

Cognithan Limited

Woodside Court Supported Living

Inspection report

21 Lancaster Road
London
SE25 4BJ

Date of inspection visit:
30 August 2018

Date of publication:
09 October 2018

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

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service supports up to 17 males and 11 males were using the service at the time of our inspection. The service supports people with mental health needs, some of whom had additional needs relating to substance misuse. At our last inspection of the service on 20 January 2016 we found the service was meeting the fundamental standards and we rated it Good overall.

There was a registered manager in post at the time of our inspection. 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 registered manager was competent and leadership was visible at the service.

Staff understood people's needs and preferences including the support they required to maintain their mental health. Staff received training to help them understand people's needs as well as supervision to support them in their role. People were positive about the staff who supported them and developed positive relationships with staff. People were treated with dignity and respect and were involved in decisions about their care.

People were supported with risks relating to their care, including their mental health needs, through suitable risk assessment processes. The provider assessed people's needs, including risks, through discussions with people and reviewing professional reports. Detailed care plans were put in place setting out the support people needed from staff, based on people's needs and preferences.

People were supported to regain their independent living skills to enable them to live independently in the future. People were provided with one meal a day and were supported to prepare their other meals themselves as part of regaining their skills. People were also supported to spend their time meaningfully doing activities they were interested in and to seek employment.

People were supported by staff who the provider checked were suitable to work with them. There were enough staff to support people safely and staff were allocated enough time to interact meaningfully with people.

People were safeguarded from abuse and the registered manager followed suitable processes when an allegation of abuse was made. Staff understood their responsibilities in relation to safeguarding as they received training to keep their knowledge up to date.

People's risk of discrimination was reduced in relation to sexual orientation and the provider trained staff to

understand how to promote equality and diversity.

People's medicines were managed safely with systems to check people received their medicines as prescribed.

People were supported with their day to day health needs and to access professionals they needed to maintain their mental and physical wellbeing.

People received care in line with the Mental Capacity Act 2005. Staff understood how to provide care in line with the Act and received training on this.

People and staff were encouraged to feedback on the service as part of improving the service. People's concerns and complaints were responded to appropriately by the provider. The provider communicated openly with people, staff and professionals. The provider had good oversight of the service with systems to monitor, assess and improve 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 was safe. Staff understood how support people in relation to risks.

The registered manager followed suitable processes to safeguarding people from abuse and neglect and staff understood their responsibilities.

There were enough staff to care for people. The provider checked staff were suitable to work with people.

People's medicines were managed safely.

Risks relating to infection control were suitably managed.

Is the service effective?

Good ●

The service was effective. Staff received training and supervision to help them understand people's needs and their responsibilities.

People received care in line with the Mental Capacity Act 2005.

People were supported to maintain a healthy weight.

People had access the healthcare professionals to maintain their mental and physical wellbeing.

Is the service caring?

Good ●

The service was caring. People were positive about staff and staff understood people's needs and preferences.

People were supported to regain their daily living skills.

People were involved in decisions about their care.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive. People were involved in developing their care plans. Care plans were up to date and reliable in guiding staff.

People were supported to spend their time in meaningful activities.

People's concerns and complaints were responded to by the provider.

Is the service well-led?

The service was well-led. Leadership was visible and capable with an experienced registered manager in post

Staff understood their roles and responsibilities.

The provider had good governance systems to assess, monitor and improve the service.

The provider communicated openly with people, staff and professionals.

Good ●

Woodside Court Supported Living

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.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR contains information about the service and how it is managed by the provider. We reviewed this, as well as other information we held about the service such as statutory notifications. Statutory notifications are used by the provider to inform us about information such as safeguarding allegations and police incidents, as required by law.

We visited the home on 30 August 2018. Our inspection was unannounced and carried out by one inspector.

During our inspection we spoke with four people using the service although people were not always willing to engage with us, the registered manager, the deputy manager and one support worker. We also spoke with the chef and the domestic staff. We looked at care records for three people, staff files for three staff members, medicines records for three people and other records relating to the running of the service.

After our inspection we contacted four health and social care professionals to obtain their feedback on the service and we received feedback from two professionals.

Is the service safe?

Our findings

Risks relating to people's care were managed by staff. Staff understood the risks relating to each person and the best ways to reduce the risks. For example, staff understood the risks relating to people's mental health conditions and any history of substance misuse and the support people needed from staff. Some people had a history of aggression and staff understood how to deescalate situations to help people remain calm. Staff received training in this from the provider. The provider assessed risks for each person and staff were involved in the process to give them a fuller understanding of how to support people. Risk assessments were regularly reviewed to ensure they remained current and reliable in guiding staff.

People were safeguarded from abuse as staff understood how to safeguard people. When one person told us they felt unsafe the registered manager responded promptly to the concerns they raised. The registered manager responded appropriately to allegations of abuse including promptly reporting to the police and the local authority safeguarding team where necessary. Staff received training on their responsibilities in safeguarding people and they understood signs people may be being abused.

People received the right support in relation to accidents and incidents. Staff clearly recorded the details of any accidents and incidents which the registered manager reviewed to check staff took the appropriate action. The registered manager shared learning from significant events such as safeguarding and accidents and incidents at meetings with other managers in the organisation.

People were supported by enough staff to safely meet their needs. People told us staffing levels were sufficient and staff were in agreement telling us they did not have to rush their work. Rotas reflected the staffing levels the registered manager told us were necessary to provide safe care. Additional staff were scheduled to cover appointments and other activities where necessary. The registered manager was available to cover shifts at short notice as were other staff. The registered manager told us agency staff were occasionally booked to cover short notice cancellations although they always worked with a shift leader who knew the service well. We observed there were sufficient staff during our inspection as staff were visible and readily available to support people.

People were supported by staff who were suitable to work for them. The provider checked the employment history and qualifications of candidates and obtained references from former employers. The provider also checked for any criminal records, identification and right to work in the UK. The provider interviewed all staff to check they had the right qualities to support people and monitored staff suitability during their induction period.

People received their medicines safely. Our checks of medicines records found no omissions and staff recorded medicines administration appropriately. Medicine stocks were as expected and the provider had robust systems to check people received their medicines as prescribed each day. Medicines were stored securely and the provider checked medicines were stored at suitable temperatures. Clear systems to oversee medicines ordered and delivered were followed by staff. Staff received training in administering medicines and the provider assessed staff competency to administer medicines.

The risk of infections was reduced through infection control procedures. A full time domestic staff was employed who followed a cleaning schedule. We observed the service was clean and free of malodours. Staff, including the domestic, understood their responsibilities in relation to infection control and received training to keep their knowledge current. The chef followed suitable hygiene standards including checking the temperature of the food they served, monitoring the temperature food was stored at and ensuring the kitchen was clean at all times. The chef was trained in food hygiene, as were staff. Staff used personal protective equipment (PPE) when carrying out personal care. The registered manager carried out regular infection control audits to check suitable practices were followed.

Is the service effective?

Our findings

People were cared for by staff who were supported to understand people's needs. A programme of training was in place which included topics such as managing violence and aggression and substance misuse. Staff also received training from the local mental health team on understanding mental health conditions. Staff received regular supervision and annual appraisal from their line manager to review their development and training needs. New staff completed an induction which followed the Skills for Care 'care certificate'. The care certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support.

The 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 be as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a separate process in place for supported living schemes which involves an application to the Court of Protection.

People received care in line with the MCA. The registered manager and staff told us there was one person suspected of lacking capacity to choose where they lived and in relation to managing their finances. Records showed the registered manager was closely liaising with their social worker to arrange for their capacity to be reassessed. Our discussions showed staff understood their responsibilities in relation to the MCA and they understood how a person could be deprived of their liberty in a supported living service. Staff received training in relation to this to keep their knowledge current.

People were supported to prepare their own meals to build their independent living skills. One person told us, "Chef cooks our dinner and the food is nice sometimes." The chef prepared one meal a day for people and people prepared their other meals themselves. The chef prepared meals based on people's preferences. People told us they enjoyed the food but would prefer more variety. However, the registered manager explained people had full choice in the meals they cooked in the evenings. Some people were at risk of malnutrition which was related to substance addiction. Staff supported them to monitor their weights and followed advice from healthcare professionals in helping people maintain their weight. Staff supported people to cook cultural foods of their preference.

People were supported to maintain their mental and physical health. Most people received care as part of the Care Programme Approach (CPA), a system to ensure people with some mental health conditions received the care they needed with an assigned care-coordinator leading for each person. This meant people received regular reviews of their mental health and staff worked closely with the local mental health team. Staff understood people's mental health conditions, substance addictions and physical health concerns. Information about these issues was recorded in people's care plans for staff to refer to. In addition, staff received training to further their understanding, including training in specific health

conditions such as diabetes and epilepsy. People were supported to see the healthcare professionals they needed such as their GP and specialist doctors at the hospital.

Is the service caring?

Our findings

People were positive about the staff who supported them. One person told us, "It's nice here, I don't mind it, staff are nice." Two other people indicated they were happy at the service but did not wish to engage any further in conversation. A professional told us they observed good rapport between staff and people using the service. The professional also told us they observed staff were caring, professional and proactive in liaising with the person and their relatives after an incident at the service.

People's preferences, needs and difficulties they sometimes experienced were understood by staff. A professional told us staff demonstrated knowledge of people's needs. Our discussions with staff showed they understood the people they supported including how people preferred to receive support with personal care and their daily lives. Staff also understood how people's mental health conditions and substance addictions affected them and how to support them in relation to these. We observed staff interacting with people and saw they had developed good relationships and people were comfortable approaching staff and asking for assistance.

The risk of discrimination to people was reduced. Staff respected people's different sexualities and their choice regarding disclosing their sexuality to others. Staff came from a range of ethnic and cultural backgrounds as did people using the service. Staff told us shared ethnic and cultural backgrounds helped them understand people's needs and preferences. For example, staff helped people prepare food from their shared ethnic and cultural backgrounds. Staff received training on equality and diversity to help them understand their responsibilities in relation to this.

People were involved in making decisions in relation to their care such as whether male or female staff provided personal care to them. People had full choice in how they spent their day. During our inspection most people spent time outside the service and we saw they were free to come and go as they pleased.

People's privacy and dignity was respected. A person told us staff were always respectful to him and respected his privacy when he spent time in his room. We observed staff knocked on people's doors and waited for permission before entering. Staff took care to talk about confidential information in private. Staff received training to help them understand how to support people while maintaining their privacy and dignity.

People were supported to rebuild their independent living skills. Many people came to the service after periods of living in institutions such as mental health hospitals or prison. The service aimed to help them regain their skills to enable them to live independently in the future. The registered manager told us several people recently moved on to live independently after several years at the service. The provider discussed with people the support they needed in rebuilding their skills, such as menu planning, cooking, laundry and cleaning. The provider developed individual plans for each person to help them reach their goal of independent living.

Is the service responsive?

Our findings

People were involved in developing their care plans which accurately reflected people's needs. Staff asked people what was important to them in relation to their care and this was recorded in their care plans for people to refer to. The provider also ensured people's care plans contained information about their mental health, patterns of substance misuse, physical health, emotional and social needs, personal history, individual preferences, interests and aspirations to guide staff. Staff were involved in developing care plans and told us they these for everyone using the service. Our discussions with staff showed they understood key information about people. Care plans were regularly reviewed which meant information remained accurate and reliable for staff to follow in caring for people.

People supported to find meaningful activities to occupy themselves. Staff worked with each person to find out how they would like to spend their time. Staff signposted people to social groups they would be interested in, such as groups for people who shared similar experiences in relation to their mental health. An art therapist visited the service each week and several people actively engaged in the sessions. The therapist also supported some people with gardening at the service as a form of therapy. Some people attended local art groups and their art work was displayed around the service. Staff had a good knowledge of local schemes people with mental health issues could access to help build their skills and gain employment if they were interested in this. For example, the provider helped a person apply to a local scheme to learn cleaning as a profession. One person enjoyed accessing various church services independently in the local area each day.

People were supported to maintain and develop relationships to reduce social isolation. Staff discussed any support people wanted to keep in touch with family or friends and to avoid forming negative relationships. People's goals in relation to relationships were recorded in their care plans and staff reviewed with people the progress they were making in relation to their goals. Visitors were permitted to the scheme with some staff supervision to check visitors supported people positively.

People's concerns and complaints were responded to by the provider. Staff recorded peoples' concerns and complaints and these were referred to the registered manager. The registered manager investigated any issues and updated people on their findings and action taken to resolve the issues. The registered manager kept clear records of concerns and complaints so they were able to check issues were responded to appropriately.

People's communication needs were identified, recorded and met by the provider. The provider recorded details of two people's needs in relation to their vision in their care plans. Staff contacted a sight loss charity to arrange for them to send one person a weekly audio newspaper as they were finding it difficult to read newspapers.

Is the service well-led?

Our findings

Leadership was competent and visible. People and staff were positive about the management and leadership of the service. One person told us, "The manager is very good, she listens to us." A second person told us, "The manager keeps us out of trouble and she understands us." One staff member told us, "I feel very supported by the manager and she definitely understands her role. She definitely goes above and beyond in covering any shifts at short notice and she is very knowledgeable. I can call her anytime for support." The registered manager was an experienced manager of adult social care services. The registered manager told us they were passionate about their role and had chosen to come out of retirement to manage the service. The registered manager was a 'hands-on' leader, working directly with people and staff each day which meant they had good oversight of the service. The registered manager also kept their knowledge up to date by attending training. Our inspection findings and discussions with the registered manager showed they had a good understanding of their role and responsibilities.

A clear management hierarchy was in place and staff understood their roles. The registered manager was supported by a deputy manager which was a newly created role. The deputy manager had worked at the service for around two years and told us the company offered good opportunities for career progression. The provider was supporting the deputy manager to complete a diploma in leadership and management to deepen their understanding of their responsibilities. Senior quality assurance managers provided support including auditing the service. The director and nominated individual were also available to support the registered manager and her team. Staff were allocated clear responsibilities for each shift and some staff had additional responsibilities in overseeing parts of the service, such as checking paperwork and health and safety checks. Our discussions with staff showed they understood what was expected of them and their responsibilities in supporting people at the service.

The provider gathered feedback from people, staff and professionals as part of improving the service and communicated openly with them. People met individually with their keyworkers at least once a month to review how the service was meeting their needs and find out any suggestions for improvement. The provider also held weekly planning meetings to find out people's views on the food and their preferences for upcoming meals. Two people told us they felt their meal preferences were not reflected in the menus. We discussed this with the registered manager who told us they would look into it. Staff meetings were held during which staff were able to give their views on the service and learn about any developments in the organisation. The provider also held regular manager's meetings where managers across the organisation met to share best practice and service improvements.

The service worked openly in partnership with key organisations. A professional told us they were able to share information with the service easily. A second professional told us the registered manager collaborated with the mental health team regarding any concerns about people's mental health including non-compliance with treatment and any possible safeguarding allegations. The provider also raised any allegations of abuse to the local authority safeguarding team and was involved in any investigations as directed by the team. The registered manager attended some forums provided by the local authority to network with other registered managers and share best practice.

The provider had suitable systems to check the quality of service. The registered manager, senior quality assurance managers and staff carried out a range of audits which surveyed health and safety, infection control, medicines management, care plans and risk assessments, staff training, supervision and appraisal. Records were well maintained, providing accurate information about the care people received and the management of the service.

The provider submitted notifications to CQC as required by law in relation to significant incidents such as any police incidents or allegations of abuse. This allowed CQC to monitor the service and plan inspections.