

# Hexagon Housing Association Woodcote Road

## Inspection report

75 Woodcote Road  
Wallington  
Surrey  
SM6 0PU

Tel: 02086478452  
Website: [www.hexagon.org.uk](http://www.hexagon.org.uk)

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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

We undertook an unannounced inspection on 10 May 2017. At our previous inspection on 16 June 2015 the service was rated 'good' overall and for each key question.

Woodcote Road provides accommodation, care and support to up to 12 adults who have mental health needs. At the time of our inspection 11 people were living there.

The same registered manager remained 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 remained safe. Staff assessed and managed the risks to people's safety. Staff adhered to safeguarding adults procedures and escalated any concerns observed. People received their medicines as prescribed and were supported to self-manage their medicines safely. There were sufficient staff to keep people safe. Recent changes to staffing arrangements at night were under regular review.

Staff continued to update their knowledge and skills through attendance at training courses and supervision sessions. Staff adhered to the Mental Capacity Act 2005 and obtained people's consent prior to providing support. Staff worked with people to ensure they received a nutritious and balanced diet. Staff encouraged people to access healthcare services when they required them and worked with professionals from the community mental health team to ensure people received the support they required with their mental health.

Staff engaged people in friendly conversations and made themselves available if people had any concerns or wanted to talk. Staff respected people's privacy and dignity. People were encouraged to maintain contact with their friends and family. People were able to make decisions about their care and how they spent their time.

People received the support they required to build their confidence, learn new skills and work towards moving to independent living. Staff supported people to undertake activities of daily living and to work towards agreed goals. Staff encouraged people to engage in education courses and follow their interests. The provider's complaints process remained in place and all complaints were reviewed by the registered manager.

There had been some changes to the management and leadership of the service. Nevertheless, staff felt well supported by their manager and the provider. People and key stakeholders were asked about their views of the service with the aim of improving service delivery. Systems were in place to review the quality of service provision. The registered manager adhered to the requirements of their registration with the Care Quality Commission (CQC).

## 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 remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Good ●

The service remained well-led.

# Woodcote Road

## **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.

We undertook an unannounced inspection on 10 May 2017. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service including the details obtained during registration of the service and from the statutory notifications received. These are notifications about key events that occur at the service which the registered persons are legally required to submit to us.

During the inspection we spoke with three people and four staff. We reviewed three people's care records, systems to keep people's finances secure and medicines management arrangements. We reviewed supervision and training records for three members of staff, as well as records relating to the management of the service. After the inspection we spoke with the registered manager.

# Is the service safe?

## Our findings

People told us they felt safe at the service.

Since our previous inspection there had been a change to staffing arrangements. The provider no longer provided employed staff to support people at night. Instead they had arrangements with an agency to provide a concierge service at night. This service ensured there was one staff member available at night to ensure people were safe and secure.

People told us the new arrangements had taken them a while to get used to but they had got to know the new staff and developed relationships with them. At the time of the inspection people said they were happy with the arrangements and felt safe and secure at night. However, they also said because the night staff were not trained in medicines administration this meant at times they had to wait to receive pain medication for example if they developed a headache or tooth ache overnight. In response to this staff said, and people confirmed, that day staff asked people prior to going off shift if they were in any pain or were feeling anxious so they could provide them with any medicines they required and staff also ensured people received their evening prescribed medicines before leaving their shift. In addition, for the majority of people a small supply of 'when required' medicines could be left in the secure cabinet in a person's room for them to use if needed, in line with the providers' self-administration of medicines policy and to support people's independence. There were also on call arrangements for the agency staff to ask the provider's management team if they or people using the service needed additional support at night. The management team informed us the new arrangements had been regularly reviewed and an annual review of the arrangements was due to ensure it still met the needs of the people using the service.

A stable staff team was in place with low staff turnover. There had not been any new care staff employed since our last inspection and therefore we did not look at staff recruitment processes in detail.

Staff continued to ensure people received their medicines as prescribed. Staff supported people to manage their own medicines when able to safely do so to help with their recovery and goal of moving to more independent living. Staff either stored and administered people's medicines for them or checked that people were storing and administering their own medicines safely. We saw accurate records of the medicines administered and accurate stocks of medicines were maintained. Staff checked the medicine administration records and stocks of medicines on each shift.

Safeguarding adults procedures remained in place and staff adhered to their responsibilities to safeguard people from avoidable harm. Staff were aware of the signs and changes in a person's behaviour that may indicate a person was being harmed. All incidents were reviewed by the provider's safeguarding leads. Staff liaised with the local authority safeguarding team when needed to follow processes and ensure people's health and welfare were protected. When required, staff also liaised with the police. Additional measures were put in place when staff had concerns about a person's safety and these arrangements were regularly reviewed to ensure they were still appropriate.

Staff continued to assess, identify and manage risks to people's health and safety. Staff took into account people's life history and identified historical and current risks to people and others. Detailed information was included in people's care records of the risks and how these were to be managed, incorporating them into people's care plans. Staff were aware of the risks to people at the service as well as in the community. This included the risks to and from members of the public.

Staff were clear of what they expected from people in regards to risk management. People were aware they were not to use the ovens and certain kitchen equipment at night, and that sharp knives needed to be handed back to staff after use. Staff counted all sharp knives on each shift to ensure they were all accounted for. There was an agreement that people would not use drugs or alcohol at the service due to the effects on their behaviour and the additional risks this presented. If staff were concerned that a person had taken illicit substances then drug and alcohol testing kits were used.

## Is the service effective?

### Our findings

Since our last inspection, people continued to be supported by staff that had the knowledge and skills to undertake their duties. The provider ensured regular attendance by staff at their mandatory training to give them the core skills to support people. Refresher mandatory training was booked for the whole team to take place in June and July 2017. In addition, specific training was provided in relation to the needs of people using the service. This included in regards to mental health awareness and different mental illnesses, as well as training regarding physical health conditions such as diabetes and epilepsy. The registered manager informed us the provider also made mental health awareness training available to the agency providing staff at night so they had an understanding as to how people's mental health may fluctuate and signs that a person's mental health may be declining.

The registered manager continued to provide staff with one-to-one supervision and support in line with the provider's procedures. Staff felt well supported by their manager and felt comfortable speaking openly during supervision sessions. Supervision sessions gave staff the opportunity to reflect on the support they provided to people and also to highlight any unmet training needs.

Staff continued to adhere to the Mental Capacity Act 2005. Staff told us each person at the service had the capacity to consent to decisions about their care. Some people were subject to community treatment orders (CTOs) which included some restrictions under the Mental Health Act 2007. People were required to adhere to these restrictions and people had agreed to them in conversation with their psychiatric healthcare team. This included curfews and set times that people needed to be at the service. Staff were aware of what to do if people did not adhere to these restrictions.

A rehabilitation cook was in post to support people to learn cookery skills and to learn about the importance of healthy eating and how to maintain a balanced diet. The provider continued to provide people with a graduated food budget as their independence skills improved. People were encouraged to manage their own budgets and meal plans at a pace they were comfortable with and could manage appropriately. Staff encouraged those who were self-managing their meals to document what they were eating. Staff checked on people's food records and provided education sessions if they felt people were not eating suitable amounts or diets for their needs.

People received any support they required with their physical and mental health. Staff helped people to register with primary medical services including GP, dentist and opticians, and supported people to make appointments with these services as and when necessary. Staff also reminded people to attend healthcare appointments in relation to any diagnoses they had, for example, screening in relation to diabetes care. Staff also supported female residents in regards to women's health and regular screening.

People continued to receive support in regards to their mental health. Staff liaised with the healthcare professionals from community mental health teams (CMHT) if they had any concerns about people's health and if they were showing signs of their mental health declining. People received regular meetings with their care co-ordinator from the CMHT to discuss their mental health. Staff liaised with people's care co-

ordinators to ensure they were up to date with people's support needs in regards to their mental health and in regards to crisis plans.

# Is the service caring?

## Our findings

One person told us the staff were "very chilled out" and they appreciated being able to do things in their own time and when they were ready. They also said in regards to the atmosphere at the service, "It's always calm – I have no concerns or worries."

Staff engaged people in a friendly and polite manner. We saw people were welcomed to come and speak with staff in the office and staff made themselves available if people wanted to talk. We saw staff offering people advice and giving people time to express any concerns they had. We overheard people informing staff they appreciated the advice given and thanking them for the opportunity to discuss what was on their mind.

Staff were aware of people's communication needs and engaged with people in a way the person understood. Staff adapted the language they used to ensure people understood what they were saying.

Staff asked people about their religious preferences. Whilst staff told us at the time of our inspection no-one at the service was practicing a faith they said there were able to cater for and support people of different faiths. Staff were aware of people's cultural heritage and supported them in line with that. For the majority of people there was at least one staff member who was from the same cultural background. Staff shared their knowledge of different cultures to ensure people's needs were met. This included celebrating different festivals and important dates.

Staff continued to respect people's privacy. Staff did not enter a person's bedroom without their permission, unless they had a concern regarding the person's safety. The majority of people were able to manage their own personal care and therefore were given the time and privacy to do this themselves. Some people needed prompting or reminding to undertake aspects of their personal care, due to the risk of self-neglect, and this was done discreetly.

People were enabled to make decisions about their care and how they spent their time. People were free to come and go from the service and made their own decisions about whether they wanted to spend time at the service or in the community. A volunteer visited the service two days a week. People were able to request to spend time with the volunteer and make a choice about what they did during that time.

Staff supported people to maintain contact with their family members and friends. Staff respected people's decisions to spend time with who they wished, but gave them guidance about the importance of positive social support.

## Is the service responsive?

### Our findings

A staff member told us, "Our role is rehabilitation. We encourage and support [people] to be self-managing with activities of daily living and support them to move to independent living." Staff continued to support people to work towards this purpose. Staff worked with people to develop their 'activities of daily living' skills. This included becoming independent with managing their own belongings, cleaning, doing their laundry, cooking, budgeting, working towards self-management of their medicines and safety in the community.

In addition, care plans were developed outlining what other goals people wanted to achieve whilst they were at the service. People had regular meetings with their key worker to discuss progress made towards these targets and to identify any additional support they required to achieve them. (A key worker is a dedicated member of staff who leads on the care and support provided to individuals). Some people's goals were in relation to education or employment. We saw one person had been part of a project with the Prince's Trust to help build their self-esteem and confidence, and this had led to them developing an interest in catering. (The Prince's Trust is a charity that helps young people get into jobs, education and training.) This person was attended a catering course at college to further develop their skills in this area and obtain relevant qualifications to support their aim of working within a catering setting.

Specific care plans were developed in relation to people's individual needs. This included in regards to any cultural and religious needs or in relation to their sexual preferences and activity. Staff spent time speaking with people about the risks of unsafe sex and how people could protect themselves. Staff also spoke to people about the importance of consent to help ensure people were not being exploited.

Staff made themselves available to people to discuss any concerns or worries they had, and so people could spend time talking to staff about their feelings and emotions. The registered manager told us when new people came to the service contracted permanent staff were rostered on at night to provide a higher level of care and support 24 hours a day. Also, when people's behaviour showed higher anxieties at night their key worker was rostered to cover night shifts to provide people with the additional support and opportunities to talk about how they were feeling.

The main aim of the service was to support people to move to independent living when they were ready. The staff worked with two local authorities to find appropriate accommodation for people as and when they were ready to move. The staff liaised with the person and the healthcare professionals involved in their care to identify when a person was ready to move and had developed the skills they required to live in a more independent setting. This included ensuring the person had insight into their illness and could recognise the signs that their mental health was deteriorating. At the time of the inspection staff were supporting a number of people to locate appropriate accommodation and one person was moving the week after the inspection. This person told us they were excited as well as a little nervous about moving but appreciated the support the staff had given them to ensure they were ready to become more independent.

The provider's complaints process remained in place. We reviewed the complaints book and any complaints

made were reviewed by the registered manager to investigate and deal with. People felt able to raise any concerns or worries they had and felt any concerns they did raise were listened to by the staff.

## Is the service well-led?

### Our findings

There had been some recent changes in the management of the service. At the time of our inspection the provider's care and support manager position was being covered by the registered manager three days a week and the deputy manager was back filling the vacant management role left through this arrangement. We spoke with the registered manager who was also leaving the company in the near future. They informed us the provider was in the process of recruiting a new registered manager and care and support manager and that these positions should be filled soon. We will continue to monitor the impact of the management changes in future inspections.

Nevertheless, staff told us they felt well supported by the registered manager and the provider. They felt the senior management team always had an "open door" and were welcomed to speak openly to any member of staff. Staff said their views and opinions were listened to. Staff were involved in decisions about service delivery and felt their contributions were valued and appreciated. One staff member told us, "Morale here is very good...There is support at every level."

People were able to express their views about the service and contribute to service delivery. This was undertaken through established 'house' meetings, chaired by one of the people using the service. People were able to express their opinions during these meetings and make suggestions about any changes to service delivery. One person said the meeting focused on "life at the home and what they wanted to do." In addition, the provider invited people to complete satisfaction surveys to comment on their experiences of the service and the support they received. The surveys we viewed showed the majority of people were happy with the support they received. The provider also asked key stakeholders – psychiatrists, care co-ordinators, social workers – to complete satisfaction surveys. The 2016 findings showed of the majority of respondents were happy with the level of support provided.

The provider continued to have systems in place to monitor the quality of service delivery. Regular audits were undertaken to review key worker processes, care records, medicines management, health and safety and infection control. We saw that where improvements were required this was picked up and addressed through the auditing processes. The registered manager and provider also had processes in place to review key performance data including information relating to incidents, accidents and complaints to identify any learning. In addition, the provider submitted data monthly to the local authority and the clinical commissioning group (CCG) about service delivery including any incidents or hospital admissions.

The provider had links with a local university and NHS trust. Through the university the provider had arrangements for student nurses to attend four week placements at the service to gain a greater understanding of how to support people with mental health needs in the community. The NHS trust was able to provide a mentorship programme to the nurses at the service so they remained up to date with their knowledge and skills.

The registered manager adhered to the requirements of their registration with the Care Quality Commission (CQC) and submitted statutory notifications about key events that occurred at the service, so we could take

additional action if required.