

Aitch Care Homes (London) Limited

Woodbridge 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

The inspection was carried out on 14 March 2017, and was an unannounced inspection.

Woodbridge House is registered to provide residential care for a maximum of ten people who require varying levels of support to manage conditions such as learning disabilities, autism, Down syndrome, physical disabilities and non-verbal communication disorders. The service is within close proximity to a bus route, local shops and amenities, which gave easy access to the community for people. At the time of our inspection, ten people lived in the home.

At the last Care Quality Commission (CQC) inspection in 08 July 2014, the service was rated Good in all domains and overall.

At this inspection we found the service remained good.

People continued to be safe at Woodbridge House. People were protected against the risk of abuse. We observed that people felt safe in the service. Staff recognised the signs of abuse or neglect and what to look out for. Medicines were managed safely and people received them as prescribed.

Staff knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people's health, safety and welfare. There were enough staff to keep people safe. The provider had appropriate arrangements in place to check the suitability and fitness of new staff.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. Staff received regular training and supervision to help them to meet people's needs effectively.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services. Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The registered manager ensured the complaints procedure was made available in an accessible format if people wished to make a complaint. Regular checks and reviews of the service continued to be made to

ensure people experienced good quality safe care and support.

The registered manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Woodbridge 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 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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. This inspection took place on 14 March 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with two people who used the service. Both people we spoke with required one to one staff support at certain periods of the day because of their complex needs. People's ability to communicate was limited, so we were unable to talk with everyone. One person was able to use sign language with staff support. We observed people, care and support in communal areas throughout our visit and to help us to understand the experiences people had. We used our Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with one senior support worker, the deputy manager, the registered manager and the visiting locality manager. We also requested information via email from healthcare professionals involved in the service. These included professionals from the community mental health team, local authority care managers, continuing healthcare professionals, NHS and the GP.

We looked at the provider's records. These included two people's care records, which included care plans, health records, risk assessments and daily care records. We looked at two staff files, a sample of audits,

satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records, the annual survey report, activities schedules and some audits. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

One person said, "Yes, I feel safe here." We observed that people felt safe in the service and were at ease with staff.

A healthcare professional commented, 'To my knowledge, Woodbridge house is a safe service for its residents. As much as I have known they have sufficient staff on duty even during emergencies and someone accompanies the client to hospital and stays with them. They organise regular reviews to maintain safety and making sure residents get good care'.

People continued to be protected from abuse or harm. Since our last inspection all staff had received refresher training in safeguarding adult, and we saw planned training up to 2018. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the updated local authority safeguarding policy, protocol and procedure dated April 2016. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The provider also had information about whistleblowing on a notice board for people who used the service, and staff.

People continued to be protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and had a good understanding of people's different behaviours. Staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans. We observed support being delivered as planned in people's support plans. Risk assessments were specific to each person and had been reviewed in the last two months.

The risk assessments promoted and protected people's safety in a positive way. These included accessing the community, finances and daily routines. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us these were to support people with identified needs that could put them at risk, such as when they become agitated. Guidance was provided to staff on how to manage identified risks, and this ensured staff had all the guidance they needed to help people to remain safe.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. Two members of staff we spoke with told us that they monitored people and checked their support plans regularly, to ensure that the support provided was relevant to the person's needs. The staff members were able to describe the needs of people at the service in detail, and we found evidence in the people's support plans to confirm this. This meant that people could be confident of receiving care and support from staff who knew their needs.

There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of staff needed to support them safely. We observed when people were at service, staff were visibly present and providing appropriate support and assistance when this was needed.

The registered manager and provider continued to maintained recruitment procedures that enabled them to check the suitability and fitness of staff to support people. Records showed the provider carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. These were stored safely. Since our last inspection all staff had received training in medication administration with plan in place for a refresher in 2017. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

The registered manager continued to have in place a plan for staff to use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays.

Is the service effective?

Our findings

Healthcare professionals commented, 'Yes, the service is effective. For example, there was concerns about a service user refusing treatment and we discussed possible avenues we could go down and they organised a joint visit with the learning disabilities team.' and 'They communicate effectively and refer people when needs change. Residents are supported well and access other healthcare services.'

Since our last inspection, records showed staff had undertaken mandatory training and refresher trainings in topics and subjects relevant to their roles. This helped staff keep their knowledge and skills up to date. All staff had been set objectives which were focussed on people experiencing good quality care and support which met their needs. The registered manager checked how these were being met through an established programme of regular supervision (one to one meeting) and an annual appraisal of staff's work performance. Staff told us they felt well supported by the registered manager.

Staff continued to be supported through individual one to one supervision meetings and appraisals. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation.

People were supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and there were helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. There was a picture based food menu available to people. Guidance for staff was provided in the form of a bad and good food for diabetes chart in place because one person was diabetic, and a daily five portion of vegetables

guide. Staff recorded what people ate and drank to help them monitor people were eating and drinking enough.

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health action plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. A healthcare professional stated, 'They ring me directly as soon as an appointment is needed for urgent intervention.'

Is the service caring?

Our findings

Healthcare professionals told us that staff always acted in a caring manner and they had no concerns.

Since our last inspection on 08 July 2014, the registered manager continued to ensure people's individual records provided up to date information for staff on how to meet people's mental health needs. This helped staff understand what people wanted or needed in terms of their care and support.

We observed positive interactions between people and staff. People looked at ease and comfortable in staff member's presence, responding positively to their questions and readily asking for help and assistance. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible, such as using pictures, and Makaton sign language. They gave people the time they needed to communicate their needs and wishes and then acted on this.

People's right to privacy and to be treated with dignity was respected. Records were kept securely so that personal information about people was protected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care and medication administration as we observed to maintain their privacy and dignity. When talking about their roles and duties, staff spoke about people respectfully.

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, we saw staff encouraging people to clean and tidy their rooms and help with washing dishes after a meal. People were also supported to participate in the preparation of meals and drinks. Staff only stepped in when people could not manage tasks safely and without their support. People had time built into their weekly activities for laundry, cleaning, personal shopping tasks and travel in the community, aimed at promoting their independence.

Advocacy information was on the notice board and available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

Since our last inspection on 08 July 2014, people continued to receive personalised support which met their specific needs. Each person had an up to date support plan which set out for staff how their needs should be met. Support plans were personalised and contained information about people's likes, dislikes and their preferences for how care and support was provided. For example, the registered manager told us that staff supported people to go to the shops because it is their wish. We observed this during our inspection and one person confirmed this and said, "I went out today to the shop to buy a magazine and I like it".

Support plans were reviewed annually with people, or sooner if there had been changes to people's needs. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff.

Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes.

People remained active and participated in a variety of activities and events that met their social and physical needs. People were supported to go on holidays, eat out and outings to the places of their choice. People were also supported to pursue personal interests such as attending art and craft classes, colleges, club or to go swimming. During our inspection, people went shopping as stated in their activities plan. Staff continued to help people to stay in touch with their family and friends. They maintained an open and welcoming environment and family and friends were encouraged to visit the service.

The provider continued to have systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to gain feedback on the quality of the service from the people who used the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. The completed questionnaires demonstrated that all people who used the service, families and those who worked with people were satisfied with the care and support provided.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in the service and used pictures and simple language to help people state who and/or what had made them unhappy and why. The registered manager confirmed there had been no formal complaints received by the service since our last inspection.

Is the service well-led?

Our findings

A healthcare professional said, "This service is good in delivering tailor made support according to the individual needs. I appreciate the effort of the staff team in supporting some of the residents when their needs changed and positively involved in their rehabilitation."

Our observation showed that people knew who the registered manager was. For example, one person came to the office and asked if the registered manager would attend to their personal care, which the registered manager did. This demonstrated that people felt confident and comfortable to approach the registered manager in their office. We observed people engaging with the registered manager in a relaxed and comfortable manner.

There continued to be a management team at Woodbridge House. This included the registered manager and locality manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Support was provided to the registered manager by the locality manager in order to support the service and the staff. The locality manager visited the service monthly or as and when necessary to support the registered manager. For example, the locality manager supported the registered manager with the inspection.

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A members of staff said, "She is approachable. I do go to her and she listens". We observed this practice during our inspection.

We found that the registered manager continued to understand the principles of good quality assurance and used these principles to critically review the service. They completed monthly audits of all aspects of the service, such as medication, kitchen, infection control, personnel, learning and development for staff. The provider also carried out series of audits either monthly, quarterly or as at when required to ensure that the service runs smoothly. They used these audits to review the service. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The service worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care professionals reported that staff within the service were responsive to people's needs and ensured they made appropriate referrals to outside agencies. The registered manager

told us that they worked in a joined up way with external agencies in order to ensure that people's needs were met.