

Cognithan Limited

Woodside Court

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

About the service

Woodside Court is a residential care home providing personal care to up to ten people. The service provides support to people with mental health needs in one adapted building. At the time of our inspection there were nine people using the service.

People's experience of using this service and what we found

The provider managed risks to the premises with a range of checks such as those relating to fire, electrical, gas and water safety. Risks relating to people's care, such as those relating to their mental health, were also assessed and clear guidance was in place for staff to follow to reduce the risks. People's medicines were managed safely by staff. There were enough staff and staff were recruited through procedures to check they were suitable to work with vulnerable people. Staff understood how to safeguard people from abuse and neglect.

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. People were involved in decisions about their care and support. Staff received training and support to understand and meet people's needs. People received food of their choice. People were supported to maintain their physical and mental health.

People liked the staff and developed good relationships with people. Staff understood people's needs including those relating to their gender, sexuality and cultural backgrounds. People were treated with dignity and respect and were encouraged to maintain their independent living skills. The provider had systems in place to assess and monitor the quality of care provided although they were not always as effective as they needed to be.

The registered manager notified CQC of significant events, such as allegations of abuse, as required by law. The registered manager and staff understood their role and responsibilities. The provider communicated openly with people and staff through regular meetings and surveys. Staff felt well supported by the registered manager. The provider undertook checks to monitor, review and improve the quality and safety of the service and addressed any issues found promptly.

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

Rating at last inspection

The last rating for this service was requires improvement (report published November 2019).

Why we inspected

The inspection took place on 2 August 2022. This was a planned inspection to check the service had

improved since our previous inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. 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.

Woodside Court

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services

Inspection team

The inspection team consisted of one inspector.

Service and service type

Woodside Court is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three members of staff. We reviewed a range of records including two people's care records as well as variety of records relating to the management of the service including staff recruitment, training and support.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had not ensured the risk of falls from windows was reduced with suitable window restrictors. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved and was no longer in breach.

- The provider had installed robust window restrictors across the home to reduce the risk of falls from windows and they checked these were in working order regularly.
- Risks individual to each person had been assessed by the provider and guidance put in place for staff to follow in reducing the risks. These assessments were comprehensive and included professional guidance for mental health risks and day to day risks.
- Risks relating to the premises were assessed and monitored including electrical installation, portable electrical appliances, gas safety and the environment. A fire risk assessment had been arranged and the provider had contracted a company to carry out a water hygiene check. A plan was in place for how the service would respond to emergencies including staff shortages due to COVID-19.

Using medicines safely

- People received their medicines safely, in line with best practice. Medicines records were clear and accurate and our checks of medicines stocks and records showed people received their medicines as prescribed.
- The provider assessed risks relating to medicines for each person and staff had clear guidance to follow to keep people safe.
- People received medicines from staff who were trained and assessed as competent to do so. Additional training was available for staff who required more support.
- The provider regularly checked with audits that medicines management was safe.

Staffing and recruitment

- There were enough staff to support people safely and regular agency staff were used who knew the home. Recruitment was taking place to fill vacancies. A person told us, "There are enough staff, they don't rush around".
- People could call staff for help in an emergency, outside of their agreed care package as staff were always on-site.
- The provider checked staff were suitable to care for people through recruitment checks including of identification, work history, references, any criminal records and an interview to look at their knowledge,

skills and motivation. We found some gaps in people's work history and the provider told us they would explore all gaps going forwards.

Preventing and controlling infection

- Staff followed safe infection control practices as staff received training in this, including how to use Personal Protective Equipment (PPE) to reduce the risk of COVID-19 infections.
- The registered manager checked infection control practices to ensure staff followed current guidance and had access to a regular supply of PPE.
- The provider assessed risks related to COVID-19. People using the service and staff took any action necessary to reduce risks.
- Staff received training in food hygiene and our checks showed staff handled food safely.

Learning lessons when things go wrong

- Systems were in place for staff to record any accidents or incidents, including incidents of behaviour which challenged the service, and for these to be reviewed to identify any patterns and reduce the risk of reoccurrence.
- Learning from incidents across the provider's services was shared amongst the registered managers group at regular meetings as part of improving the services.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded as far as possible from abuse. People told us they felt safe living at the service and also with staff and we observed they were comfortable with staff.
- The registered manager reported any concerns to the local authority safeguarding team as expected and took action to keep people safe including evicting a person as a last resort.
- Staff understood how to safeguard people from abuse and neglect as they received training in this.

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 good. 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 were assessed before they came to live at the service. A senior person met with them and their relatives if appropriate and read any professional reports. Assessments included people's backgrounds, personal history, physical and mental health conditions.
- People's mental health conditions were assessed well with clear guidance for staff on helping people to maintain good mental health and how to support people who were struggling in the best ways for them.

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.

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. 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 the conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People at the service had capacity in relation to their care. Processes were in place to assess people's capacity if necessary and to make decisions in their best interests through consulting with others involved in their care, such as loved ones and professionals.
- The provider applied for DoLS if necessary and kept these under review.
- Staff understood their responsibilities in relation to DoLS and the MCA.

Staff support: induction, training, skills and experience

- People were supported by staff who had the training and support needed to understand and meet their needs. Staff received regular training in a range of relevant topics, including mental health, to keep their knowledge up to date.
- Training was available in specialist topics based on people's needs as well as nationally recognised care qualifications such as the care certificate and diplomas.
- Staff received regular supervision and annual appraisal from their line manager. Staff felt well supported.

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- People received food of their choice. People told us the menu was based on their preferences, including food of people's cultural choice, and alternatives were available. The menu was regularly reviewed based on people's feedback. A person told us, "I like the food, I get [my cultural food] when I want it and I can buy it locally too". A second person said, "I have a choice and every day is different".
- The home had ample communal spaces including a well-maintained garden. People were encouraged to personalise their rooms.

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

- People were supported to maintain their health. People's care plans contained key information about their physical and mental health to inform staff and guide them on how best to support each person. They included guidance from healthcare professionals.
- People's weights were monitored and staff supported people who were struggling with being overweight. The provider told us they would improve this by making each person's target weight clear so people received the support they needed.

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 good. 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 treated well. People liked the staff who supported them and developed good relationships with them. A person told us, "Staff are alright! They're kind and they understand me".
- Staff understood people including their backgrounds, needs, preferences and people who were important to them through working closely with them.
- Staff also understood people's needs in relation to their gender, sexuality and cultural background. The menu included people's preferred cultural foods and people were supported to buy cultural products where necessary. Staff received training in equality and diversity to help them meet people's needs.
- Staff spent time engaging with people in conversations, so they felt heard and connected. People felt well supported by staff. A person said, "The staff are nice people and they listen to me".

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

- Staff understood how best to communicate with each person and to make each person feel like they matter.
- Each person had a keyworker who met with them often to check their care met their needs and preferences or if any changes were required. A keyworker is a member of staff who works closely with a person. House meetings were also held where people were asked for their feedback as part of improving the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. People were encouraged to keep their rooms clean and tidy, to do their own laundry and to shop and cook with staff support as necessary. People were free to leave the service at any time and we observed people doing so.
- People were treated with dignity and respect by staff and staff received training in this. Staff knocked before entering people's rooms and provided personal care in a dignified way while respecting people's privacy.
- People's personal information was held securely and was only accessible to staff so that confidentiality was maintained. Staff received training in confidentiality including laws they must follow relating to this.

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; improving care quality in response to complaints or concerns

- People had care plans which were personalised to their needs, preferences and interests. People were involved in developing and reviewing their care plans so their changing needs continued to be met.
- The provider had a suitable complaints process in place and people were made aware of how to raise concerns. People felt confident the registered manager would listen to any issues they raised and resolve them. A person told us, "They'd definitely listen if I had to complain".

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

- Activities were provided by staff but one person told us they would like more on offer. The registered manager told us activities were being increased after they reduced during the pandemic.
- An activity program was in place based on people's interests. Activities included barbeques, group meals and outings, arts and crafts, pampering and movie nights. Most people managed their own activities outside of the service, but some required staff support and staff were available for this. People were involved in a gardening project and a person told us, "I like to water the flowers". A second person was excited about going to the funfair with staff.
- People were encouraged to have visitors and clear guidelines were in place to keep people safe in relation to this. Several people were in romantic relationships which staff respected and supported them to maintain as necessary.

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.

- The registered manager told us key information could be presented in alternative ways, such as easy-read, braille, British sign language or other languages if necessary. This was not required at the time of our inspection.

End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care. However, people were asked to consider end of life planning, so staff knew in advance how they preferred to receive their end of life care.
- Training was available to staff and the registered manager told us they would work closely with

professionals involved in people's end of life care such as the local hospice.

Is the service well-led?

Our findings

Well-Led – this means 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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection the provider's audits were lacking because they had not identified window restrictors were not always in place to reduce the risk of falls. At this inspection we found the provider had improved and the audits in place were suitable in assessing, monitoring and improving the service.
- Audits included checks of medicines, care records, staff records, staff training and support, infection control and the premises. Action was taken when issues were found and the provider maintained suitable standards.
- Our inspection findings and discussions showed the registered manager understood their role and responsibility, as did staff.
- The registered manager submitted notifications to CQC, such as incidents involving the police or any allegation of abuse, as required as part of their registration responsibilities.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People's care was planned in a person-centred way, based on individual needs and preferences, with a focus on maintaining good mental health, and people were involved in the process.
- The registered manager and staff understood their responsibility to be open, transparent and to apologise when accidents or incidents occurred. A person told us, "The manager is very good, I like her".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider gathered feedback from people, relatives and staff during informal discussions, keyworker sessions and regular meetings and through surveys. People told us they felt listened to and staff understood their gender, sexuality and cultural needs.
- The registered manager and staff worked closely with other health and social care professionals to help people receive the care they needed.