

Waterfield Supported Homes Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Waterfield Supported Homes Limited 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.

Waterfield Supported Homes Limited is registered to provide care and accommodation to up to five people. At the time of our inspection, four people were using the service, some of whom had mental health conditions.

Bedrooms are single occupancy rooms. The service has a stairlift and a garden.

At the last inspection of 8 March 2016, the service was rated 'Good'. We carried out this unannounced inspection of the service on 7 June 2018. At this inspection, we found that the service had maintained its 'Good' rating.

There was a registered manager. 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.

People were happy living at the service. Staff understood how to protect people from the risk of abuse. Risks assessment and management plans were used appropriately to keep people safe. Sufficient staff provided people's care in a safe manner. Staff underwent appropriate recruitment procedures to ensure their suitability to deliver care.

People received care in line with best evidence guidance. People's needs were assessed and reviewed which enabled staff to deliver effective care. Staff were supported, trained and supervised to enable them to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People enjoyed the food provided. Staff involved people in menu planning and ensured that meals met each person's dietary and cultural needs. People received the support they required to maintain good health and to access healthcare services when needed.

People were treated with kindness and compassion. Staff knew people well and had developed positive relationships with them. Staff treated people with dignity and respected their privacy. People enjoyed taking part in activities of their choosing and were encouraged to develop new interests.

People received personalised care which focused on their individual needs. Staff supported people to develop daily living skills. People had received a copy of the complaints procedure and knew how to raise a concern about their care when needed.

People had opportunities to share their views about the service. The registered manager acted on people's feedback to develop the service. People, healthcare professionals and staff spoke positively about the registered manager and commended her for managing the service well. Regular checks and audits on the quality of care resulted in improvements to care delivery. The registered manager worked in close partnership with other agencies to develop the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Waterfield Supported Homes Limited

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 was planned to check 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 7 June 2018. The inspection was carried out by one inspector.

Prior to the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection, we spoke with two people using the service. We also spoke with two members of care staff, a deputy manager and the registered manager. We reviewed three people's care records. We looked at four staff files including recruitment, training, supervision and duty rotas. We looked at service management records and quality assurance reports.

After the inspection, we received feedback from two health and social care professionals who were involved in people's care.

Is the service safe?

Our findings

People remained safe living at the service. One person told us, "I am happy here. I feel safe." Staff knew how to protect people from abuse and had received safeguarding adults training. Staff had access to safeguarding procedures and knew how to escalate concerns about people's safety to the registered manager and external agencies. The registered manager worked closely with the local authority safeguarding team to ensure people's safety and well-being. Systems were used appropriately to manage people's finances.

People continued to receive care that minimised the risk of harm. Staff assessed, reviewed and managed risks to people's health and well-being. The registered manager ensured staff had sufficient guidance and up to date information on how to support people in a safe manner whilst promoting their independence. Health and social care professionals were involved in assessing risks to people and providing guidance to staff on how to keep them safe. Staff followed the guidance to protect people from self-harm, malnutrition, self-neglect or social isolation.

People continually received care in a timely and safe manner. Sufficient staff were deployed to meet people's needs, attend hospital appointments and support them to undertake activities of their choice. Staff told us they had enough time to provide care unrushed and to spend time with people. Rotas confirmed shifts, staff absences and training were covered. Safe recruitment procedures were followed to verify staff's suitability to provide care to people.

People were supported to manage and administer their medicines. Staff managed people's medicines in line with the provider's procedures and best practice guidance. Medicines were ordered, stored, secured and disposed of safely. Regular audits of medicines management showed no discrepancies and indicated that people were supported in line with their identified needs. Staff received medicines management training and underwent a regular assessment of their administration competence.

People lived in well maintained premises. The environment was cleaned regularly and audits showed regular checks to ensure staff maintained high standards of hygiene. Staff understood how to minimise the risk of infection through good handwashing practices, use of personal protective clothing and safe disposal of waste. The premises were clean and free from malodours or clutter. Environment and health and safety checks were carried out regularly ensure to minimise the risk of infection and use of faulty equipment.

People's care was planned to minimise the risk of accidents. Staff followed procedures in reporting and managing incidents and accidents for example when a person showed behaviours that challenged the service and others. The registered manager reviewed events when things went wrong and ensured staff learnt from their mistakes. An audit of incidents identified trends and patterns with appropriate plans put in place to minimise a recurrence.

Is the service effective?

Our findings

People continued to receive care that met best practice guidance. Staff involved people using the service and health and social care professionals in assessing and planning each person's needs and the support they required. The registered manager ensured care planning and delivery followed guidance from health and social care professional's and current legislation. Health and social care professionals commented that staff sought advice in a timely manner when they had concerns about a person's health.

People constantly received care from competent and skilled staff. Staff continued to attend the provider's mandatory training and refresher courses to keep their knowledge up to date. One member of staff told us, "We only undertake tasks we are trained for. If I am not sure about anything, I will get enrolled on a course." A training matrix indicated staff's learning and development needs were monitored and acted on for example, training had been provided on diabetes and pressure area management. New staff underwent an induction to develop the skills and experience that they required to support people. Their performance was monitored and assessed during their probationary period before they were confirmed in post.

People had their care delivered by staff who were consistently supported to undertake their duties. One member of staff told us, "The registered manager is readily available to guide or support us." Staff received regular supervision and attended reflective practice sessions with the registered manager to develop in their roles. Staff received a performance appraisal to monitor their practice and to ensure their learning and development needs were met.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are 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 were being met and found this to be the case.

People gave consent to care and support. People who were unable to make decisions about their care received support from health and social care professionals. Staff understood and followed the principles of the MCA when providing care. Staff worked closely with external agencies to ensure people who had restrictions on their liberty received the support they needed. Three people received the support they required in line with the DoLS authorisations.

People enjoyed the meals provided. People told us they were involved in menu planning. Menus indicated people's preferences, choices, cultural and dietary needs. Staff encouraged people to eat healthily and ensured diets included vegetables and fruit. Records showed people's nutrition and hydration needs were met. We observed people during a lunchtime meal. People had choices and food was well presented.

People continued to access healthcare services when needed. A healthcare professional commented on staff's management of a person's condition, "Illness control remains excellent." Staff monitored people's

health and worked closely with healthcare professionals to ensure each person's needs were met. People had health action plans which detailed the support they required to maintain good health. Records showed staff supported people to see professionals including GPs, psychiatrists, opticians, dentists, podiatrists and district nurses. Staff worked closely with the Care Home Intervention Team to ensure people whose mental health had declined received immediate and appropriate care.

People lived in suitably adapted environment. The premises had a stairlift to enable people who had mobility issues to access all areas of the accommodation.

Is the service caring?

Our findings

People enjoyed positive relationships with staff and other people living at the service. One person told us, "[Staff] are helpful. We get on well with each other." Healthcare professionals commented that staff were supportive and encouraged people to develop new skills and self-confidence. We observed members of staff talking to people and listening patiently to what they had to say. There was a pleasant and relaxed atmosphere at the service which enabled people to enjoy caring relationships with the staff who provided their care.

People continued to take part in planning and making decisions about their care. Staff held one to one meetings with each person to understand the support they required and how they wished their care delivered. Support plans reflected people's life histories, choices, preferences and routines about their care delivery. Records showed staff delivered people's care in line with their choices. People had access to advocacy services to support them with making decisions about their care such as where they lived. This ensured people's human rights were respected and that they had access to equal opportunities.

People received the support they required to be as independent as possible. Staff assessed each person's ability to undertake tasks and the support they required to develop daily living skills. People told us staff encouraged them to do tasks they could do such as personal care, laundry and tidying their bedrooms. Care records showed people's goals towards developing independent skills that included managing their finances and maintaining stable mental health.

People were treated with dignity and respect. One person told us, "[Staff] are respectful; no yelling or shouting." Staff told us they respected people's privacy by ensuring they provided personal care behind closed doors, not discussing their care with third parties and knocking on bedroom doors before entering. Staff promoted people's dignity by delivering care as planned in line with people's preferences. People were dressed appropriately in clean and suitable clothing. Staff supported people to maintain relationships that mattered to them, such as organising visits and attending events such as weddings and funerals.

People's information and records were stored safely and securely in locked cabinets. Computers were password protected and only accessible to authorised staff to maintain people's privacy and confidentiality. Staff held handover meetings and updated people's care records away from others or visitors.

People were provided with the information they needed in a way they could understand in line with the Accessible Information Standard (AIS). AIS is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Records showed the provider met this requirement and made adaptations when people's communication needs changed for example by providing information in an easy to read format.

Is the service responsive?

Our findings

People continued to receive care and support that responded to their individual needs. Staff had information about each person's background, mental and physical health, preferences and interests. Support plans were individualised which ensured staff delivered appropriate care to each person. Staff understood people's needs and daily observation records indicated that they provided the support each person required.

People and healthcare professionals held regular reviews of each person's needs to ensure care delivery responded to any changes in their health and well-being. Staff monitored each person's progress towards their goals and adapted support plans to help them achieve what they wanted. Healthcare professionals commented that staff involved them in a timely manner when a person's health declined to allow for appropriate care and treatment. The registered manager ensured staff followed the guidance provided by the local authority's Care Home Intervention Team to support people with their mental health needs.

People knew how to make a complaint if they were unhappy with any aspect of their care. People had access to a copy of provider's complaints procedure which contained details of how concerns would be resolved and how to escalate concerns to external agencies. No complaints had been raised against the service since our last inspection. Compliments written to the registered manager showed people using the service and healthcare professionals were happy with the quality of care provided.

Staff knew how to provide end of life care. No person was receiving end of life care at the time of the inspection. Records indicated people's preferences and their wishes about the care and support they required when they were at end of life. Staff knew they could involve health and social care professionals when a person was nearing the end of their life to ensure they were comfortable and pain free.

Is the service well-led?

Our findings

People benefitted from a person centred and honest culture at the service. Staff told us the registered manager encouraged them to be open when things went wrong and to learn from their mistakes. Staff felt comfortable raising concerns about the service and were confident any concerns about people's welfare would be addressed.

People and staff knew the registered manager and described her as knowledgeable and approachable. They said the registered manager was hands on, supportive and a role model. Healthcare professionals and staff said the registered manager and management team managed the service well. We observed the registered manager spending time with people discussing their well-being which showed they had developed a rapport.

People continued to be the focus of decisions made at the service. Staff attended regular team meetings and received supervision to ensure they delivered person centred care. Staff were clear about their responsibilities and understood the provider's vision to support people to be as independent as possible. Staff worked well as a team and received updates about people's health in a timely manner through daily handover sessions, team meetings and communication through emails and care recording systems. Staff had a range of expertise, knowledge and competencies to complement each other when delivering care.

People and staff were involved in sharing their views about how to develop the service. People provided feedback about the service and care delivery through regular resident's meetings, one to one sessions with staff and through completing satisfaction questionnaires. The latest survey showed people were satisfied with the quality of care delivery and would recommend the service to other people.

People received care in line with the registered manager and provider's registration requirements with the Care Quality Commission (CQC). Notifications of significant events were submitted to the CQC as required. The registered manager encouraged staff to openly report on incidents and accidents and informed other healthcare professionals to ensure people were protected from avoidable harm.

People's care underwent regular monitoring and auditing to develop the service. Effective quality assurance systems remained in place and were used to identify and rectify any shortfalls to care delivery. Regular audits were undertaken on care planning, risk management, record keeping, health and safety checks and staff learning and development. People continued to receive appropriate care because the provider reviewed and updated policies and procedures regularly. Staff discussed the training they had attended and shared best practice to improve the quality of care at the service.

People enjoyed the benefits of the close partnership working between the registered manager and other agencies. Health and social care professionals commented that staff made referrals in a timely manner to allow for appropriate interventions when people's needs changed. Staff attended meetings with healthcare professionals which enhanced their knowledge about how to provide suitable care to meet people's complex needs. There was a collaboration between people, health and social care professionals in

managing risks to people's health and well-being.