

# Basdeo Kaydoo

# Warwick House

#### **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

Warwick House is a care home that provides accommodation and care for up to six people with mental health needs. There were five people using the service at the time of this inspection.

This inspection took place on 16 December 2015 and 13 January 2016 and our first visit was unannounced. This was the first inspection of the home following registration with CQC in June 2014.

The service had a registered manager in post. 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 using the service told us that they were happy with the care provided and said they felt safe living at Warwick House. They said there were staff available to support them when they needed it and that the staff treated them with dignity and respect. There was a relaxed and homely atmosphere on both days we visited.

External professionals said that the home worked well with them and provided an effective service for people who were living with complex mental health needs.

We saw there were systems and processes in place to protect people from the risk of harm and staff were aware of safeguarding procedures. Risk assessments helped to keep people safe whilst supporting them to maintain and develop independent living skills. Appropriate recruitment checks took place before staff started work.

The service understood and complied with the requirements of the Mental Capacity Act (MCA) 2005. People were asked for their consent to the care and support they received.

There was a system in place for dealing with people's concerns and complaints. People using the service told us they knew how to complain and felt confident that staff would respond and take appropriate action.

The registered manager was organised, understood their role and responsibilities and positive feedback was received from people and staff about their leadership. There were systems in place to ensure the safety and quality of the service provided.

#### 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. People received the support they required to keep them safe. Identified risks to people's safety and welfare were being managed appropriately.

There were enough staff to meet people's needs.

Medicines were managed safely.

Recruitment checks had been completed to help ensure people's safety.

#### Is the service effective?

Good



The service was effective. Staff had access to training to help them meet people's needs effectively.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

#### Is the service caring?



The service was caring. People were treated with kindness and their dignity was respected.

Relationships between staff and people using the service were positive. People were provided with care and support in line with their wishes and preferences.

#### Is the service responsive?

Good



The service was responsive. The registered manager and her staff were knowledgeable about people's care and support needs.

People were encouraged to be independent and to maintain contact with people who were important to them.

People using the service felt able to raise concerns or complaints.

Is the service well-led?

The service was well-led. There was a registered manager in post who was very organised, visible and approachable. Staff felt supported in their role and said they did not have any concerns about the service.

There were systems in place to monitor the quality of the service

and make improvements where needed.



# Warwick House

**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.

Prior to our visit we reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We visited the home on the 16 December 2015 and 13 January 2016. The first day of the inspection was unannounced.

This inspection was carried out by one inspector. We spoke with four people using the service, the registered manager and three members of staff. Feedback was provided by two involved health professionals during and following our inspection visits.

We looked at records about people's care, including two files of people who used the service. We checked three staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including health and safety records. We also checked how medicines were managed and the records relating to this.



#### Is the service safe?

### Our findings

People told us they felt safe living at Warwick House. One person told us, "It's a good place to be". Another person commented, "I feel safe here, it's quite pleasant." A third person said, "They are nice people, they keep us well."

One external health professional told us that the management and staff had an excellent record of managing people who were living with complex mental health needs. Another professional said the service provided a good safe environment for their client.

There were sufficient staff to safely support people using the service. Records showed there was an established core staff team including the registered manager and her family members who provided a consistent service to people. People using the service said there were enough staff on duty to support them. One person said, "Usually two staff on during the day and you can get help at night."

The provider protected people against the risk of abuse and safeguarded people from harm. Staff had attended safeguarding training and staff spoken with said they would raise any issues with the registered manager or other senior staff immediately. Safeguarding procedures were available for reference and staff knew what action to take if they had concerns about anyone. They were confident the registered manager would act appropriately to protect people from harm.

Staff helped people to manage their finances. People were observed to be supported with budgeting their money during our visits. We saw accurate and up to date records of people's finances were kept by staff reducing the risk of financial abuse.

Risks to people's health and wellbeing were identified and assessed. A screening tool was used on admission to look at specific risks to the person and those living or working with them such as violence or self neglect. Staff developed individual plans where required to address identified risks. For example, we saw there were plans to protect people at risk from not taking their medicines. Support plans included risk areas for the person outlining the warning signs to look for and the action to take.

Medicines were stored securely and administered safely. The people we spoke with told us they received their medicines safely and when they needed them. We checked a sample of Medicine Administration Records (MAR) against people's prescribed medicines and found them to be completed correctly. Staff received training to support them in administering medicines, which included checks on their competency. Daily checks were undertaken at handover to check people had received their medicines as prescribed.

The home environment was clean and well maintained. We saw regular checks took place to help keep people staying at Warwick House safe, for example, of fridge temperatures and fire equipment. Certificates showed that equipment in use was serviced as required. For example, gas boilers and electrical equipment were checked regularly by suitably qualified persons. An external company carried out a safety audit in October 2015 describing the overall standard as very satisfactory with a high standard of housekeeping

noted. A fire risk assessment had also been completed for the property by the same company.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files for three members of staff. Each file contained evidence that criminal record checks had been carried out along with employment references, health and right to work checks and proof of identity.



#### Is the service effective?

### Our findings

People using the service spoke positively about the support provided by the staff working at Warwick House. One person said, "They support you, help with money and I do some cooking." Another person said "They are encouraging, they make life easy for me."

Feedback received from involved health professionals was positive. One professional told us that staff had worked well with their client who was more settled and that they had "seen the difference." Another professional said they found the staff and the support provided at Warwick House to be of a high standard.

Staff told us they had opportunities for on-going training and there was a planned programme to make sure staff received relevant training and this was kept up to date. The registered manager ensured that there was training provided specific to the needs of people living in the service such as mental health and diabetes awareness.

Staff told us they felt supported by the registered manager and confirmed they received regular one-to-one supervision. This gave staff the opportunity to discuss their work and for any training or support needs to be identified. We saw there were also regular staff meetings which gave staff the opportunity to meet together as a team.

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. We saw consent was obtained as required from each person around the support provided by staff and any restrictions on them were recorded.

The people receiving support said they were able to come and go as they pleased. Access to the property was monitored by staff to ensure people's safety and people were able to have their own bedroom keys. The people we spoke to were satisfied with this arrangement and understood the need to monitor who was on the premises for safety reasons.

People were positive about the food provided to them. Comments included, "We have a say in the menu, what we like and what we want", "I cook once a week" and "They encourage healthy eating." The people receiving support at Warwick House were encouraged to develop their own cooking skills. For example, two people cooked for each other regularly. We saw people were able to give their views as to the meals provided and voice their preferences in the daily community meetings. The staff monitored people's weight and encouraged individuals to make healthy choices when planning meals.

Staff supported people to access the healthcare services they needed. Records showed that staff supported people to attend appointments with their GP and other specialist health services.



## Is the service caring?

### Our findings

We asked people about the service and the staff who supported them. People said they liked living at Warwick House, that staff treated them politely and with dignity and respect. People told us that they were supported to maintain relationships with their family and friends. One person said, "I respect them, they respect me" and another person told us, "They are nice, they make sure you have a shower and eat well." A third person commented, "It's cool, the staff work with me."

Observed interactions between people and the staff supporting them were friendly and respectful. People were relaxed and comfortable with the staff during our visit and they could choose what to do, where to spend their time and who with. People spent time in their rooms and in communal areas. A covered smoking area was provided in the garden. We saw people going out independently on both days we visited.

Staff were positive about the service provided. They gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person were afforded their privacy. The registered manager talked of the importance of treating people the same as staff would like to be treated themselves and this was integral to the philosophy of care at Warwick House.

We found staff were knowledgeable about people using the service, their preferences and daily routines. The registered manager gave us a number of examples of how they monitored people using the service including signs they would look for to indicate someone was upset or not feeling well. These were included in each persons support plan.

Each person had a keyworker who met with them regularly. One person said "I see my keyworker, he meets with me once a month." Another person told us they had discussed their support plan with their key worker. Records were kept of each key worker meeting documenting the person's mental and physical health, activities they were participating in and any concerns.

We saw that people had been involved in the planning and review of their support plans and had signed to say they agreed with the content. We discussed how the support plans could be further personalised with the registered manager. For example, they could be written in the first person with statements such as 'I have staff support with' and 'I can do'.

Records confirmed that people were supported to keep in touch with people who were important to them such as family and friends.



### Is the service responsive?

### Our findings

One person told us, "It's fine. The staff work with me" and another person said, "They don't pressure me but give me reminders." A third person said, "They talk about whatever they do."

People told us about what they did each day. Comments included, "I take a walk, watch TV. We play cards and dominoes", "I go out shopping, take a walk", and "I go out to play football. I did some gardening over the summer." Records kept documented people seeing their family, attending day centres and work schemes. Two people said they would welcome more in-house activities. We saw people were supported as required by staff to undertake activities of daily living on their allocated 'chore day' including preparing meals, doing laundry and cleaning their rooms.

People had their needs assessed before moving in to help make sure the service was able to meet their needs and expectations. Assessments completed by the registered manager identified the person's needs and used this information to inform the support plan put in place for each person.

The support plans seen documented each person's care needs including their personal details and addressed areas such as activities of daily living, personal hygiene and mental health. We saw that care documentation was very well organised, kept under review and subject to audit by senior staff. One person told us that staff were helping them access college courses. Another example was seen where staff had supported a person to join a local library to help them develop their reading and writing.

Handovers and daily notes helped to make sure that staff had access to the most up to date information about the people they supported. The daily handover was used to discuss each person in turn and share information between staff. Records kept additional documented information for staff about recent health appointments and reviews.

Daily community meetings were held to check in with people using the service and obtain their views. It was an expectation of the service that people attended these each day. The meetings were used to discuss the previous day's events, plans for the day ahead and to make sure people were happy with the support provided. An external professional spoke positively about these daily meetings and how these helped to provide structure to peoples days.

People said they felt able to raise any issues or concerns with staff and were confident that these would be acted upon. We observed individuals having discussions with staff and the registered manager throughout our inspection.

People using the service were made aware of the complaints system on admission. One person told us, "Yes, you can talk to them." The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. The records kept of any concerns received by the service were reviewed and showed that no complaints had been received.



#### Is the service well-led?

### Our findings

The stated philosophy of care was to provide people with care and support in a secure, relaxed and homely environment. The registered manager demonstrated an in-depth knowledge of the service throughout our inspection and worked 'hands-on' with the people living there.

People and staff spoken with said the registered manager was approachable and the service was well managed. One person told us, "It's well run." Another person described the home as being much better than their previous accommodation.

Staff said the registered manager was available when they needed her including out of hours, that she supported them effectively and that they felt able to raise any concerns should they have any.

We found the registered manager to be very organised with records up to date with detailed information maintained and easily accessible. An external professional said the home worked well with them and that any requested information was provided quickly by the registered manager.

Minutes of recent staff meetings showed staff were involved in discussions about the operation of the service and how people were supported. Staff discussed what was working for people when they supported them and any concerns they had about individuals.

Records showed the home had systems to regularly check the quality of the service provided and make sure any necessary improvements were made. For example, regular checks were carried out on the medicines. The building and equipment was also checked regularly to make sure that it was safe and well-maintained.

Feedback was mainly obtained informally from people using the service as the registered manager and her senior staff worked on the floor and knew people using the service well. Warwick House was also subject to quality checks by the registered provider who visited the home and compiled a report of their findings.

People using the service had been sent formal questionnaires to ask for their feedback. The findings were being collated by the registered manager and these would form part of the annual business plan for the service.