionals.

Staff understood and acted on the values of the organisation which were 'recovery, rehabilitation and reintegration'.



Woodham House Stanstead

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 inspection took place on 17 July 2015 and was unannounced. Two inspectors carried out the inspection. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well

and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with two people using the service, a member of staff, the manager and a senior manager. We reviewed two care records and three medicines records. We read information about staff training and supervision.

After the inspection we spoke with a community psychiatric nurse about their views of the service.

We have obtained people's permission to use the quotes in this report.

Is the service safe?

Our findings

The manager had ensured risks to people were assessed and managed effectively. Each person's records included up to date information for staff about how they should support the person to be as safe as possible. For example, a person's support needs had changed markedly as a result of change in their health. The manager had developed plans for staff about how the person should be supported safely and in a way which ensured they were as independent as possible. During the inspection we observed staff delivering the person's support in this way.

Most of the people who used the service sometimes behaved in a way that challenged staff and others. Records included information about this and the actions staff should take to minimise such incidents. For example, there was information about possible triggers which may increase people's anxiety and distress and how staff should react to calm people's mood.

Staff promoted people's safety in the event of a fire. Records showed staff organised regular fire drills to ensure people knew how to evacuate the building in an emergency.

There were enough staff on duty to meet people's needs safely. During the inspection we saw that staffing numbers were varied to enable people to have the support they required at different times of day.

People received their medicines safely as prescribed. Medicines were stored securely. The manager had made regular checks to ensure people had received their medicines correctly. Staff were knowledgeable about people's medicines. They had completed medicines administration record (MAR) charts appropriately. It was clear from the MAR charts that people had received their medicines at the right times of day and at the correct dose.

We noted that some people were prescribed a number of medicines to be taken 'as required'. It was not clear from the records how staff made decisions about when people should be supported to receive these medicines. We discussed this with the manager and the staff this during the inspection and a community psychiatric nurse after the inspection. We were satisfied that appropriate decisions were being made by staff in relation to how they supported people to take 'as required' medicines. The manager and a senior manager told us they would develop written guidance for staff.

A member of staff told us how they would recognise different types of abuse and neglect. They knew how to report their concerns and said they would whistle blow to an external agency if this was necessary. People in the service managed their own money. Records showed staff advised people how to keep their money safe.

Is the service effective?

Our findings

A community psychiatric nurse told us staff were experienced and knowledgeable. They said, "The service has impressed me – the staff are able to work constructively with people with complex mental health needs and keep them as well as possible." A member of staff told us they felt confident in their work role because they had received training and guidance about supporting people with mental health needs. They said, "I have been on several courses about different mental health conditions and working with people whose behaviour challenges staff. I have learnt a lot." They explained how they put their knowledge into practice in relation to understanding each person's individual needs and providing their support.

We read records which confirmed staff had updated their training on relevant topics such as the administration of medicines, safeguarding and health and safety at work. Staff had received training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff told us the manager supported them by organising regular planned individual supervision sessions. They said they discussed any concerns they had about people's needs and planned how to improve the way they delivered support. The manager carried out an annual appraisal of each staff member's skills in relation to supporting people and their training needs. This ensured people received support from staff with appropriate skills and knowledge.

Records showed people's mental health needs and their mental capacity had been assessed by mental health professionals, such as psychiatrists, prior to them using the service. People using the service were presumed to have mental capacity and were free to come and go from the service as they wished. Records showed that staff asked people for their consent to the care and support they received from staff at the service.

A person told us they were able to prepare and eat the type of food they liked. Staff encouraged people to be as independent as possible with regard to the preparation of their meals. For example, records showed staff supported each person to purchase the food they wanted and prepare it. Each person's care plan included information about what support they required from staff in this area. Staff kept records of the food people had prepared for themselves and the support they had received from staff so they could monitor people's progress in this area. During the inspection we observed that people went into the kitchen to prepare their own drinks and meals.

People's everyday health needs were met. Records showed that there were good arrangements in place to promote people's mental health. For example, staff had information about how to recognise if a person's mental health was deteriorating and what action to take to ensure the person received appropriate support and treatment from the community mental health team. A community psychiatric nurse told us the manager and staff appropriately sought their advice about how to meet a person's complex needs. They said, "The staff ask for advice appropriately and act on what we suggest."

Records showed staff helped people to understand their mental health needs and supported them to attend meetings with mental health professionals. People using the service had generally good physical health. Staff had updated people's support plans appropriately when there were any changes to their physical health and had ensured people were supported to attend GP and hospital appointments.

Is the service caring?

Our findings

A person told us, "The staff are good." A community psychiatric nurse told us staff in the service were caring and committed to meeting people's needs. They told us staff worked hard to establish relationships with people who use the service. They said, "I give the staff full credit for that. I think they are quite exceptional in comparison with some other similar services, they really do try to work constructively with people."

A member of staff explained to us how they took into account people's individual preferences and needs in relation to their age, background and mental health. They said, "It really helps us in our work the more we get to know people. That way we can really support them to be more independent because we know how to help them better."

During the inspection we observed that staff interacted with people in a friendly and polite way whilst supporting

them. Staff understood how to respect people's privacy. A member of staff told us, "I call out to people in the morning, 'Are you awake?' I do it from behind the closed door - I would not barge into their rooms."

Staff supported people to keep in touch with their friends and family. For example, records showed that, if necessary, staff had supported people to make arrangements to visit people who were important to them.

Staff made sure that information about people was kept confidential. Staff wrote their reports and stored records in an office which was separate from communal areas of the service.

During the inspection we observed that people were easily able to communicate with staff about what they wished to do. For example, a person told staff as they left the building that they were going out. A community psychiatric nurse told us the manager and staff supported people to express their views when they met with health professionals from the community mental health team.

Is the service responsive?

Our findings

Records showed staff met with people prior to them using the service and asked them about their needs and preferences. Staff also obtained information about people's background and mental health needs from the mental health professionals who worked with them. People usually moved into the service after having one or more short trial periods at the service. This enabled staff to get to know the person and clarify with them how their needs would be met at the service. During the inspection, a person told us they were happy with the way their gradual introduction to the service was going.

The manager had ensured there were up to date support plans in place which set out how staff should meet people's individual needs. For example, plans set out how staff supported the person to maintain their mental health and keep in touch with friends and family. There were details of the person's goals in relation to living more independently and how staff supported them to progress with these.

Staff kept detailed daily records which confirmed they had delivered people's support as planned. Records covered how people were feeling in relation to their mental health, what they had eaten, how they had slept and how they had been supported to develop their skills and follow their hobbies and interests. Staff told us there was good handover between the night and the day shift so that all staff had up to date information about any changes in people's needs or the support they required.

Staff supported people to develop their interests and skills. Records showed that people were supported to identify goals for daily activities and taking up paid work. During the inspection we saw that staff supported people to attend activities they enjoyed. For example, a person went to a gym.

A named member of staff was assigned to each person to act as their 'key worker'. The 'key worker' arranged regular monthly meetings to talk with the person. They recorded how the person was managing their mental health needs, how they spent their time, how their skills were developing and their relationships with staff and other people in the service. Actions were agreed between the person and their 'key worker' for any changes to the support they required.

People and those who knew them were encouraged to give feedback about the service. We read questionnaires that people had recently completed. They had been asked for their views about how they were treated by staff and whether the service met their needs. Responses showed people were happy with the quality of the service.

We saw that people had access to information about how to make a complaint. We read information on the response to a complaint that a person had made. This showed the previous registered manager had responded appropriately to the person and learnt from the complaint. Some changes had been made to how staff communicated with people to improve people's experience of the service.

Is the service well-led?

Our findings

At the time of the inspection the service did not have a registered manager and required improvement in relation to this. The current manager is in the process of registering with the CQC. We will keep this situation under review to ensure there is a registered manager for the service as soon as possible.

A member of staff was able to explain to us how they put the values of the organisation into practice. They told us, "We help people with recovery, rehabilitation and re-integration. It is satisfying to see how people can make progress and move on with their lives." They said team work was good and the manager was open to their ideas.

We read notes of meetings the manager held with people and with staff. These showed the manager had asked for people's views and acted on them. For example, people had been asked for their views on holiday arrangements and a holiday had been arranged.

The manager had recently undertaken checks on the quality of the service. For example, he had audited people's care records and noted that information on the support people required from staff with their general health needs should be improved. At the time of the inspection the manager was still in the process of putting the required improvements in place.

The manager undertook checks on the safety of the building and how people were supported with their medicines. He ensured that issues for improvement were followed up. For example, minor repairs to the building had been carried out.

The manager had acted on the recommendation of an inspection by an environmental health officer and made improvements to the way the service supported people with their meal preparation. He had completed an action plan which showed he had ensured that staff understood and implemented the required changes.