

Waterfield Supported Homes Limited

Waterfield Supported Homes Limited - 10 Dowanhill Road

Inspection report

10 Dowanhill Road
London
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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

About the service

10 Dowanhill Road is a care home for up to seven people with mental health needs. At the time of our inspection, there were seven people using the service. The home is an adapted residential property with accommodation over three floors. There was a communal lounge, dining area, kitchen and garden.

People's experience of using this service

People told us they liked living here and that they felt safe. They told us they were treated with kindness and respect.

People's independence and dignity was promoted. Their risk assessments and support plans were written in a positive, person-centred way.

People were supported by well-trained staff who knew them well and understood their needs. We saw staff interact with people in a caring way.

People were supported to have relationships with their friends and families and took part in community activities.

People's medicines were safely managed and stored by staff who understood their responsibilities well.

The home was clean and free of malodour. Good infection control practices were followed.

Fire safety checks and drills were regularly completed. There were regular, documented safety checks and external assessments of safety and equipment.

The registered manager regularly audited and reviewed the home's records, policies and procedures.

Staff told us they enjoyed working at the home and felt supported by management. They had regular supervision and appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 2 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This consisted of one inspector.

Service and service type

10 Dowanhill Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people living in the home. We spoke with the registered manager and two support workers. We looked at a range of records. This included three people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. We looked at training records and materials.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and other documents relating to the running of the service. We received feedback from one health professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they thought the home was a safe place. There were suitable policies and procedures in place, and staff were following them. For example, we saw receipts and records being kept to protect people from financial abuse.
- People were supported by staff who were aware of the signs of abuse and knew how to report any concerns. Staff had received training in safeguarding which was refreshed regularly.
- Staff understood what to do if they had concerns about the service. They told us they were sure any issues they raised with the registered manager would be dealt with properly but were confident in taking it further if they remained concerned. Staff told us, "I would raise it to social services and to the CQC" and "I would go straight to the CQC."

Assessing risk, safety monitoring and management

- Detailed risk assessments were completed to identify risks to people's safety and wellbeing. These were reviewed monthly or when people's needs changed. Staff were familiar with the assessments and described the risks people faced and how these were managed to keep them safe. They told us, "We have to read every bit of information, from page one to the end."
- People's assessments included detailed information about potential causes of anxiety and how to identify when a person was communicating distress through their behaviour. There was clear, person-centred guidance for staff to follow if people displayed behaviour that challenged staff.
- The provider had systems and procedures in place to routinely monitor the safety of the premises and equipment. Records were up to date and were reviewed regularly by the registered manager.
- A Personal Emergency Evacuation Plan (PEEP) had been completed for everyone, to ensure there were arrangements in place to support them to evacuate the building safely in the event of an emergency. These were reviewed regularly. Staff told us they felt confident they would know what to do in the event of fire.
- There were regular fire drills and alarm tests, and records were kept. The alarm system and fire extinguishers were regularly serviced. An external fire safety assessment had been completed and there were no actions outstanding.

Staffing and recruitment

- There were enough staff to support everyone. People told us there was always staff around if they needed them.
- Staff were recruited safely. Full checks were completed which included verified references and a full

employment history. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People's medicines were managed and stored safely. Processes were in place to ensure medicines were ordered and supplied regularly. Audits of records and stock were carried out monthly by the registered manager. No major concerns had been identified.
- People were supported with their medicines by staff who had been trained in the safe administration of medicines. Staff knew the home's procedures and adhered to them. Medicine administration records (MAR) were completed correctly each time a person was supported.
- The support people required with their medicines was assessed and clearly documented. Information about people's medicines was detailed and included potential side effects and interactions, and a photograph of the person. There was clear guidance for medicines being taken 'as required'.
- People were encouraged to be as independent as possible with their medicines, which were regularly reviewed. People told us that care staff sought their consent before supporting them with medicines, and that they understood what medicine they were being given and what it was for.

Preventing and controlling infection

- The home was clean and was generally free of malodour. There was a regular schedule of interior and exterior maintenance.
- There was a plentiful supply of personal protective equipment (PPE) and staff told us there were always enough gloves and aprons. We observed staff using PPE correctly to ensure that people were protected from the risk and spread of infection.
- The kitchen had a rating of five (the highest possible score) from the Food Standards Agency. On the day of our visit the kitchen was visibly clean and food was stored correctly. Records of safety and hygiene checks were being kept and were up to date.

Learning lessons when things go wrong

- Processes were in place to record any incidents and learn from them. There had been no incidents of note in the past year. People confirmed they had never had to report any concerns, but knew how to if they needed to.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed and recorded clearly. These assessments were in line with current guidance and best practice. They considered people's strengths first and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices.
- People's personal care needs were assessed and recorded in an appropriate level of detail for their needs. Where people required support from the care staff, this included information about people's preferred routine and important details such as oral and denture care.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction programme in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet. Further training and vocational qualifications were available to staff, who were engaged in learning. Staff told us, "They spend so much on training their staff, you should see the certificates and the courses we have done. You'd be proud. I want to score 100% on all courses."
- Staff were confident in their role and told us they felt supported. They had regular supervision and appraisal with their line manager and detailed records were kept.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed and documented. Risks were described and plans put in place to avoid them. For example, one person was at high risk of dehydration because they often declined to drink. Their plan included details of what drinks they were most likely to accept and they were routinely given plenty of high fluid foods in their diet, such as soups and fruit.
- People were supported to eat a varied, balanced diet. People told us they enjoyed the food and that there was plenty available. The home had a varied menu which included lots of fresh fruit and vegetables and ensured people were offered foods they liked and included culturally appropriate foods. Staff told us, "We always give a choice with food. Even when they have chosen and the food is there, I would always say, is it okay, do you want something else?"

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff helped people to have access to healthcare services and receive ongoing healthcare support. People

living at the service had regular access to a range of healthcare professionals in the community or who visited the home as appropriate. Detailed records were kept showing visits by or to professionals such as GPs, nurses, opticians and chiropractors.

- People were supported to receive good care when they had to transfer between services. Processes were in place to ensure that a person being taken to hospital would have with them their medicines, personal information, a summary of their needs and their important personal items, such as their glasses or handbag.

Adapting service, design, decoration to meet people's needs

- The home is a period property which has been adapted to be accessible for the people who lived there. There was a stair lift in place.

- People told us they liked their rooms. The rooms were spacious and customised with people's choice of décor, furniture and possessions.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- At the time of the inspection, there were current DoLS authorisations in place for the people who were being deprived of their liberty. The registered manager ensured any conditions were met and the arrangements were regularly monitored and reviewed. There were policies and procedures in place for assessing people's mental capacity and making decisions in people's best interests.

- Staff understood the principles of the MCA. One member of staff told us, "You don't just assume someone doesn't have capacity... You don't force things on people and support them in making decisions."

- Staff used the guidance in people's plans about how to support them in making decisions. Staff gave us examples of how they supported choice in people's day to day decisions such as choosing what to wear and what to eat. One staff member said, "We give people choices. For example, when I'm giving personal care to [person]... I make sure they have different options of weather appropriate clothing to choose from."

- Staff sought consent when supporting people. People told us that staff asked permission before entering their rooms and that they were able to refuse support with personal care or to say what sort of support they wanted on that day.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good . At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated by staff. People told us they thought the staff were caring towards them and supported them with respect. One person said, "The staff are very nice," and the other people sitting with us nodded and agreed.
- We observed friendly, natural interactions between people and staff during our inspection. People told us the staff were behaving in their usual way and that they were always treated kindly. Staff wrote their daily records and observations in a positive and caring way.
- Each person had an allocated key worker and had protected time with them. Key workers knew their key people especially well and what was important to them, but respected them as individuals. One staff member said, "[Person] defies assumptions."
- Equality and diversity was respected at the home. People's protected characteristics were considered during their assessment. Staff were trained in equality and diversity as part of their induction.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and make decisions about their care and support. They spoke about their care with their key worker and there were regular residents' meetings. People's views and preferences were included in their support plans.
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, they were supported to access advocacy and related services. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were promoted by staff. People told us they thought staff were respectful of their privacy. Staff told us, "I make sure the door is closed and use towels and dressing gowns to keep them covered and warm."
- People's independence was promoted by staff. Their support plans contained information about aspects of tasks which they were independent with and did not need the care staff to help them with. Staff described how they supported people to maintain their independence when supporting with personal care. They said, "[Person] does their face and front... I do their back, and help with their hair."
- Personal information and records were stored securely. Filing cabinets and offices were secure and computer systems were password protected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans were personalised and included how they wished their assessed needs to be met. People told us they chose what to do with their lives, and that staff listened to them when they said they liked or disliked things. The information in their plans was detailed and reflected the knowledge and understanding staff had of people's personal histories and how they now wished to be supported. Staff were familiar with people's care plans and found them useful.
- Staff told us they were comfortable using the home's computer based systems, which were used for support planning, risk assessment and record keeping.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in line with the AIS. For example, one person needed staff to speak clearly and slowly. Staff told us, "You have to take it easy with [person]."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home had a very strong culture of promoting people's relationships with families and friends. At a person's request, the registered manager and her team were proactive in helping them find and reunite with friends and relatives they had lost contact with. One person had recently been supported to make contact with a relative.
- People were supported to follow their interests and take part in activities both inside and outside the home. People regularly attended day centres, church services and community events. There were group activities such as arts and crafts and games. People's hobbies and interests were included in their support plans.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. People told us they understood how to complain to the registered manager if they needed to, and what to do if they needed to take it further. There had been no complaints in

the past year. We could see that suggestions for improvements had been sought during resident and staff meetings.

End of life care and support

- The service was not supporting anyone at the end of their life, but people's end of life needs had been discussed and recorded appropriately. People's personal beliefs and their religious and cultural preferences had been recorded and any arrangements already in place were noted.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a pleasant and friendly atmosphere. People told us they liked living there and staff told us they enjoyed working there. People told us they felt at home and some had lived there for many years. Staff told us, "I really enjoy working here and I would recommend it to anybody."
- Staff spoke to and about people in a positive and empowering way. Support plans, risk assessments and records used person-centred, inclusive language.
- People's outcomes were good. A professional told us, "The staff produce a good service for the wellbeing of people, and in supporting the individual care and support needs of the people whose care I co-ordinate."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers and staff were clear about their roles and responsibilities. There were regular staff meetings. Staff spoke highly of the management and the provider organisation. Staff told us, "It is so well organised. I am proud of this establishment and the head." Staff turnover was low, ensuring continuity of care.
- Managers were knowledgeable about current best practice and stayed up to date using different resources. These included CQC publications, National Institute for Health and Care Excellence (NICE) guidance and the provider's internal resources. There was a noticeboard for staff including up to date information about good practice.
- There were systems in place to monitor the quality of the service. This included regular auditing of daily checks and records by the registered manager, who took appropriate action.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and the regulatory responsibilities around reporting to the CQC, and sent the required notifications correctly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was sought in formal and informal ways. We observed that people were comfortable expressing their feelings to the staff. People's feedback was sought during key worker sessions, resident

meetings and an annual survey of people, their relatives and representatives and professionals. Feedback and results were positive.

Working in partnership with others

- The home had effective relationships with health and social care professionals and services. People were supported to attend appointments or were visited in the home to meet their physical and mental health needs. There were also regular visits from dentists, opticians, chiropodists, dieticians and others. A professional told us, "The manager is very knowledgeable, experienced and supportive with any enquiries."
- The home worked in partnership with local community services to ensure people took part in activities outside the home. People regularly attended day centres, church services and community events.