

Waterfield Supported Homes Limited

Waterfield Supported Homes Limited - 10 Dowanhill Road

Inspection report

10 Dowanhill Road
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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 Supported Homes Limited - 10 Dowanhill Road is a care home that provides services to people with mental health conditions. The home can accommodate a maximum of seven people. At the time of our inspection, seven people were using the service.

At the last inspection, the service was rated Good.

At this inspection, we found the service remained Good.

People were safe and happy living at the service. Staff knew how to identify abuse and understood their responsibility to report any concerns to keep people safe. Staff had received training on safeguarding adults and were aware of the policies and procedures to report poor practice and suspected abuse. The systems in place remained effective in protecting people against abuse and harm. Risks to people were assessed and managed appropriately.

People received their medicines safely from staff who were trained and assessed as competent to do so. Medicines were managed appropriately and administered in line with the provider's procedures.

There were sufficient numbers of staff to support people safely and to meet their needs. New staff underwent appropriate checks to ensure they were suitable to provide people's care.

People's care was delivered in line with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff sought people's consent to care and treatment and respected their decisions. People were involved in planning their care and were supported to make decisions about how they wanted to live their lives.

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.

People were supported by trained staff with the right skills and knowledge to perform in their role. Staff ensured people received a healthy balanced diet and that food choices met their preferences. People accessed healthcare services when needed and were supported to maintain their well-being.

Staff provided people's care with kindness and compassion. People had developed positive relationships with staff. People's records and information were stored securely and staff respected their confidentiality.

People knew how to make a complaint and were confident their concerns would be addressed. The provider had an up to date complaints procedure which set a timeframe and process for resolving any concerns raised. Feedback from people and their relatives was sought regularly and used to develop the service.

A registered manager was in post. People and staff found the registered manager approachable and supportive. The registered manager was actively involved in the day-to-day running of the service and easily available to staff for guidance and support.

An open and transparent culture at the service encouraged staff to learn from mistakes and to respond positively to any concerns raised about their practice. The quality of the service was subject to regular checks and audits and action was taken to address any shortfalls identified.

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.

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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 comprehensive inspection took place on 9 May 2017 and was unannounced. One inspector carried out the inspection.

Prior the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection, we spoke with two people using the service. We also spoke with two members of staff, the registered manager and a district nurse who was visiting the service.

We looked at four people's care records and their medicines management records. We looked at four staff files, training schedule and duty rotas. We reviewed management information on the quality of service and a number of policies and procedures. We read feedback people, relatives and healthcare professionals had given about the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us

After the visit, we received feedback from two healthcare professionals who were involved with people living at the service.

Is the service safe?

Our findings

People remained safe at the service. One person told us, "I am secure here. There are staff around and I have a key to my room and the home."

People were protected against abuse because staff were trained in safeguarding. Staff knew how to identify abuse and the action to take to keep people safe such as reporting any abuse to the registered manager and the local authority safeguarding team. The systems in place were effective in ensuring that safeguarding concerns were investigated and plans put in place to protect people from harm.

Risks to people were identified and staff had sufficient information about how to protect them from avoidable harm. Staff knew the risks to each person such as falls, behaviours that challenged the service and others and the use of sharp equipment in the kitchen. Staff understood how to support people to be safe. Risk assessments were reviewed regularly to ensure they remained effective in responding to people's needs. Where appropriate healthcare professionals and relatives, were involved in risk management plans. Staff maintained a record of incidents at the service, which the registered manager monitored to identify any patterns. Staff discussed incidents at shift handovers and team meetings, which ensured they learnt from incidents and understood how to minimise a recurrence.

People received appropriate support from sufficient numbers of staff. One person told us, "I get all the help I need, when I need it." People were happy about the staffing levels and that they were supported when they required assistance. Staff told us they were able to support people safely without being rushed. They said the registered manager was on call and provided additional support when required. Rotas confirmed adequate cover was provided for staff absences and to meet additional people's needs such as appointments and activities.

Suitable and vetted staff provided support to people. The provider's recruitment policy remained effective as new staff underwent pre-employment checks of their suitability to provide safe care. New staff had completed their probation before being confirmed in post.

Medicines were managed appropriately and administered safely to people by staff trained to do so. Regular checks on medicines ensured errors were identified and rectified in a timely manner. The procedures for medicines management remained effective and regular audits showed staff followed the provider's procedure. Medicine administration charts were accurately completed and showed no gaps in the administering of medicines. Staff followed guidance on the use of 'when required' medicines.

The environment was safe for people living at the service. Staff knew their responsibility to prevent the spread of infection by following correct hygienic practices of handwashing and use of protective equipment such as gloves and aprons. Staff had received training on infection control and were knowledgeable about the provider's procedures to minimise cross contamination.

Is the service effective?

Our findings

People continued to receive effective care at the service. One person told us, "The staff are good at what they do." A healthcare professional told us, "The staff are well trained and skilled enough to spot changes in people's health conditions."

People's care was provided by staff who had received appropriate support, training, supervisions and appraisals to develop their skills and knowledge required to do their work. Newly employed and promoted staff underwent an induction of their roles to ensure they developed the right skills to provide effective care to people. Staff told us the registered manager was supportive and provided the support they required to carry out their role. Staff had accessed specialist training to enable them to support people with complex needs and to understand good practice when supporting people with a personality disorders and dementia. People received effective care as the registered manager ensured there was a good mix of staff skills and knowledge across the staffing team.

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).

Staff and the registered manager understood the principles of the MCA and ensured care was delivered was in line with this. Mental capacity assessments are carried out by healthcare professionals. DoLS authorisations were in place for three people and staff supported them to access the community safely in line with their support needs. The registered manager maintained a record of DoLS applications and authorisations and ensured renewals were applied for on time.

People enjoyed the food provided at the service and were encouraged to eat healthily. People's dietary needs and preferences were recorded and known by staff. Staff provided food that met people's preferences and nutritional needs. Staff were able to tell us people's dietary needs and confirmed no one currently required a specialist diet. People's weight was recorded and monitored to ensure they maintained good health. Staff knew when it was necessary to make a referral to healthcare professionals if a person was at risk of choking or malnutrition and dehydration. Fruit and snacks were available for people throughout the day.

People were supported to maintain their health and well-being. A healthcare professional told us, "Staff follow our guidance which helps in managing people's health conditions." People attended annual health checks and were seen by the GP if they were unwell. Professional health visits from GP's, nurses, dentists and care coordinators were recorded and staff followed the guidance provided. Staff maintained a record of health appointments and ensured people were supported to attend.

People had access to all parts of the service. A stair lift was in place for people who were unable to use stairs. The stair lift was serviced regularly to ensure it was safe for people to use.

Is the service caring?

Our findings

People's care was delivered with kindness and compassion. One person told us, "Staff spend time with us and show they really care." A healthcare professional told us, "You can't fault the care here. Staff are very attentive and one can see the positive effect this has on people." Staff knew each person well, which enabled them to anticipate and respond to their needs. A member of staff told us, "We sit with people and listen and talk to them. This helps to understand them better and how they wish to be supported." Staff showed an understanding of each person's mental and physical needs and the best ways of providing the care they required. We observed people were relaxed in the presence of staff and shared jokes and discussed events planned for the day. Staff showed patience when they spoke with people and did not rush them when they were talking.

People were involved in making decisions about their care. Each person was assigned a member of staff who acted as a keyworker to ensure their health and social needs were met. People had regular keyworking sessions with staff and discussed what was working and any changes they would like to see in their care. Where possible, people had access to their care plans and reviewed them together with staff. Staff told us they asked people about what they wanted to do and encouraged them to be involved in decisions about their daily living. People were encouraged to be as independent as possible and were supported to do things they were able to do for themselves. This included accessing the community, preparing meals and giving themselves personal care. Care plans showed sufficient detail about people's needs and their involvement which promoted their dignity and self-worth.

People were treated with dignity and their privacy was respected. One person told us, "The staff are polite and respectful. They don't shout at me and try to understand why I do the things I do." Staff understood their responsibility to treat each person as an individual and to ensure they treated them with respect. People told us staff knocked on their bedroom doors and kept doors and curtains drawn during personal care. We observed staff offered people choices for their breakfast, where they wanted to have their meals and whether they wanted to have the television on. Staff explained to people what they wanted to do and waited for them to respond. The registered manager had conversations with people and it was clear she knew them well and understood their needs.

People's records were kept confidential and secure in a lockable cabinet and office. Staff were aware of the provider's policy on confidentiality and understood the impact of divulging people's information to unauthorised persons. Computers that held people's records were password protected to maintain their privacy and confidentiality. We observed staff were discreet when they talked about people's needs and during handover meetings. Staff updated care records away from visitors and people using the service.

People's plans for end of life care were known. Although there was no person at the service at end of life, staff were able to describe how they would provide such care. The registered manager understood end of life care planning and ensured people's wishes were known and recorded.

Is the service responsive?

Our findings

People continued to receive personalised care and support at the service. One person told us, "The staff ask me what I want and how I would like things done." Staff offered people choices and respected the daily routine. People, their relatives and healthcare professionals were involved in the assessment and planning of their care. Staff used the information gathered at assessments to develop a care plan tailored to each individual's needs. Care plans were personalised because they took into account people's histories, likes, dislikes, preferences, interests and health needs. Staff told us this helped them to provide care suitable to each person as the care plans detailed the support people wanted with their personal care, eating and drinking, medicines and communication.

People received support responsive to their needs. Care planning systems were used effectively to review the changes in people's needs and the support they required. Care plans were updated to reflect any changes which ensured staff provided people with appropriate care. Information about changes to people's needs was shared at staff meetings and handovers to ensure staff provided them with appropriate support. Records showed the registered manager had worked closely with the community mental health team when a person's mental health had declined. Records showed the person had received care that was responsive to their needs.

People were able to raise a complaint about any aspect of their care and felt confident the registered manager would address any issues. One person said, "The [registered] manager is here and she is always asking if I am ok. She would be the first to know if I wasn't happy about anything." People and their relatives had access to a complaints policy and procedure that detailed the process of getting concerns resolved. Records showed staff had explained the complaints procedure to people during their keyworking sessions and residents' meetings. The registered manager told us they welcomed complaints as these helped the service to identify areas of improvements and to develop staff practice. There had been no recent complaints at the service.

The registered manager worked with other healthcare professionals to ensure the service had sufficient resources to meet the needs of people coming to the service. Plans were put in place before people moved in and healthcare professionals assigned to each person for support with their mental health needs. The registered manager ensured people received the support they required to help them prepare to live independently. The service had worked with healthcare professionals and other external agencies to ensure people transitioned safely to independent living or to more suitable services if they could not meet their needs.

Is the service well-led?

Our findings

A registered manager was 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.

The registered manager was aware of her responsibilities under the duty of candour and promoted openness and transparency about how care was delivered at the service. The registered manager adhered to the requirements of their registration and notifications were made to the CQC as required. Staff told us the registered manager encouraged them to reflect on their practice and worked with them to identify how to improve people's care.

People, healthcare professionals and staff were positive about how the service was run and the registered manager. One person told us, "It's a lovely home. The [registered] manager will get you all the help you need. She is always around and takes personal interest in my health." Another person said, "The [registered] manager is friendly and respectful. She does her job well and is very approachable." One healthcare professional told us, "The [registered] manager is passionate about people's care. Staff are proactive and follow our guidance on managing people's health conditions."

People benefitted from a person centred culture at the service. One person told us, "I feel very much involved in my care. The staff check with me on how I want to live my life." Another person said, "The [registered] manager wants the very best of everyone here. She listens and makes plans to help improve our day to day living." People were empowered to do as much as possible for themselves and encouraged to maintain their independence. People said the staff were friendly and were supportive. The service had developed good relations with the local community. Volunteers provided additional activities and one to one companionship which people enjoyed. Get-together functions held at the service ensured people, their relatives and staff could have enjoyable occasions.

The quality of the service was checked and audited regularly to improve the experiences of people using the service. The auditing systems were used effectively to identify any shortfalls and to ensure high standards of care were maintained. The registered manager continued to audit care plans, menu planning, risk management, staff supervision and appraisals, medicines management, infection control and cleaning schedules. The checks ensured the records were accurate and that staff continued to follow the provider's procedures when delivering people's care.

People's views about the service were sought and feedback used to develop the service. One person told us, "You could sit the whole day with the [registered] manager and talk about all your worries. She understands and does not judge [me] and makes things happen." The 2016 survey showed positive comments about the service. Staff were able to talk about their concerns with the registered manager and said they felt valued at the service. Staff told us, they were able to challenge any poor practice and said the registered manager would address any concerns they had about people's care. Regular team meeting notes showed staff made

suggestions about the service and that their ideas were acted on. Staff were clear about their role and responsibilities to provide high standards of care. Staff told us teamwork was good and that the registered manager promoted effective communication at the service through daily handovers, team meetings and key worker sessions.

People's care was delivered in close partnership with other healthcare professionals and agencies. One healthcare professional told us, "Staff contact us as soon as they identify any concerns with people. We have a good relationship and work well together in improving people's care." The coordinated working ensured people with complex needs received appropriate support to enable them to make safe decisions about their care. Records of working together between people, healthcare professionals and staff showed the planning of care and risk management to ensure people were safe at the service and in the community.