

## Waterfield Supported Homes Limited

# Waterfield Supported Homes Limited – 10 Dowanhill Road

### Inspection report

10 Dowanhill Road, Catford,  
London, SE6 1HJ  
Tel: 020 8697 6969  
Website: [www.waterfieldsh.co.uk](http://www.waterfieldsh.co.uk)

Date of inspection visit: 6 May 2015  
Date of publication: 10/06/2015

### 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 

### Overall summary

Waterfield Supported Homes Limited – 10 Dowanhill Road is a care home for seven people with mental health needs. The previous inspection of the service took place on 15 January 2014. It met all the regulations we checked at that time.

This unannounced inspection took place on 6 May 2015. Seven people were using the service at the time of the inspection.

The service has a registered manager. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were happy with the service. A community psychiatric nurse told us the service was well

# Summary of findings

regarded by the community mental health team (CMHT) because people had been effectively supported to keep as well as possible and enjoy the best possible quality of life.

People received their medicines safely as prescribed. Staff worked with the CMHT to assess risks to people and plan and deliver their support. People were fully involved in reviewing their support at meetings with staff and the CMHT. The registered manager complied with legal requirements and had appropriately implemented the Deprivation of Liberty Safeguards (DoLS).

People accessed the healthcare they needed and told us they enjoyed the food they had at the service. Care records showed people's individual needs were well documented and their support was delivered as planned.

People and staff told us the registered manager listened and responded to their input about the service. Complaints were responded to and the registered manager made checks on the quality of the service. Staff told us the registered manager made it clear to them what was expected of them in their work role. They understood how to treat people with dignity and respect and promote people's independence.

# Summary of findings

## 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. Risks to people were assessed and managed. People received their medicines safely as prescribed.

Staff understood how to protect people from abuse. There were enough staff available to meet people's needs.

Good



### Is the service effective?

The service was effective. People told us they received support from staff which met their needs. A community psychiatric nurse told us staff were skilled and experienced.

The service complied with legal requirements such as the Deprivation of Liberty safeguards (DoLS).

People received support from skilled staff. Staff told us they received support and supervision to carry out their work with people.

Good



### Is the service caring?

The service was caring. People told us staff were friendly and polite towards them. They said staff respected their privacy and encouraged them to keep in contact with friends and family.

People were involved in making decisions about their support.

Good



### Is the service responsive?

The service was responsive. Staff assessed people's needs and planned and delivered their support. Staff reviewed the support people received and made changes when necessary to ensure people's needs were met.

The registered manager responded to complaints appropriately.

Good



### Is the service well-led?

The service was well-led. We were told by people and staff that the registered manager was open to their ideas and input. She made changes to improve the service in response to their feedback.

A community psychiatric nurse told us the registered manager had ensured the service provided consistently good care and support to people over several years. The registered manager made checks on the quality of the service.

Good



# Waterfield Supported Homes Limited - 10 Dowanhill Road

## Detailed findings

### Background to this inspection

We carried out this inspection of Waterfield Supported Homes Limited - 10 Dowanhill Road 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.

This inspection took place on 6 May 2015 and was unannounced. It was carried out by two inspectors.

Before the inspection we reviewed the information we had received from the registered manager about incidents which had occurred at Waterfield Supported Homes Limited - 10 Dowanhill Road. We spoke to a community psychiatric nurse to obtain their views of the service.

During the inspection we talked with three people who use the service. We interviewed a district nurse who was visiting a person at the service. We spoke with three members of staff and the registered manager. We read three staff files, three people's care records and looked at seven people's medicines administration record (MAR) charts.

# Is the service safe?

## Our findings

People told us staff supported them to receive their medicines safely. A person said, “I know I need to take medicines to keep well. The staff help me take them all at the right times.” Staff had fully completed people’s medicine administration record (MAR) charts. It was clear people received their medicines at the correct dose and at the prescribed times. Some people had been prescribed medicines for pain, to be taken ‘as required’. People told us they were able to ask for their ‘as required’ medicine if they needed it. Their MAR chart showed they had received their ‘as required’ medicine from time to time in line with their wishes and in accordance with guidance from the prescribing doctor. We saw that medicines were stored securely to reduce the risks of people’s medicines being lost or stolen.

MAR charts showed people only received medicines from staff who were competent to administer them safely. The registered manager arranged for staff to receive medicines administration training from the CMHT. Staff told us they did not administer medicines unless they had completed this training successfully.

People were referred to the service by the community mental health team (CMHT). The team sent the registered manager a copy of the person’s risk assessment and risk management plan. This set out risks in relation to the person’s health and well-being and how they should be managed. For example, a person’s CMHT risk assessment explained how the risk of their mental health deteriorating could be reduced by staff supporting them to receive their medicines and closely monitoring their mental state. Staff had developed a care plan which explained how staff encouraged the person to receive their medicines as prescribed and protected the person from the risk of an avoidable deterioration of their mental health.

Daily records were kept which included observations by staff on people’s well-being. Staff told us they were alert to changes in a person’s mood and behaviour which could indicate deterioration in their mental health. A community psychiatric nurse told us staff promptly asked them for advice when they were concerned about a person’s mental health. They said this enabled risks to people’s wellbeing to be addressed at an early stage which promoted their safety.

Care records showed that people participated in regular review meetings between the service and the CMHT to discuss how risks to their health and welfare should be managed. For example, in the case of a person who was subject to the Deprivation of Liberty Safeguards (DoLS), after a review, the person’s risk management plan had been amended to enhance their choice and control in relation to them going out of the service.

During the inspection we observed that a person used a stair lift to go up to their bedroom. They used it safely but the registered manager told us the service did not have written guidance which explained how they had ensured the person’s safety when using it. The registered manager told us this would be rectified.

People told us they felt safe at the service. Staff were able to tell us how they would recognise signs of abuse and neglect and the actions they would take to protect people from harm. They understood how to use safeguarding and whistle blowing procedures.

During the inspection we observed there were sufficient staff on duty to meet people’s needs. People told us there were always enough staff on duty to support them. Staff recruitment records showed the registered manager had protected people from the risk of receiving support from unsuitable staff. She had obtained information on staff members’ background and qualifications and checked their identity. References and criminal records checks were on file. Staff told us they had not started work at the service until these recruitment processes had been completed.

# Is the service effective?

## Our findings

People we spoke with told us they decided how they spent their time and were free to come and go from the service as they wished. Care records showed most people had mental capacity to make decisions about their care and treatment and were fully involved in planning how they were supported.

In some instances, people had received mental capacity assessments which indicated that they came within the scope of the Mental Capacity Act 2005 because they may lack the mental capacity to make some decisions about their care and treatment. A member of staff explained to us how, in these circumstances, they supported a person who may lack mental capacity to make decisions about their care and treatment. They said, "I find if I take time and go over things with [person's name] they are able to understand and make choices." For this reason it had not been necessary for the registered manager to organise 'best interests' meetings to make decisions about people's care and treatment.

When appropriate, the registered manager had made a Deprivation of Liberty Safeguards (DoLS) application to the local authority. The care records of a person who was subject to DoLS confirmed the registered manager had complied with the conditions of the DoLS authorisation. For example, the person was supported by staff to go to activities in the community in accordance with the conditions of the DoLS authorisation.

People told us they thought the staff at the service had the right skills and experience to support them appropriately. A person said, "All the staff are very good, they help us a lot." A community psychiatric nurse told us, "The staff interact with people very well and have a good track record in helping to keep people as well as possible."

Staff told us they received support and induction which assisted them with their work. A member of staff told us, "My supervisor is very good. I meet with them every couple of months and we are able to talk through everything." They explained how the registered manager had arranged an induction for them when they started work which included an introduction to people, reading their care records and observing other staff whilst they delivered

people's support. The member of staff told us, "My induction was good and meant I gradually learnt everything I need to know about people and do my job well."

Staff told us they had completed on-line training and attended courses which gave them the skills and confidence to support people well. Records showed staff had attended training on adult safeguarding and supporting people with mental health needs. The registered manager had assisted staff to undertake relevant qualifications in health and social care.

The registered manager told us that staff had not received an annual appraisal which set out how staff had carried out their work role and planned their future training and development. She told us the service was in the process of introducing an annual appraisal scheme for staff to rectify this.

People in the service told us they had enough to eat and drink. A person told us, "I have just had a good breakfast and looking forward to lunch. The meals are good and we can have what we want." People said they had meetings where the menu was discussed and the food they received reflected their choices. Some people had special dietary needs due to their medical conditions and we saw evidence that their needs were met. The menu and choice of meals available reflected the diverse cultural background and preferences of the people who use the service.

Care records showed people's day to day mental health needs were met through staff working in partnership with professionals from the community mental health team (CMHT). For example, CMHT health professionals regularly visited people at the service and advised staff on aspects of their care and treatment.

People received checks on their weight, blood pressure and other aspects of their physical health. People told us that if they felt physically unwell they were able to see a GP. Care records included information on people's health appointments, the treatment they had received and any follow up actions staff needed to carry out. Staff had ensured people received appropriate medical care in relation to any accidents or falls. A district nurse who was visiting a person at the service during the inspection told us they considered staff to be very attentive to the person's health needs.

# Is the service caring?

## Our findings

People told us they had got to know the staff who supported them. A person said, “The staff are all friendly. I have no problems with them at all.” During the inspection, staff spoke with people pleasantly and asked them about their plans for the day. When we spoke with a member of staff about a person they demonstrated their knowledge of the person’s background and social circumstances. They were able to explain how they were working with the person in relation to issues which were important to them. For example, the member of staff supported the person to visit their family in accordance with their wishes.

People told us they regularly participated in meetings with the community mental health team (CMHT) and staff to plan their support. Care records evidenced that people’s views and preferences were taken into account. For example, a person told us that staff supported them to participate in an activity they enjoyed and the person said

they chose when and how often they received this support. Another person told us they were able to choose what time they received support from staff with their personal care in the mornings.

People said their rights to privacy and dignity were upheld by staff. They said the staff were polite and respected their personal space. For example, they said staff asked them for permission to come into their bedroom. A person told us how the staff supported them to have time on their own with their relative. They said staff made their relative welcome at the service and encouraged them to see their relative as often as they could.

People said they were encouraged to be as independent as possible. During the inspection, people went out of the service on their own to the local shops. Care records included information about people’s strengths and skills. Staff were able to tell us how they supported people to become more independent in terms of their day to day activities such as managing their laundry.

# Is the service responsive?

## Our findings

People told us staff supported them in the way they wished. They said they were involved in planning their support. Care records showed staff had obtained information from the person and health professionals from the Community Mental Health Team (CMHT) who knew them well. This included details of each person's preferences and their individual needs in relation to the promotion of their mental wellbeing and their physical health. Care plans had been developed which explained how staff delivered people's support to meet their needs. For example, a person's care plan set out how staff delivered support in relation to the administration of their medicines, their personal care, keeping physically well, following their interests and hobbies and maintaining links with friends and family.

Daily records were kept which demonstrated that staff had delivered people's support as planned. For example, a person had been supported by a member of staff to make a long journey by train to keep in contact with a family member in line with their care plan. Care records showed

there were regular reviews of people's support to ensure that it met the person's current needs and promoted their independence. The person and health professionals from the CMHT were involved in these review meetings. Notes confirmed the registered manager changed people's support in response to their changing needs and circumstances. For example, a person's support was amended because their mental health had improved and they were able to be more independent in relation to their travel arrangements.

People told us they were asked for their views of the service and the registered manager listened and acted on their views. People told us about activities and trips which had been arranged in response to their suggestions. They said they were asked for feedback on the menu and changes were made to accommodate their preferences.

People said they regularly met with the registered manager and felt confident she would thoroughly investigate any complaints they had. There was a formal complaints process in place. Records were kept of the registered manager's response to complaints. These showed people received an appropriate response to their complaints.



# Is the service well-led?

## Our findings

A person said “I think it is a well-run service because the staff know what to do.” People told us the registered manager was frequently at the service and asked them about the support they received. The registered manager split her time between Waterfield Supported Homes Limited - 10 Dowanhill Road and another service located nearby which she also managed. On the day of the inspection she was at Waterfield Supported Homes Limited - 10 Dowanhill Road when we arrived.

A member of staff told us the registered manager was open and approachable. Staff told us team meetings were constructive and provided the opportunity to talk with their colleagues about how best to provide people’s support. Staff said the registered manager ensured staff communicated well with each other at handover meetings held at the end of the shift. They said this enabled staff to deliver effective support to people because they had up to date information about people’s needs and any incidents that had occurred.

Staff were positive about the support they received from the registered manager and the deputy manager who supervised them. They said they were both very knowledgeable and experienced in relation to working with people with mental health needs. Staff told us they understood the service’s values in relation to the way people were supported to improve their mental health and how people’s dignity and independence should be promoted.

A community psychiatric nurse told us the registered manager ensured people received a safe and responsive service. They told us she was well regarded by health professionals in the community mental health team because of the quality of the service people received. They said people’s mental health had improved due to the way staff at the service supported people.

We saw evidence that the registered manager had carried out checks on the safety and maintenance of the building and equipment. She had also regularly checked that medicines were administered correctly and care records were appropriately kept.