

Cognithan Limited

Woodside Court

Inspection report

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12 January 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Woodside Court is registered to provide accommodation and support for up to ten people living with mental health needs. The home was providing a female only service at the time of this inspection.

This inspection took place on 7 and 12 January 2016 and our first visit was unannounced. At our previous inspection in April 2014, we found the provider was meeting the regulations we inspected.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Woodside Court and there were enough staff to support them. They said that staff treated them with dignity and respect and their privacy was respected. There was a relaxed and friendly atmosphere on both days we visited.

We saw there were systems and processes to protect people from the risk of harm and staff were aware of safeguarding procedures. Appropriate recruitment checks took place before staff started work.

People were supported to have their health needs met. Staff at Woodside Court worked well with other healthcare professionals to help make sure individual health needs were met. People's medicines were managed safely. The systems in place to do this were well organised and regular audits took place to make sure that people were having their medicines as prescribed.

The service understood and complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People were able to go out when they wanted and any restrictions in place for individuals were being managed appropriately.

Improvements were however found to be required in certain areas. The home was not consistently enabling people to carry out person-centred activities within the service or in the community and to develop their daily living skills. Records did not always show how individuals were involved in the development and on-going review of their support plans and how progress was monitored in helping them to achieve their set goals.

Required statutory notifications were not being submitted to CQC about certain incidents and events. Notifications are information about important events which the service is required to tell us about by law.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People received the support they required to keep them safe. Identified risks to people's safety and welfare were being managed appropriately.

There were enough staff to meet people's needs.

Medicines were managed safely.

Recruitment checks had been completed to help ensure people's safety.

The premises had been renovated since our last inspection and were clean, comfortable and well maintained.

Good ●

Is the service effective?

The service was effective. Staff had access to training to help them meet people's needs effectively.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

People were offered meals that they enjoyed.

Good ●

Is the service caring?

The service was caring.

Individual privacy and dignity was respected.

Relationships between staff and people using the service were positive.

Good ●

Is the service responsive?

Some aspects of the service were not responsive.

Requires Improvement ●

Activities provided to people required improvement. The home was not consistently enabling people to carry out person-centred activities within the service or in the community.

Records did not show that people were being consistently involved in the development and on-going review of their support plans.

People using the service felt able to raise concerns or complaints.

Is the service well-led?

Some aspects of the service were not well led.

Required statutory notifications were not being submitted to CQC about certain incidents and events.

There was a registered manager in post. Staff felt supported in their role and said they did not have any concerns about the service.

There were systems in place to monitor the quality of the service and make improvements where needed.

Requires Improvement ●

Woodside Court

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 was planned to check 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.

Prior to our visit we reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We visited the home on the 7 and 12 January 2016. The first day of the inspection was unannounced.

This inspection was carried out by one inspector. We spoke with six people using the service, the registered manager and two members of staff. Feedback was provided by three involved health professionals during and following our inspection visits.

We looked at records about people's care, including two files of people who used the service. We checked three staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including health and safety records. We also checked how medicines were managed and the records relating to this.

Is the service safe?

Our findings

People using the service told us they felt safe living at Woodside Court. One person said, "Yes I feel safe" and another person commented, "I feel safe, it's peaceful." All of the people spoken with said there were staff available to support them when required.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. An external professional gave us an example where the service was working positively with one person to try and keep them safe whilst balancing this with their right to go out into the community.

Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. One staff member commented, "I would report it straight away, we are very careful about that." Staff received safeguarding training as part of their initial induction and would then attend a mandatory training course around this important area. We noted that the organisation refreshed this mandatory training every three years. We discussed with the registered manager whether this could be refreshed more frequently through discussion in team meetings or via online courses.

There were assessments in place which identified risks and the control measures in place to minimise these. A risk factors and warning signs profile was completed for each person and kept under review. Each document included a summary of the identified risks, for example, self neglect and how these were to be addressed including actions for staff to take. Incidents and accidents were recorded and we saw that appropriate action had been taken and, where necessary, changes made to learn from each event.

Medicines were managed safely at Woodside Court. One person told us, "It's all ok, the staff help me with my medicines." Another person said, "They keep it in the office for me." We saw medicines were stored securely and records showed that people were supported to take their medicines as prescribed. The administration charts we looked at were fully completed and there were procedures for staff to reference and follow. Audits were carried out regularly to help make sure medicines were being administered correctly and quantities of medicines were monitored daily to ensure they matched with records kept.

We saw regular checks took place to help keep people staying at Woodside Court safe, for example, of fridge temperatures and the safety of the home environment. The premises had been renovated since our last inspection and were clean, comfortable and well maintained. An external care professional said that they found the home to be clean, warm and nicely decorated when they visited. A maintenance person carried out regular repairs and was working at the service on the first day we visited. There were records that showed equipment had been serviced. Fire alarms were checked by staff and external contractors to make sure they worked correctly.

Appropriate recruitment checks took place before staff started work. Personnel files seen for four members of staff contained evidence that criminal record checks had been carried out along with employment references, health and right to work checks and proof of identity.

Is the service effective?

Our findings

People using the service spoke positively about the support provided by the staff working at Woodside Court. One person said, "They do things for me." Another person said, "It's very much high support here, it's fine."

A training log was kept for staff working at the service showing that mandatory training was being provided at specified intervals. Staff said that they received the training they needed to support people effectively. One staff member told us that they felt well supported by the organisation and received regular training in important areas such as safeguarding and medicines management.

We saw that the provider was in the process of implementing the Care Certificate as part of their induction and mandatory training. They are a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide good quality and compassionate care and support. It covers 15 topics that are common to all health and social care settings and became effective from 1 April 2015.

Staff received supervision with their line manager however the frequency of these sessions varied in the four staff records we looked at. This was discussed with the registered manager at the time of this inspection. In addition to the formal one to one supervisions, staff said they could approach the registered manager informally to discuss any issues they had. Staff also said they found the organisational senior management team to be supportive.

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 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).

People told us they were able to come and go as they pleased. One person was subject to restrictions on their liberty and we saw the staff monitored their whereabouts for their own safety. Access to the property was monitored by staff to ensure people's safety and people were able to have their own bedroom keys. The people we spoke to were satisfied with this arrangement and understood the need to monitor who was on the premises for safety reasons. One person told us, "I can come and go, just need to sign in and out."

People were offered meals that they enjoyed. A four week revolving menu was in place and staff prepared a cooked meal each day. People were positive in their feedback about the food provided to them. Comments included, "The food is fine, the staff help me stick to my diet", "It's all freshly prepared, we have a lot of

chicken" and "The food is nice." One person receiving support at Woodside Court was cooking for themselves on a regular basis. Another person told us, "You can cook but no-one does." Feedback from involved health professionals was that they would like to see their clients encouraged to be more involved in activities of daily living such as cooking to develop these skills.

Is the service caring?

Our findings

People using the service said they were happy with the support provided at Woodside Court and confirmed that staff respected their privacy and dignity. One person said, "The staff are lovely, I get on well with them." Another person told us, "I like the staff here." A third person commented, "They don't talk down to you, we have a laugh."

An external health professional told us that staff at Woodside Court were able to set boundaries and be caring at the same time.

Staff were positive about the support provided to people. One staff member said, "We give people the utmost support here." Another staff member told us, "People are treated well here."

There was a calm and relaxed atmosphere in the service on both days we visited. We saw people had a good relationship with staff and interactions observed were caring and respectful. People could choose what to do, where to spend their time and who with. We observed people spending time in their rooms and in communal areas. A covered smoking area was provided in the garden which was in use regularly each day.

Staff recognised the importance of upholding people's privacy and dignity. They were observed to knock on doors and make sure they had permission before entering people's rooms. Meetings with visiting health professionals were seen to be facilitated in private. Staff spoken with said it was important to respect people's rights and choice whilst trying to make sure they remained safe. Information about the national dignity challenge was displayed in a communal area of the home.

Bedrooms seen had been personalised with people's pictures, photographs and ornaments to help people to feel at home. People said that their bedrooms were warm and comfortable and that they could lock their door for privacy.

Regular community meetings were held with people using the service to obtain their views. The minutes of these meetings included discussion about food, activities, dignity and the house rules in place. We saw however that there was no clear audit trail as to the actions taken by the service following these meetings. A 'you said, we did' type feedback framework may help communicate the actions taken following each meeting to the people living there.

Is the service responsive?

Our findings

The service was not consistently enabling people to carry out activities within the service. People spoken with said that they undertook activities outside of the home such as groups, day centres and the gym but there were no regular structured activities taking place in the home. One person said, "No activities, I'm not interested anyway" and another person told us, "We go to do activities outside the home." One person showed us the artwork they did as a hobby and other people told us they watched TV and listened to music when at home.

The registered manager was in the process of liaising with an occupational therapist employed by the organisation to work with the people living at Woodside Court. Staff told us that they were also planning to provide more activities in 2016 however the scheduled activities timetable displayed in the dining area was not being consistently provided at the time of our visits. Health professionals told us that the provision of a structured therapeutic activities programme would improve the service provided to their clients. One professional told us that more activities on site could help their client improve their concentration and some areas of their activities of daily living.

People had up to date support plans addressing areas such as their mental and physical health. This included the support required for the person and the goals set with them. People using the service were aware of their support plan and had signed to say they agreed with it. Staff spoken with were aware of the content of care plans and said up to date information was also shared at the daily handovers and in staff meetings.

We saw that each plan could be made more personalised to the individual. Although staff knew people well, there was a lack of documented information about the person's history, their likes and dislikes or what made a good day for them.

Only two people spoken with were able to name their key worker and the feedback was variable when we asked about one to one sessions. Comments received included, "No key worker that I know of", "I've had a support plan but no key worker" and "Yes I have a key worker but we only meet sometimes." Records kept by the service did not show that each person was consistently provided with a regular one to one session with their key worker or another member of staff. It was additionally unclear how these sessions were used to review the support provided, the persons progress in achieving their own goals and any changes necessary. The registered manager showed us an example of a new support plan format which was more detailed with a more structured goal setting process for staff to use when working with people.

Information about the complaints procedure was displayed in the home. People told us that they felt comfortable in raising any issues or concerns. They said that the registered manager and staff would listen to them and take action.

People using the service were supported to maintain contact with relatives and friends. One person told us

they saw their relatives regularly each week.

Is the service well-led?

Our findings

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. We found there had been four logged incidents in 2015 where the police had been called to the home. Our records showed that the registered persons had not notified us appropriately of these reportable events.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

An experienced registered manager was in post who had overall responsibility for the service. They were supported by a deputy manager, a business manager and other senior organisational managers. The staff we spoke with said the registered manager was available when they needed her and they were able to contact organisational managers for support out of hours. One staff member said the registered manager gave "100% support" and they felt able to talk with her.

External health professionals were positive about the service provided and felt the registered manager and her staff communicated well with them. One professional told us that there was "Clear communication verbally and via email."

Staff said the team worked well together and they felt supported by management and their colleagues. They said that the manager and team members communicated at daily handover meetings. Regular staff meetings also took place that enabled staff to discuss issues in more detail and keep up to date with current practice. Minutes from previous team meetings included discussion around areas such as confidentiality, record keeping and CQC inspections. Staff said the team worked well together and they felt supported by management and their colleagues.

The home had systems to regularly check the quality of the service provided and make sure any necessary improvements were made. For example, regular checks were carried out on the medicines to make sure staff were following the correct procedures and people were receiving their medicines as prescribed. The building was regularly checked to make sure that it was safe and well-maintained.

Questionnaires were given out to people to ask for their views of the service in areas such as being treated with respect, the home environment and being listened to. We looked at the results of the most recent questionnaires completed in November 2015 with the answers to all of the questions about the service being positive. One person commented, "I like it here and I like the staff."

An organisational service improvement plan was supplied to CQC following our inspection. This document may benefit from including more information specific to Woodside Court, reflecting the views of people using its services and including annual goals for the home to achieve.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered persons had not notified the Commission without delay of reportable incidents which had occurred whilst the service was being provided in the carrying on of a regulated activity.