

# Waterfield Supported Homes Limited

## Waterfield Supported Homes Limited - 23 Broadfield Road

### Inspection report

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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 – 23 Broadfield Road is a care home that provides services to up to seven people with mental health needs. At the time of our inspection, there were seven people using the service.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

People remained safe at the service. Staff had received training on how to identify abuse and understood their responsibilities in relation to safeguarding and reporting concerns.

Risks to people were identified and guidance was put in place on what action staff had to take to minimise harm. Staff understood the risks to each person and followed guidance to keep them safe. Systems and processes in place were sufficient to ensure people were protected from the risk of harm.

People received care from a sufficient number of staff to meet their needs. Staffing levels were reviewed when people's needs changed and to support them with activities and to attend appointments. Appropriate recruitment procedures ensured people received care from staff vetted as suitable for their role.

People received their medicines as required. Medicines were stored securely and managed safely by staff assessed as competent to do so.

Trained staff who were supported in their role delivered people's care. Staff received regular supervisions about how to deliver effective care and appraisals to identify training and development needs.

People were involved in planning their care. Staff understood people's needs and provided care with kindness and compassion. People's dignity and privacy were upheld at the service.

Staff had a clear understanding of the Mental Capacity Act 2005 and applied its principles when providing people's care. People were supported to make their own decisions about their care. Best interest meetings were held to support people who were unable to consent or make particular decisions about their care.

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 knew how to make a complaint and were confident their concerns would be resolved. People's views about the service were sought and their feedback used to develop the service.

Staff assessed people's needs and care plans were developed to meet their individual needs and preferences. People enjoyed the food provided at the service and had choices on what they could eat and drink. People's nutritional and dietary requirements were met. Staff supported people to maintain their health and to access healthcare services when needed.

The provider had effective systems in place to assess the quality of care provided. Regular checks and audits were carried out on the quality of care and safety of people and improvements were made when needed.

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.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

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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 30 April 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law. We used this information to inform the planning of the inspection.

During the inspection, we spoke with four people who used the service, two volunteers, four care staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records for four people and their medicines management records. We reviewed staff duty rosters, four staff records including training, recruitment, supervisions and appraisals. We also looked at records relating to the management of the service, including quality checks, policies, and procedures. We checked feedback the service had received from people and their relatives.

After the inspection, we received feedback from three healthcare professionals.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. Staff were able to explain abuse and its potential signs and the actions they would take to protect people from harm. Staff had received training in safeguarding adults and understood their responsibilities to report any concerns to the registered manager or to external agencies when needed. The provider's systems remained appropriate to enable staff to raise any concerns about the service to relevant authorities. The registered manager worked closely with the local authority safeguarding team to ensure incidents were investigated and plans put in place to keep people safe.

Risk management plans remained effective in ensuring people's safety. Risks to people were identified and managed appropriately. Staff made referrals to healthcare professionals and records showed they followed the guidance received on how to manage risks to people. Risks were assessed and reviewed regularly to ensure that support plans were effective in meeting people's changing needs. Risk assessments were in place for people when accessing the community, using sharp equipment in the kitchen and preparing meals. Staff understood risks to each person and how to protect them whilst allowing them as much independence and freedom as possible.

There were sufficient numbers of staff to support people safely and to meet their needs. Staff told us and duty rotas confirmed there was adequate cover for all shifts and absences. The registered manager ensured staff were effectively deployed to meet people's needs by taking into account their skills and experience, the level of support each person required, activities people wished to do and to attend appointments. Staff told us they had access to support from the registered manager when faced with difficult situations. Recruitment procedures remained safe and were followed to ensure pre-employment checks confirmed staff's suitability before they started to provide care.

People received the support they required to take their medicines safely. Medicines were managed safely and stored securely. Medicine administration records were accurately completed and contained no gaps in signatures. Staff told us and records confirmed they were trained and assessed as competent to manage and administer medicines. Regular checks and audits were carried out to identify any errors and to ensure people received their medicines as required and in line with the provider's policies.

People were protected from the risk of infection. Staff understood the infection policy in place and told us they had access to personal protective equipment such as gloves and aprons. We observed toilets had hand soap, paper towels and bins for waste disposal. The premises were cleaned daily and were free from odours.

## Is the service effective?

### Our findings

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. One healthcare professional told us, "All the staff are receptive to training and they all work together as a team to meet the needs of their residents." Staff received an induction and completed the provider's mandatory training they needed to meet people's needs. The training included safeguarding adults, mental capacity, moving and handling, infection control, dementia, first aid and fire safety. Staff told us they found the training and supervisions useful and empowering to undertake their roles and said they were supported to complete National Vocational Qualifications. Records confirmed staff training was monitored, planned and up to date. Staff received regular supervisions and an appraisal of their performance to identify any training and development needs. Records showed staff were able to raise any issues and discussed their work practice at one to one supervision meetings.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

The registered manager and staff understood and applied the principles of the MCA when supporting people. People consented to care and treatment. One member of staff told us, "We always ask people what they want and how they wish to receive their care. We respect their choices and where there are concerns, we raise it with the [registered] manager." Staff were aware of people's individual capacity to make decisions and the support they required to do so.

People were supported to make decisions about their care when needed. Healthcare professionals and relatives were involved in best interest meetings when a person showed they lacked the mental capacity to make a specific decision about their care. Staff had sufficient information about how to provide people's support in their best interest in areas such as managing their finances and receiving personal care. People had received support from Independent Mental Capacity Advocates to make decisions on their behalf about living at the service and the care to be provided.

People enjoyed the food and drink provided at the service and their nutritional and dietary needs were met. People told us and records confirmed they were involved in menu planning and that their choices were included in their diet. People were supported to prepare their meals and had access to refreshments, snacks and fruit. People were supported with weight management and staff had made a referral to healthcare professionals when they had identified a person at nutritional risk. Staff encouraged people to eat healthily and included vegetables and fruit in their diet.

People's health needs were met and staff supported them to access healthcare services when needed. One person told us, "Staff help me to see my GP when I am unwell." One healthcare professional told us, "Staff are proactive and are always quick to seek for the support of external medical advice or support by way of referral for specialist opinion where and when necessary." Staff told us they monitored people's wellbeing



and were able to identify any changes to their health quickly. Staff worked closely with healthcare professionals in the planning and delivery of people's care and treatment and when their needs changed. People's care records showed visits by GPs, district nurses, care coordinators, opticians and dentists. Staff supported people to attend follow up appointments and checks ups. The registered manager ensured staff recorded and followed healthcare professional's guidance on how to meet people's needs.

The premises were adapted to meet people's needs. People unable to use the staircase had access to a stair lift, which was serviced regularly. People had a choice of dining rooms where they could have their meals and spend time.

## Is the service caring?

### Our findings

People told us staff were kind and caring. One person said, "The staff are good to me. They are lovely and have time for a chat." One healthcare professional said, "Staff are very caring, and able to personalise care to the specific needs of the residents." People received support from staff who understood their needs and had developed positive relationships with them. One person told us, "I get on well with all the [staff], they are supportive and always there for me." A consistent and regular team of staff provided people's support which enabled them to familiarise themselves with their needs and the support they required. Staff had positive comments about their working relationships with people and said they found their work of supporting people rewarding. We observed people were comfortable around staff and at ease when they requested for support.

People were involved in planning their care. Staff and healthcare professionals held meetings with people where they discussed the support they required and how they wanted their care delivered. Care records showed staff had involved people in making decisions about their care. For example, people's preferences such as when they wanted to go to bed and wake up, their routines and their likes and dislikes were recorded. Daily records showed people received their care as planned. Records showed people were involved in the review of their care plans. Staff made changes due to their requests such as the days they went out for shopping.

Staff respected people's privacy and maintained their dignity. One person told us, "Staff are polite and discuss with me issues about my health." People were supported by staff who understood the importance of treating them with respect. Staff told us they closed doors and curtains before they provided people with care and ensured they were appropriately dressed. Daily records were written in respectful language and confirmed staff provided people's care with dignity. People could lock their doors if they wished and kept their keys. Staff sought permission from people if they wanted to access their rooms. We observed staff were respectful when they talked about people and their needs and showed interest when interacting with them.

People's information was kept confidential. Care records were secured in a lockable office and computers were password protected. Staff told us they shared information with other healthcare professionals when needed and followed the provider's data protection and confidentiality procedures.

People's diversity and equality were respected irrespective of their differences in race, gender, sexuality, disability or religion. Staff told us they supported people to retain their individuality and access equal opportunities to services.

People were supported to be as independent as possible. One person told us, "I arrange my appointments with the hairdresser and go out on my own for shopping." People were encouraged to do as much as possible for themselves such as personal care if they were assessed as able to do so. Staff had information about what tasks people needed support with for example preparing meals, tidying their rooms and doing their laundry. People received support to maintain relationships that mattered to them such as making travel arrangements and helping them to prepare for outings to meet with family.

People received appropriate care when they were nearing the end of their lives. People's end of life wishes and preferences were known and recorded in their care plans. The registered manager ensured people received appropriate care at the end of their lives by involving other healthcare professionals.

## Is the service responsive?

### Our findings

Since our last inspection, people continued to receive personalised care that met their needs. People's needs were identified before they started to use the service to ensure their needs could be met. Staff assessed people's needs and developed individual care plans based on the information gathered about their health, background, likes, interests and goals and how they preferred to receive their support. People received their support as planned and records confirmed this.

Staff were responsive to changes in people's needs because they carried regular reviews of their health and the support they required. People and their relatives where appropriate were involved in their care and their views were considered in developing the support plans. Records confirmed a person had received support when their mental health had showed signs of deterioration. Staff told us they understood people's needs and responded to requests for changes to their care. This ensured support provided met people's individual preferences. Information on people's health and support needs was shared appropriately, which enabled staff to provide them with the support they required.

People knew how to make a complaint if they were unhappy about any aspect of their care and were confident their concerns would be listened to and resolved. One person told us, "I can talk to the [registered] manager or staff and any worries will be sorted out." Staff were able to tell us how they would support people to report their concerns and encouraged them to write to the registered manager where possible. The provider had an up to date complaints procedure which people and their relatives had access to. The registered manager told us and records confirmed that no formal complaints were made since our last inspection.

People were supported to take part in activities of their choosing. Staff supported people to pursue their interests and hobbies such as attending day services, shopping, walks in the park, eating out at local restaurants, going to the cinema and watching television. We observed people enjoyed taking part in a church service arranged by volunteers.

The registered manager worked closely with other healthcare professionals and agencies to ensure a smooth transition when people moved between services. For example, a person was discharged from a long stay in hospital to the care home after a multidisciplinary meeting. We saw that healthcare professionals had agreed on the person's support plan and undertaken a review of their medicines. The person was assigned a healthcare professional and a GP to monitor their mental health.

# 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 understood their responsibilities and practiced a culture of openness in line with the requirements of the duty of candour. Notifications were submitted to CQC when necessary.

People benefitted from a positive culture because staff and the registered manager were open and honest about the care provided at the service. People and their relatives confirmed there was good communication at the service. Staff were encouraged to take responsibility of their mistakes and to learn from incidents. Staff were confident they would be supported if they raised any concerns about the service.

People and staff remained positive about how the service was managed. One healthcare professional said, "[Staff] are always well prepared for meetings and their reports are informative and well documented. My experience with working with the [registered manager] and her team has been excellent, their feedback prompt and factual." Staff told us the registered manager was approachable and supportive. Staff were supported in their professional development through regular supervisions and training. Regular staff meetings and daily handover sessions ensured appropriate handover of information about people's needs. The registered manager involved staff in the running of the service and encouraged them to raise any issues about people's care. The registered manager was passionate about providing an enabling environment for people and ensured staff understood and shared this vision for the service.

People were asked their views about the service and their feedback was acted on to improve care provided. This was done through keyworker meetings, resident's meetings and one to one sessions with the registered manager. Records of the resident's meetings showed people were able to raise any issues about aspects of care and support. For example, changes were made to the menu and activities provided at the service.

Quality assurance systems remained effective and were used to monitor people's care and the safety of the service. Audits and checks were carried out on care planning, risk assessments, record keeping, training and supervision to ensure they were current, up to date and accurate. Accidents and incidents were recorded and monitored to identify patterns and trends and to put plans in place to minimise a recurrence and to promote people's safety in the community. Medicines management audits were carried out to identify any errors and address any shortfalls. The registered manager carried out spot checks on staff's practice to ensure they provided people's care with dignity whilst promoting them to be independent.

There was a close partnership with the healthcare professionals and other agencies involved in people's care. One healthcare professional said, "Where concerns have been raised the [registered] manager quickly arranged a multi-disciplinary meeting to resolve things at ground level. Joint working seems to flow fairly well, they inform me of any changes quickly and alert me of any concerns."

