

New Directions Flexible Social Care Solutions Ltd Woodhurst

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	

Overall summary

We carried out an unannounced inspection on 3 November 2015.

Woodhurst is registered to provide accommodation and personal care for up to six people who have Autism spectrum disorders, Asperger's syndrome and or a Mental Health condition. At the time of the inspection, there were 5 people living at and being supported by the service.

The service had a recently appointed a manager who had been working for the provider in a different role. The manager was in the process of registering with the Care

Quality Commission. 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's needs had been assessed, and personalised support plans detailed people's individual needs, preferences, and choices. There were risk assessments in place for all aspects of the person's daily living and these

Summary of findings

gave staff information and guidance on how risks to people could be managed, or mitigated There were processes in place to safeguard people from the risk of avoidable harm.

The provider had an effective recruitment process in place and there were sufficient skilled and experienced staff to support people safely. Staff had a good understanding of their roles and responsibilities and had clear lines of accountability.

Staff obtained people's consent and this was recorded, however there was no formal written consent policy in place. This was under review at the time of our inspection. Staff demonstrated that they gave people appropriate choices prior to care being provided.

Staff received training relevant to their roles and responsibilities. There were regular support arrangements in place and staff were appraised annually.

Staff were caring and respectful to the people they supported and to each other. People were encouraged and supported to pursue interests and hobbies. People were supported to access health services including their GP, dental appointments and other healthcare professional as required.

The provider had a policy and procedure for investigating complaints. They encouraged feedback from people and took action when they received feedback to continually improve the quality of the service.

The provider had effective quality monitoring processes in place and these were being reviewed by the newly appointed manager. Records were all held securely in locked filing cabinets in the staff office which was a separate unit in the garden of the service.

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.

Staff knew how to recognise and report allegations of abuse.

There were sufficient numbers of staff available to meet people's individual needs at all times.

People administered their own medicines and this process was overseen by trained staff.

The recruitment process was effective to ensure that staff who were employed at the service were appropriate and qualified to do their jobs.

Possible risks to people's health and well-being were identified and managed effectively.

Good



Is the service effective?

The service was effective.

Consent was obtained from people and people were asked to sign to agree their consent. However there was no formal policy. This was under review at the time of our inspection.

Staff had been trained to give them the required skills to meet people's needs effectively.

People lived independently and cooked their own meals. If required staff supported people to develop their skills.

People were supported by staff to ensure they had their health needs met with access to health professionals when required.

Good



Is the service caring?

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People were involved in their care planning and reviews of their care.

People were treated in a way that respected their dignity and privacy.

People were able to access independent advocacy services if required.

Good



Is the service responsive?

The service was responsive.

People's care and support was person centred and met their needs and gave them choices.

Staff had access to information and guidance that enabled them to provide person centred care and support.

People were supported to pursue hobbies and social events, relevant to their needs.

There was a complaints policy in place. People knew how to make a complaint if they needed to.

Good



Summary of findings

Is the service well-led?

The service was well led.

The manager had a clear vision for the service and demonstrated an open and transparent approach so that people were supported to optimise their potential and be as independent as possible.

There were effective quality monitoring systems and audits in place to manage risks and to ensure standards were maintained.

People who used the service and staff spoke positively about the way the service had been managed.

Staff were clear about their responsibilities and were well supported by the management team.

Good



Woodhurst

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 3 November 2015 and was carried out by one Inspector. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two people who used the service, two members of support staff the manager and one of the directors. We received feedback from health and social care commissioners. We reviewed people's support plans and risk assessments. We looked at staff recruitment records and other documents including team meeting minutes and individual training and supervision records. We reviewed safeguarding records, and complaints records. We looked at the systems that were in place to monitor the service and the audits, relating to various aspects of the service including support plan and health and safety checks. We also reviewed accident and incident records.

We observed staff interaction with people who used the service to assess how staff and people who used the service interacted and to see if people were treated in a kind, caring and compassionate way.

Is the service safe?

Our findings

People told us they felt safe. One person told us “I think the staff are the main reason I feel safe.” They continued to say, “A few months ago I was not well and had some issues with safety, I told the staff and they supported me.” Another person told us, “I don’t have any problems here, I get on well with everyone and I am safe here.” A person told us, “When I first came here I was not sure about having CCTV, but now I like it, the staff can keep an eye on you and this helps me to feel safe.” They went on to say, “It is only in the communal areas and not in people’s individual homes so it’s not a problem.” This feedback demonstrated that people were kept safe and knew how to raise concerns if they were worried or concerned about their safety.

Staff we spoke with were able to describe the safeguarding process, and confirmed they had received safeguarding training. They were able to describe what constituted abuse and the process they followed to report concerns. We saw evidence that two historic safeguarding concerns had been reported and appropriately investigated and followed up by the local safeguarding authority.

Staff knew about the whistleblowing policy and how to elevate concerns if they were not happy how the service addressed the concerns. Staff told us they were confident concerns would be addressed without delay and told us about previous issues and how well they had been supported when they reported any concerns.

We saw that Information about how to report safeguarding concerns was displayed on the notice board in the hall. This provided a visible reminder for people and staff and it had contact telephone numbers. There was also information about how to contact an advocate if required.

People were supported in a way that ensured their safety and welfare. There were detailed and personalised risk assessments in place for all aspects of people’s daily living. For example there were environmental risk assessments for

the home and then person specific for particular events including road safety or travel on public transport. This was to ensure that any risks that were identified could be minimised or mitigated so that people who used the service were protected. People knew the risks and were able to make informed decisions when choosing to do something.

One of the main objectives of the service was to support people to reach optimum independence. People and staff told us that they were encouraged and supported to take positive and informed risks.

People who used the service said that there was enough staff to support people safely. Staff told us that they did not use agency staff because it was important that people who used the service had continuity as they needed time to get to know and trust staff. We saw that there was a small relief group of staff who covered shifts when required and they regularly supported the service so had been able to get to know people sufficiently well to continue to provide safe care even at short notice. For example if someone went of sick.

The provider had effective recruitment processes in place and all the relevant pre-employment checks, which included obtaining a minimum of two references which were emailed on company headed paper to ensure they were authentic. Prospective staff had to complete application forms and were interviewed to assess their suitability to work with this client group. We saw that Disclosure and Barring Service (DBS) checks for all the staff. These were reviewed and replaced every three years.

The provider had a policy and process in place for the safe management of medicines. Most of the people at the service self-medicated and staff prompted people throughout the day to make sure they had taken their medicines as prescribed. Audits were in place to check that medicines were being managed safely.

Is the service effective?

Our findings

People told us they felt that staff were trained and knew how to support them appropriately. Staff told us their induction training enabled them to meet the needs of people they supported. We saw that staff had received training or completed online training in the following topics, including what they described as all the ‘basics’ such as safeguarding, safe handling of medicines and fire safety. Staff also told us they had done several shadowing shifts until they were confident to work alongside other team members. Support plans were personalised and gave staff information and guidance to meet people’s needs in a personalised way. They demonstrated people’s involvement and choices about how and when their care was provided.

We saw that other on-going and refresher training was available to assist staff in keeping abreast of any changes in practice. Staff were also able to do specialist training for example in Autism and mental health. These further opportunities helped staff to have a better understanding of the types of conditions the people they supported had. Staff told us and we saw evidence of regular team meetings and supervisions with their line manager and an annual appraisal to review all aspects of their role within the organisation. Staff told us they had been well supported previously and they felt positive about the future under the support of the new manager.

Staff were happy with the training they received and were able to describe how they provided effective care that met people’s changing needs.

CQC are required to monitor compliance the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) that set out the requirements that ensure, where appropriate if people do not have the capacity to consent to care, treatment or support that, decisions are made in people’s best interests. The unit

coordinator told us that they and the staff had training in relation to the MCA. No one living at the home was being deprived of their liberty. Staff knew about people’s individual abilities to make decisions and understood their responsibilities for supporting people to make decisions.

Staff told us they obtained people’s consent before they supported them. We also saw a range of consent records in people care records for example as part of their tenancy agreement people had consented to CCTV in communal areas, people had consented to sharing of personal information. The manager told us the consent policy was under review and this would provide a consistent approach to obtaining and reviewing consent.

Staff told us that people were independent and did their own shopping and cooking. Staff were on hand to assist and support people with these skills. For example one person we spoke to told us they were making “fish pie later” and had they told us they had made it now on a couple of occasions and were “much more confident”. We saw that people could help themselves to food and drinks whenever they wanted. In addition to a communal kitchen people had cooking facilities in their own flats so could choose where they wanted to cook and eat. There were risk assessments around people food and hydration and if people were identified as being at risk this was monitored more closely and referred to a professional if necessary.

People’s health care needs, GP and Hospital appointments were recorded in their care plan. Staff told us they were very aware of people’s health requirements and supported them to attend any medical appointments such as GP’s opticians and dental appointments. If a person’s health was to deteriorate and people told us their condition fluctuated, staff referred to other teams as required. This process ensured people’s health needs were consistently monitored and appropriate interventions were sought when needed.

Is the service caring?

Our findings

We observed staff to be kind, caring and sensitive to people's feelings when supporting or speaking with them. People told us that staff were caring and supportive. One person told us it was important to them to be able to trust the staff. People told us they were involved in planning and deciding their care. Staff explained in detail a range of tools that they used to support people who used the service and to help them become as independent as they could be. We saw that staff were not only knowledgeable about people in their care but also they spoke passionately about their achievements.

People told us they were asked about their preferences and we saw that these details were recorded in people's goal setting and objectives within their support plan. One of the tools used in planning people's care and support is the spectrum star which supports and measures change when working with people with Autism. We saw that the spectrum star had a set of values and people were involved as much as possible to achieve their full potential and setting objectives and goals. We saw that staff were caring in their approach and when describing the various achievements of people, they spoke fondly about how 'massive' these small steps were for people.

We saw that people's life histories had been included in support plans and staff again demonstrated how important it was to understand people's individual journeys. They gave some good example of some of the difficult challenges people had overcome. For example how people were treated by society because they were 'different'. We

observed people and staff having meaningful conversations and saw that people were listened to and their contribution was acknowledged as being valuable. Staff talked to people with interest and we saw that this reassured people.

People and staff told us they encouraged people to maintain relationships with family and friends; however not everyone had contact with family and friends and staff told us they respected people's wishes.

People talked about being part of a family and one person said, "It is like one big family here." They then went on to say, "Sometimes we annoy each other but that's normal." We saw staff had good relationships with each other and were supportive of each other.

We saw evidence of people's rights being both protected and promoted. The service promoted people's independence and gave people the skills and support needed to give them the confidence to assert their skills. We saw that staff encouraged, and praised them for achieving what they could. People's privacy was respected and people were treated in a dignified way, as individuals.

We saw that Information was provided to people in a format they could understand and which enabled them to make informed choices and decisions. On the notice board there was a display of helpful information for people including what was going on locally, details of transport links, and contact details for independent advocacy services. People also told us that they had individual 'keyworkers' and had regular sessions to discuss anything they wanted to discuss on an individual basis.

Is the service responsive?

Our findings

The service was responsive to people's needs. People confirmed that they had been involved in their assessments both at the commencement of their support plans being agreed and also with regular reviews. One person told us, "I have been involved in my assessment, and I am always discussing my objectives with my keyworker". Staff told us about the tool recovery star and how they reviewed people's goal and objectives monthly. In addition people told us their 'timetables' were reviewed weekly; these were structures that people had put in place to assist them with achieving their objectives. Staff told us the service was all about supporting people to achieve maximum and optimum independence and have regular discussions to review people's progress. People were supported to go at their own speed, in terms of meeting their objectives.

We saw that staff had the relevant information required to support people appropriately. We saw that information had been used from people's life histories and initial assessments to develop their care and support plans. Information in people's care plans was personalised, was clear, well written and concise. We saw that reviews of support took place regularly and whenever there was a change to the person's needs and or abilities to make sure that people's current needs continued to be met. We saw that the service had been accredited by the National Autism society earlier this year, which demonstrated a real commitment to ensuring the service followed best practice in their approach to supporting people on the Autism spectrum.

People told us they were happy with the support staff gave them around organising things to do. One person told us they enjoyed playing computer games, reading and watching TV. Another person enjoyed music and Football and often attended games. We saw that there were lots of board games and a person told us they often had an evening where a few of the people played games.

People told us they knew how to make a complaint. We saw that the complaints recording form was displayed on the notice board in a prominent position. One person told us they got a copy of the policy when they moved into their home. No one we spoke with had made a complaint. A person told us we can raise issues at house meetings and they were usually resolved.

People's feedback was obtained through regular house meetings, during one to one reviews with key workers and through the completion of an annual survey. People told us they were consulted on all aspects of what went on in the home, including choosing their own décor and furnishings.

We saw that actions from regular house meetings were recorded and reviewed at the following meeting to ensure they had been addressed or if they had not been addressed that there was an update on the progress. This demonstrated that people were listened to and that any suggestions were seen as important and a valuable contribution. The new manager had arranged team house meetings to meet people and introduce themselves to people. People and staff viewed this as an important part of getting to know people as individuals and continuing to build relationships so that they too as a new manager could ensure they were responsive to peoples changing needs.

Is the service well-led?

Our findings

The service was well led. People were positive about the leadership in the home. Everyone knew who the new manager was and said they were positive about the new manager joining the service. Staff were also positive about the leadership in the home and told us they would be confident to speak with the manager, if they had any concerns.

The manager and staff told us there was a good atmosphere at the home and even though the manager was only in their second week, they felt “positive vibes”. The manager had a good understanding of the needs of people who used the service and had a clear vision for the development of the service. People told us they were able to speak to the manager and had seen them several times around the service.

Staff told us they felt comfortable speaking with the manager and felt they had a transparent approach. People told us they had regular house meetings where they could discuss aspects of the service and raise any concerns. One person told us they hoped these would continue as they had been useful for them in the past.

We spoke to several members of staff who all had clear definitions of the roles and responsibilities of the staff in the service. Staff told us about the various audits that they undertook on a regular basis to maintain standards and also to improve the quality of outcomes for people they supported. For example service user files, medication and health and safety to ensure standards were maintained.

The manager told us they were planning to review many aspects of the service and quality assurance was an area that they planned to start with. This included a review of current policies as there were some anomalies around the period for the review of the policies for example policies were implemented at various dates in 2013 and review dates were between 2016 and 2018 meaning some policies were being reviewed after three years and some including medicines policy in 2018, which the manager felt was too long and indicated they wanted the policies to be current. We saw that a survey had been sent to all stakeholders in March 2015 and the results have been evaluated and a report completed with suggested options for improvements.

The director also told us about the overarching objectives for the service and demonstrated a clear and positive vision for the future of the service. The staff told us they were supported outside office hours and there was always a senior person or manager available to give support and or advice.

Daily progress notes were completed detailing important and or specific events and also what sort of day people had and any significant events. This system supported effective communication.

We saw that people’s confidential records were stored securely and could only be accessed by people who had authorisation to access them. Staff records were kept securely and confidentially by the management team.