

Basdeo Kaydoo

Warwick House

Inspection report

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Date of inspection visit:
08 February 2018

Date of publication:
19 March 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

Warwick House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement.

Warwick House does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service supports up to six people with complex mental health conditions, some of whom also had a history of substance abuse. The service provides two year rehabilitation programmes to people to support them to move on to live more independently. There were six people using the service at the time of our inspection.

When we last visited the home on 16 December 2015 and 13 January 2016 the service was meeting the regulations we looked at and was rated Good overall. At this inspection we found the service remained Good overall and also for each key question.

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.

People were protected from abuse and improper treatment as staff understood their responsibilities to safeguard people. The provider trained staff in safeguarding each year.

The provider reduced risks relating to people's care through suitable risk assessment processes. This included risks relating to people's mental health conditions and substance misuse. People's medicines were managed safely.

Staff were recruited through appropriate recruitment processes to check they were suitable to work with people. There were sufficient numbers of staff deployed to support people.

The premises were maintained safely although some window restrictors had been removed during the on-going renovation work. This meant people were at risk from falling from height and the registered manager told us they would reinstall restrictors promptly. The premises met people's support needs and people had access to all communal areas.

We found the service was clean and infection control processes were in place. However, the registered manager agreed to make infection control audits more comprehensive and robust.

Staff were supported to understand their role and people's needs through induction, training, supervision and annual appraisal.

People were received coordinated care when moving into the service. People's care needs were assessed through consultation with people and the professionals involved in people's care.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 as they received training in this.

People were positive about the food they received and food was provided according to people's choices. People were supported with their day to day health needs and to access professionals they needed to maintain their mental and physical health.

Staff knew the people they supported and were respectful towards people. Staff also respected people's privacy.

People were supported to maintain and build their independent living skills and people shared a goal to live more independently after their two year programme ended. People were encouraged to seek work experience, paid employment or training.

People were supported to maintain and develop relationships to reduce social isolation.

Staff used people's care plans to provide people with choice in their care in a person-centred way. People's care plans reflected their physical, mental, emotional and social needs, their personal history, individual preferences, interests and aspirations.

People were supported to access activities they were interested in and told us they had enough to occupy themselves in a meaningful way.

The complaints process continued to be suitable although the service had not received any complaints since our last inspection.

The service was led by a competent and experienced registered manager. The registered manager oversaw governance systems to ensure the service ran smoothly and people received good quality care. Records relating to people and the management of the service were accurate and well maintained.

Leadership was visible across the service as a senior rehabilitation officer was on shift at all times. Senior's received training and mentoring in leadership and management to help them develop professionally. Staff understood their roles and responsibilities.

The provider communicated openly with people, staff and professionals. Daily meeting were held each morning for people to share any concerns and regular staff meetings were also held. The provider sent the mental health professionals involved in people's care monthly updates.

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 Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Warwick House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 the inspection we looked at all the information we had about the service. This information included the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make.

We visited the home on 8 February 2018. Our inspection was unannounced and carried out by one inspector.

During our inspection we spoke with three people using the service, the registered manager and two rehabilitation officers. We looked at care records for two people, staff files for two staff members, medicines records for all people and other records relating to the running of the service.

After our inspection we contacted professionals to obtain their feedback on the service and we received feedback from a clinical services lead.

Is the service safe?

Our findings

People were safeguarded from abuse and improper treatment as suitable systems were in place. People told us they felt safe at the service. The registered manager understood their responsibility to report any allegations of abuse to the local authority safeguarding team, although none had been made since our last inspection. Staff received training in safeguarding and topics relating to safeguarding were also discussed during team meetings and staff supervision. Our discussion with staff showed they also had a good understanding of safeguarding. The provider had systems to learn when things went wrong as the registered manager shared learning from other services within the organisation with staff.

Risks relating to people's care were reduced due to suitable risk assessment processes. The provider identified risks relating to people's care and assessed and managed the risks. Clear guidance for staff to follow in understanding and managing risks was in place. Risks included those relating to people's mental health conditions and relapsing into substance abuse. Staff understood the risks relating to individuals and how to support people to reduce the risks.

People were supported by staff who the provider checked were suitable to work with them. The provider obtained a completed application form and checked criminal records, identification, any health conditions, qualifications, training and employment history with references from former employers. The provider checked staff suitability during their probationary period through closely monitoring their performance. We identified the provider had not obtained recent evidence about whether one member of staff had the right to work in the UK. The registered manager told us the staff member had recently received notification of their indefinite right to remain and they sent us the evidence soon after the inspection.

People were supported by sufficient numbers of staff. People told us there were enough staff to support them and the registered manager and staff were in agreement. During our inspection we observed there were sufficient staff to support people within the home. Additional staff were scheduled to work in the service if people required support to attend appointments.

People received the right support in relation to their medicines. Records of medicines staff administered to people showed no omissions. Our checks of medicines stocks indicated people received their medicines as prescribed. The provider assessed risks relating to medicines for people and managed risks well. Medicines were stored safely.

People received care in premises that were maintained safely, although window restrictors required reinstalling on some windows. During our inspection the service was being redecorated and a new bathroom suite fitted. We identified window restrictors were not in place across the home to reduce the risk of falls from height. The provider explained this was because windows were being replaced as part of the renovation work but they would ensure window restrictors were in place promptly. The provider had suitable checks of water temperatures, gas safety, electrical installation, electrical equipment and fire safety in place and carried out regular practice emergency evacuations with people and staff. The provider risk assessed the environment and fire safety and checked for hazards regularly.

Infection control risks to people were managed by staff although we found some improvements could be made. Staff cleaned the service daily following a clear schedule and we observed the service was clean. Some audits were in place to monitor standards of cleanliness and infection control across the service although the registered manager agreed these could be made more robust and comprehensive. Staff received regular training in infection control to keep their knowledge current. Suitable food hygiene practices were in place in the kitchen although we found a packet of sliced meat was open and uncovered in the fridge and staff had not routinely used labels to record when items were opened and should be used by.

Is the service effective?

Our findings

The provider helped people receive coordinated care when moving into the service. The provider carried out assessments of people referred to the service which included consideration of their mental health, any substance abuse, criminal records and social needs including their rehabilitation requirements. The provider sought the views of people and the professionals who worked with them as part of the pre-assessment. The provider encouraged people to gradually transition to living at the home and a person described how they were spending time at the service to prepare for moving in for their two year rehabilitation programme.

People were supported by staff who received support from the provider to carry out their role. Staff received suitable induction, training, supervision and appraisal. The induction 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. Staff received individual supervision every two months with their line manager during which they discussed their role including any stressors and how to overcome any difficulties. Staff also received an annual appraisal to review their personal development in the previous year and to set goals for the coming year. The staff training programme included mental health awareness, substance abuse and rehabilitation skills.

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). The registered manager and staff confirmed there was no reason to suspect people lacked capacity in relation to their care and so MCA assessments and DoLS applications had not been necessary. However, staff received regular training in the MCA and DoLS and our discussions with staff showed they understood their responsibilities to provide care in relation to the Act well.

People were positive about the food they received. One person told us, "The food is good." A second person said, "I like the food, we have curries and balanced, healthy meals." People received their choice of food with regular menu planning meetings taking place with people using the service. People were positive about the food they were provided with and food was provided to meet people's cultural and religious needs.

People were supported with their day to day health needs and to access healthcare services they required. A person told us, "If I need to see a GP I just ask." People were supported to meet the professionals involved in their care, including their community psychiatric nurse (CPN) and psychiatrist. People confirmed they could see their GP, dentist and optician as necessary and staff maintained records of appointments to ensure a good audit trail. A professional told us the provider supported people well in accessing substance misuse services. Information about the support people required in relation to their mental health, substance abuse

and any physical health conditions was included in their care plans for staff to be aware of.

People had access to appropriate space to meet their needs. Each person had their own bedroom and there were sufficient communal spaces, including a lounge/ dining area and bathrooms across the service. There was also a spacious garden which people could access at their leisure. People told us they freely chose where to spend their time in the home.

Is the service caring?

Our findings

People were supported by staff who understood their needs and were respectful of them. One person told us, "The staff are really alright." People were positive about the staff who supported them and told us staff knew them well enough including the best ways to support them. A professional told us staff were knowledgeable and caring. During our inspection we observed there were enough staff present to interact in a meaningful way with people. The service experienced few incidents of aggression despite some people having a history of this type of behaviour. The registered manager explained staff had a good understanding of people. This, together with a focus on listening to people and treating them with respect, meant people were supported to maintain a calm atmosphere in the service.

People were able to make decisions relating to their care including how they spent their day. One person told us, "They let you do your own thing and we're free to leave." People chose how they wanted to celebrate their birthdays and other special days such as Christmas and staff made people feel they mattered by recognising these significant days.

Staff provided people with privacy and treated people with dignity. People confirmed their bedrooms were lockable and staff always knocked and waited for permission before entering. The registered manager and staff confirmed they did not enter people's rooms without permission when people were absent.

People were supported to improve their independent living skills as part of their rehabilitation programmes. One person told us, "[Staff] help us to be independent by helping us cook and keep our rooms tidy." A professional told us staff worked very well with people helping them to access work and education. Each person was provided with one day each week for staff to support them and develop their skills in preparing meals. One person told us they would prefer to make their own meals every day. The registered manager explained how they motivated people with the rehabilitation programme. For some people more days in the kitchen would be provided if they also showed willing to develop their skills in other key areas. People were supported to seek work experience, paid employment or training. People were also encouraged to keep the service clean and tidy as well as their own bedrooms and to carry out other household chores themselves.

Is the service responsive?

Our findings

People's care plans were sufficiently detailed to reflect people's core needs. A professional told us care plans were robust in setting out people's needs. People's care plans reflected people's physical, mental, emotional and social needs, personal history, individual preferences, interests and aspirations. Our discussions with staff showed they understood the key information about people and used it to drive people's support, helping them achieve their goals. The information in people's care plans remained current and reliable for staff to follow in supporting people because the registered manager ensured it was regularly updated.

People were involved in planning their care through meetings each morning with staff. During these meetings people were supported to plan their day. People were also supported with monthly meetings with their keyworker. Keyworkers are staff who work closely with a person to ensure their care needs are met.

People were enabled to spend their time meaningfully. People all told us they had enough to occupy them with activities of their choosing, which they usually accessed independently. This included playing football, going to the gym and shopping trips. The provider helped people look for suitable activities to take part in when they came to live at the service.

People were supported to maintain and develop relationships to reduce social isolation. People were encouraged to visit relatives where relevant. People were permitted visitors to the service and could entertain them in the privacy of their rooms.

The complaints process remained suitable. A person told us, "If you're not happy with something you just talk to staff about it. I don't have any complaints." A second person said, "If I have any problems I just ask [staff] and they sort it." The registered manager confirmed no complaints had been received since our last inspection. The registered manager confirmed the complaints procedure had not changed since our last inspection and people continued to be informed of how to raise a complaint. The registered manager confirmed any complaints would be handled in the same way we found to be suitable at our previous inspection.

The service did not provide end of life care to people so we did not inspect this key line of enquiry.

Is the service well-led?

Our findings

The registered manager was also the director and had been in post since the service registered with us in June 2014. They were an experienced manager who had managed similar services for people with mental health issues for many years and had a clinical background as a registered mental health nurse. People and staff were positive about the registered manager and described her as approachable and said she was a good listener. Our inspection findings and discussions with the registered manager showed they had a good understanding of their role and responsibilities, as did staff.

Leadership was visible and capable across the service. The registered manager spent time at the service each day to oversee the service. The registered manager was supported by several senior rehabilitation officers, one of whom was always on shift. Senior rehabilitation officers carried out some management tasks including staff supervision. Seniors were supported to study qualifications in team leading and leadership and management to help them progress in their careers and the registered manager provided individual mentoring and support. Staff told us team work was strong and staff were supportive of each other.

The provider assessed and monitored the service as part of identifying and making improvements. Audits included those relating to health and safety, medicines, care plans and risk assessments. The provider had robust systems to track staff training, supervision and appraisal to check staff received the right support. We found records relating to people's care and the management of the service were accurate and well maintained.

The provider communicated openly with people, staff and professionals. The provider held daily meetings with people each morning to help plan their days, raise any concerns and keep them informed of any developments at the service. A person told us the meetings, "...help you work out what to do with your day." The provider held staff meetings every one to two months. Staff confirmed the meetings were useful in providing a forum where they could share their experiences and receive support from other staff and the provider. A professional told us staff worked well with their team in offering good feedback. The provider sent monthly updates to the mental health professionals involved in people's care and informed professionals promptly of any concerns relating to people's care.