

Waterfield Supported Homes Limited

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Inspection report

55 Broadfield Road
London
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Tel: 02035929062

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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 Homes provides personal care, support and accommodation for up to five people with mental health needs. At the time of the inspection, five people were using the service.

This unannounced inspection took place on 8 March 2016. Waterfield Homes was registered on 29 May 2015. This is the first comprehensive inspection since people started using the service.

The service has 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.

People in the service were safe. Staff assessed risks to people and put support plans in place to promote their safety and well-being. The service appropriately managed risks to people's health and safety. Staff reviewed people's health and had updated their support when their needs changed. People received the support they required to take their medicines safely as prescribed.

Staff knew how to identify signs of abuse and to report any concerns to ensure they protected people from harm. There were enough staff on duty to meet people's needs.

Staff felt well-supported by the registered manager in their role. Staff had attended relevant training which equipped them with the knowledge and skills to support people with complex mental health needs. The service effectively worked in partnership with other healthcare professionals to promote people's mental and physical health. People received the support they needed to attend healthcare appointments for their well-being.

Staff knew people well and had established positive relationships with them. People told us they were happy to be living at the service. Staff treated people with respect and upheld their right to privacy and dignity. People told us staff were kind and caring. The registered manager and staff involved people and their relatives in the planning and delivering of their support and care. People made decisions about how they wished to spend their time.

People enjoyed the meals prepared at the service and could choose what they liked to eat. Staff carried out assessments to identify people's health needs and the support they required prior and after they started to use the service. The registered manager developed support plans on how staff should deliver people's care and ensured they followed the guidance to promote people's well-being. Staff had delivered people's care as recorded in their support plans. Staff supported people to develop and maintain their independent living skills. The registered manager sought people's views about the service, listened to, and acted on their feedback. People understood the provider's procedure of how to make a complaint.

People and staff said the registered manager was approachable and the service well-run. Staff understood their role in relation to the service's values of promoting people's mental health and their independence. The registered manager undertook checks on the quality of the service and made improvements when necessary.

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 identified risks to people's health and managed these appropriately to promote their safety. Staff knew how to identify and act on any concerns about abuse. Staff supported people with their medicines as prescribed.

There were sufficient staff on duty to meet people's needs. The service used safe recruitment procedures to ensure staff's suitability to support people.

Is the service effective?

Good ●

The service was effective. Staff were well supported in their role. Staff received training which enabled them to understand and meet people's needs. Staff supported people to be as independent as possible.

People consented to the support and care they received. People had a choice of healthy meals which they liked. The service ensured people accessed the healthcare services they needed for their physical and mental health.

Is the service caring?

Good ●

The service was caring. People told us staff treated them with respect. Staff were caring and polite. Staff understood how to communicate with people about their choices and preferences.

Staff upheld people's privacy and dignity and respected their views. Staff fully involved people in planning their support and care.

Is the service responsive?

Good ●

The service was responsive. Staff assessed people's needs and had support plans in place on how they should deliver their care. Staff reviewed people's needs and ensured their support plans were up to date. People took part in activities of their choice.

Staff delivered people's care and support as planned and met their current needs. The registered manager and staff asked people for their views of the service. They listened to and acted

on their feedback. People knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led. People and staff said the registered manager was supportive and approachable. The registered manager carried out checks, monitored the quality of the service, and made improvements when necessary. The service worked in partnership with healthcare professionals to promote people's well-being.

The registered manager and staff understood and promoted the values of the organisation to support people with their recovery.

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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 was carried out by one inspector and took place on 8 March 2016. Prior to the inspection, we reviewed the information we held about the service and notifications we had received to plan this inspection. A notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with three people using the service, three members of care staff, administration staff, the registered manager and deputy manager. We reviewed three care records and three medicines administration records (MAR) charts. We viewed four records relating to staff including their training, supervision, appraisals and duty rotas. We looked at monitoring reports on the quality of the service. We made general observations of the care and support people received at the service.

After the inspection, we spoke with a care coordinator and two relatives about their views of the service.

Is the service safe?

Our findings

People told us they received care and support which kept them safe at the service. One person told us, "I have no concerns at all here. Staff look after me well". Another person told us, "Staff remind me of how to keep safe when I go out".

The service had plans in place to ensure staff protected people from the risk of harm. The registered manager carried out risk assessments to people's health and put guidance in place for staff on how to support them safely. People's care records contained up to date information about how they spent their time at the service and how staff should support them to be as safe as possible. For example, staff had observed a sudden change in a person's mental health needs and the support they required. The service had developed a plan about how they should support the person safely and in a way that did not impact on their rights to be as independent as possible. People's daily records showed staff had supported the person as indicated in their care plan.

Staff promoted people's rights, supported them to access opportunities in the community and ensured they were not discriminated against because of their mental health needs. One person told us staff supported them to visit their family and spend time away from the service.

People received the support they required when they showed behaviours that challenged the service and others. People's records showed staff had identified possible triggers which may cause them to behave in an inappropriate manner or increase their anxiety and how staff should support them with their mental health needs. Staff told us they noted any changes in people's behaviours and moods and took preventative action to minimise incidents at the service.

Staff knew how to support people in case of an emergency. One person told us, "Staff talk to us about what we should do if we discover a fire at the service and how to safely leave the building". The registered manager ensured staff understood what action to take to promote people's safety in the event of a fire. A member of staff told, "We have weekly fire drills and discuss with people their response times and how to move around safely in the home in case of an emergency". The service kept records of the regular fire drills which staff carried out to ensure people understood how to leave the building in an emergency. The service had a designated smoking area which staff ensured people used to prevent the risk of a fire at the service.

The service ensured people received support from suitably vetted staff. The provider used robust and safe recruitment procedures to check staff's suitability to work at the service. We saw records of completed application forms that contained the staff's experience and employment history. Interview notes showed the registered manager had checked staff's knowledge of how to support people with their mental health needs and their work history. The provider had sought and received references, criminal checks and proof of identity of staff before they started to work at the service.

People told us there was always a member of staff around to meet their needs safely. One person told us,

"All I need to do is ask and a member of staff comes along to help". The registered manager ensured the rota adequately covered both planned and sickness absence to ensure people received appropriate support. The provider used a 'bank' of their own staff to cover any absences. The rotas confirmed additional members of staff to support people if necessary. A member of staff told us the registered manager varied staffing numbers and took into account people's health needs, any appointments or outings. We observed there was enough staff to meet people's needs.

The registered manager ensured people had received their medicines safely as prescribed. The service managed people's medicines safely. We saw medicines stored securely in a locked cupboard. Records showed the registered manager carried out regular checks to ensure people had received their medicines in the correct dose and right times of day. Staff knew people's medicines and the effects they had on their mental health. We saw audits of medicines administration record (MAR) charts carried out at the service. Staff had fully and accurately completed the MAR charts. People had consistently received all their medicines they needed to maintain their well-being.

People received the support they required to take their medicines. The registered manager had assessed and regularly reviewed what assistance people needed with their medicines and supported them appropriately. Records showed the service received input from the community mental health team (CMHT) professionals to make decisions about when people should be supported to receive their medicines. A care coordinator told us the service made appropriate decisions on how they supported people to take their medicines.

The registered manager had put plans in place to ensure staff protected people from the risk of abuse and neglect. Staff showed they understood their role in keeping people safe from abuse. A member of staff told us they knew how to recognise abuse and their responsibility to take action to protect people using the service's safeguarding procedures. Another member of staff told us they felt confident the registered manager would listen to any concerns they raised if they suspected a person was at risk of abuse. Staff explained they would whistle blow to an external agency such as the local authority safeguarding team if the service had not addressed fully their concern about abuse.

Is the service effective?

Our findings

People told us the staff who supported them had the skills and competence to do their work. One person told us, "I am well looked after here. I have no qualms about my care". Another person said, "Staff do know what they do and they do it well". A relative told us, "Staff are good at keeping us up to date on any issue that concerns [person's name]".

People received support from staff with relevant experience and knowledge. A care coordinator told us, "The staff are able to engage people constructively and support them appropriately with their complex mental health needs". The registered manager ensured all members of staff attended training about supporting people with mental health needs. One person told us, "I am confident with the work I do because of the extensive training the service has provided around mental health". The registered manager supported staff to manage difficult situations and gave guidance to ensure people received appropriate care. One member of staff told us, "The manager is available to advise and will come to the service if necessary to support us". Staff explained they found the training on behaviours that challenge the service useful and how they used this knowledge to understand each person's individual needs and ensured they provided them with appropriate support.

Staff told us the service met their training needs. Records confirmed staff had attended training on administration of medicines, safeguarding adults, infection control and health and safety at work. The registered manager ensured all staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff received 'refresher' training which ensured they had up to date skills and knowledge they needed to do their work effectively. This included courses such as dementia awareness and first aid.

The registered manager supported staff to undertake their role. Staff told us they had regular scheduled individual supervision sessions with the registered manager. A member of staff told us, "We discuss any issues around people's needs and plan how to improve the way we provide their care and support". Records confirmed staff had regular supervision and were able to discuss their training needs and how best to support people. Staff had an annual appraisal of their performance and skills in relation to how they supported people and the training they needed. Records showed the registered manager had identified areas of development for staff to undertake to enhance their skills and knowledge. This ensured people received support from staff with appropriate skills and knowledge.

The service upheld people's rights in line with the principles of MCA and legal requirements of DoLS. The registered manager informed us that they had made one DoLS application and the local authority had given authorisation for this. The service worked with the community mental health team (CMHT) professionals who had assessed people's mental health needs and their mental capacity before they started to use the service. People told us they came and went out as they wished from the service. Staff told us they understood from the DoLS training they received that they needed authorisation to deprive people of their liberty.

Staff asked people for their consent to their care before supporting them. One member of staff told us, "I presume people have capacity to consent to their care and always ask for this before supporting them". Another member of staff told us, "I always ask people what they want in terms of their support and assist them as they wish". We observed staff involve people in making decisions about their day to day care by asking them for their permission about the care they wanted to provide to them. For example, a member of staff asked a person, "Would you like any help with your cup of tea?" The person had said "yes" and the staff had moved a small table closer to them.

People told us they enjoyed the food which was available at the service and had any type they liked. Staff supported a person develop their cooking skills and encouraged them to be as independent as possible with regard to the meal preparation. One person told us, "I like to prepare my meals which I often do". Records and staff confirmed they supported the person to prepare their meals as planned in their care plan. Staff maintained records of the support people had received and monitored their progress towards achieving their goals. During the inspection, we observed people had access to the kitchen and could prepare their own drinks if they wished.

The registered manager ensured people's health needs were met. People understood their mental health needs and the importance of accessing appropriate services to maintain their well-being. People received the support they required to attend mental health and hospital appointments and had their healthcare needs met. One person told us, "Staff discuss with me my health and ensure I attend meetings with my care coordinator or GP". Records showed staff supported people to attend annual meetings to discuss and review their mental health and the support they may need.

The registered manager ensured staff had followed guidance provided by healthcare professionals to support people with their health needs. Staff ensured people kept their appointments and records showed care coordinators, social workers, community mental health nurses and psychiatrists had visited them at the service. The service had good arrangements in place to promote people's mental health. For example, staff told us they had information about how to recognise if a person's mental health was deteriorating and knew what action to take to support them. Records showed staff had sought appropriate support from the CMHT about how to meet the person's complex mental health needs. Staff had updated the person's support plans appropriately to show the changes to their mental health. A care coordinator told, "Staff do not hesitate to call us if a person shows the signs of being unwell and take action as advised".

Is the service caring?

Our findings

A person told us, "Staff are friendly and professional in their approach". A relative told us, "Staff do their best for [relative]. They are fantastic and the place is so much better than other places [he/she]'s been in". A relative told us, "I have absolutely no concerns. My relative [person's name] is very happy and well taken care of. I am extremely grateful to the home and staff about their care". A care coordinator told us staff treated people with kindness and committed to their recovery and rehabilitation.

Staff had established positive relationships with people at the service. A member of staff told us, "We work hard to gain people's trust and to make them understand we are here to support them to be more independent". Another member said, "It's never about us but them. We work with them to build a rapport. That way we can be effective in the way we support them". During the inspection, we observed that staff interacted with people in a friendly and polite way whilst supporting them.

Staff involved people and their relatives in planning their care and support. One person told us, "Staff always ask me what I want and respect my wishes". A relative told us, "The staff are good at communicating with us about [person's name]. They ask us what [he/she] would have preferred and what they like and do not like". Staff supported people in line with their individual needs and preferences and took into account their background and mental health. We observed people made choices about how staff supported them with their care. For example, we saw staff ask a person if they wanted to have their meal in the lounge or in their room and supported them as requested.

People said staff respected their privacy and dignity. One person told us, "Staff always ask what I want. They check with me if it's ok to come into my room". Staff understood how to respect people's privacy. A member of staff told us, "I knock and ask people's permission to enter their rooms or to give them support". A relative told us, "Staff do not talk down at people. They are polite to them". People told us the service welcomed their visitors and allowed them space to have a conversation in private if they wished.

People received support to maintain relationships that were important to them. The registered manager ensured there were sufficient resources to enable people undertake journeys to visit their friends and family. For example, records showed staff supported a person to keep in touch with their family and regularly travelled with them if needed.

The service respected people's views and upheld their rights. A person had received support to express their views and wishes and their interests represented by an Independent Mental Capacity Advocate (IMCA). The service was made aware of the person's views and ensured their care plan reflected this. Records showed the person received support as indicated in their care plan.

People's records were kept secure and confidential information about them was shared on a need to know basis. We observed staff stored records in a locked cupboard which was only accessible to them. Staff had signed all records together with the time and date of entry. A member of staff told us, "I have to be aware who is around me when speaking on the telephone and when talking to a colleague about a person to

protect their confidentiality".

Staff had developed effective ways to communicate with people. Records contained information on people's communication needs and detailed how staff should use this knowledge to fully involve people in the planning for their care. People told us staff were patient when they gave them information that concerned them and when explaining their care and support. During the inspection, we observed people communicated easily with staff about what they wished to do. For example, a person told staff as they went out to the garden to smoke. Records showed staff supported people to express their views when they met with health professionals from the community mental health team (CMHT).

Is the service responsive?

Our findings

People told us staff knew them well and understood their needs. One person told, "Staff know me well. They know when things are not ok and see how they can help me". A relative told us, "My [relative's name] is now settled here. Staff have just been great with him".

People received support which met their individual needs. Staff undertook assessments prior and after people started using the service and ensured they had information about their needs and preferences. People told us staff had met with them and their relatives for the assessment of their needs. Records showed staff had gathered information about people's background and health and the support and care they needed. The service received input from the community mental health professionals who had worked with the people.

People received appropriate support and care in relation to their current level of need. Staff had up to date support plans which explained how they should meet people's individual needs. For example, a person's support plan described how staff should support them to maintain their mental health. Staff had regularly reviewed people's needs and updated their care and support plans. Records showed staff had updated a person care plan when their needs changed in relation to their going out.

People received their support as planned. Staff maintained daily records which confirmed they had delivered people's support as indicated in their plans. For example, records covered appointments attended and healthcare professionals visited, the support people had received to enhance their independent living skills and maintain their mental health. The registered manager ensured staff had up to date information about any changes to people's needs and the support they required through daily handovers and a communication book they read and signed.

People attended a range of activities at the service and in the community. People received the supported they needed to develop their interests and skills. For example, we observed staff asking a person if they wanted to watch television and appropriately supporting them by ensuring they sat comfortably in their chair and put on their favourite programme. One person told us, "I like reading, watching television and listening to my music". Staff held meetings with people and their care coordinators to identify goals for daily activities and ensured their supported them with these.

Staff knew people's goals in relation to living more independently and how they should support them to progress with these. People told us staff encouraged them to develop and maintain their skills for independent living. One person told us, "I attend activities I enjoy. Staff encourage me to try new things which I have done by regularly preparing a meal in the kitchen". Records and staff confirmed the person received support in the kitchen as stated in their care plan and that they were gaining confidence and developing a new skill. Staff told us they engaged people at the service to reduce the risk of social isolation.

Each person had a member of staff assigned to work with them and act as their 'key worker'. A member of staff told us, "I ensure I review the person's support plan every month, or as their needs change". Records

confirmed the regular monthly 'key-worker' meetings and the discussion staff had with the person such as making them aware of appointments and mental health reviews. 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 at the service. The person and their 'key worker' discussed any changes to the support they required and informed the registered manager who made the necessary changes to their care plan. People told us they were happy with having a keyworker as it provided a focal point for them to raise any issues and have them addressed.

People and their relatives gave feedback about the service at regular meetings. They said the service listened to them and acted on their concerns. For example, a record of one such meeting showed staff had asked people for their views about the activities held at the service and had responded to feedback by supporting them to join a walking group.

People and their relatives told us they understood the provider's procedure about how to make a complaint. They had received the service's complaints procedure when they started to use the service. One person told us, "I would be happy to raise any issues that bother me with the manager or staff". A relative told us, "We haven't had any concerns although I wouldn't hesitate to make my worries known to the manager". Notes from meetings the registered held with people showed they had discussed the complaints procedure. The service had not received any complaints since operations started. The registered manager was aware that the service would send a written acknowledgement of a person's complaint followed by a written response after completing a full investigation to resolve the issue.

Is the service well-led?

Our findings

People and their relatives told us they were happy with the service. They said the registered manager was readily available to them. People and their relatives told us the service had a positive culture and the registered manager was open to their ideas to develop the service. Feedback from people and their relatives was complimentary and included comments such as, "the place is well organised" and "staff are professional and committed to support [person's name] with [her/his] recovery".

Staff understood the service's vision and values and ensured they put them into practice when supporting people. The service displayed its vision and values at the entrance and each person and member of staff received a copy when they joined the service. A member of staff told us the values aimed to involve people about their care and support toward their recovery and re-integration. Another member of staff told us, "The values are about how to treat people with respect and to support them with their plans of rehabilitation". Staff told us they knew each other well and said team work was good. A member of staff told us, "The registered manager and the team are good role models in relation to how they support people. Staff are cheerful. This is a friendly place to work".

The service had a registered manager in post. People and staff told us they attended meetings organised by registered manager and said they were able to give their ideas on improving the service. Records of the meetings showed the registered manager had asked for people's views and listened to them. For example, staff had asked people about their views on holiday arrangements and they arranged the trip.

People were happy with the quality of the service. Records show the service encouraged people to give their views through surveys about the care and support they received. People had completed questionnaires in December 2015 and the responses showed they felt staff treated them with respect and met their needs.

The registered manager took action to ensure people received appropriate care and support. Staff had recorded and monitored all incidents and accidents that occurred at the service. Accident reports contained information on the action taken immediately after an incident and any action that was required to minimise a recurrence. The registered manager discussed at staff meetings incidents that would have occurred and shared best practice.

The registered manager ensured the service made improvements on the quality of care and support people received. For example, the registered manager had carried out regular checks on medication administration records (MAR) charts to ensure staff had followed correct procedures. Audits on people's care records showed the registered manager had signed the information on the support people required and received from staff with their health needs as accurate and up to date. For example the registered manager had checked that visits by healthcare professionals were recorded to ensure staff had clear guidance about how to support people with their complex needs and improve their health. Staff told us the registered manager carried out random checks of their notes about people and discussed with them how they could improve.

The maintenance staff undertook checks on the safety of the building and equipment and carried out

repairs if necessary. The registered manager made regular checks of the cleaning schedule and ensured the service was clean and well maintained.

The service had good links with the local community. The registered manager developed the service through a close working partnership with the community mental health team (CMHT). Records showed staff sought and used guidance from CMHT professionals in relation to how they supported people with complex mental health needs. Staff had attended training organised by CMHT to develop their skills in meeting the needs of people with behaviour that was challenging to the service.