

Woodham Enterprises Limited

Woodham House Stanstead

Inspection report

336 Stanstead Road
Catford
London
SE6 4XD

Tel: 02086906237
Website: www.woodham-carehomes.co.uk

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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?

Requires Improvement ●

Summary of findings

Overall summary

Woodham House Stanstead is a care home registered to provide care and support to up to five people with mental health needs.

At our last inspection in July 2015 the service was rated as 'Good' overall but 'Requires Improvement' in relation to the key question, 'is the service well-led'? This is because the service did not have a registered manager in post. At this inspection we found the service remained 'Good' overall whilst continuing to require improvement within the well-led domain. This was because the provider did not have a registered manager in post and had exceeded the maximum beds condition of its registration with the Care Quality Commission. The service is registered for up to five people to live in it. We found that six people were living in the service at the time of our inspection. This is a failure to comply with section 33 of the Health and Social Care Act 2008. We are considering the action we will take.

The service did not have a registered manager at the time of the inspection. 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 quality of the service was audited and the service undertook partnership working with external organisations.

The service continued to be safe. Staff received training to protect people from abuse and avoidable harm. There was a robust recruitment process in place to ensure staff were safe and suitable. Staff were deployed in sufficient numbers to meet people's needs in a safe way. People's medicines were administered safely. Food was stored and prepared hygienically.

The service continued to be effective. Staff training, supervision and appraisal remained on-going. People's rights under legislation were upheld and they accessed healthcare services as their needs required.

The service continued to be caring. People told us that staff were kind and caring. Positive relationships existed between people and staff. People were supported to maintain and develop their independence and staff treated people with respect.

The service continued to be responsive to people's needs. People had assessments that identified their needs and care plans which detailed how people's needs would be met. People were supported to participate in the activities they wanted to and their views were gathered by the provider and acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remained Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remained Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remained Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remained Good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not well led. The service did not have a registered manager in post.</p> <p>The service did not adhere to the maximum beds condition of its registration.</p> <p>There were audits in place to check the quality of the service people received.</p> <p>The service worked closely with other organisations to meet people's needs.</p>	<p>Requires Improvement ●</p>

Woodham House Stanstead

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.

This inspection took place on 5 and 7 July 2017. It was unannounced and undertaken by one inspector.

Prior to the inspection we reviewed the information we held about Woodham House Stanstead including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection we spoke with four people, three staff and a manager. We reviewed six people's care records which included needs and risk assessments, care plans, health information, support plans and medicines administration records. We reviewed five staff files which included pre-employment checks, training records and supervision notes. We read the minutes of residents' meetings and team meetings and reviewed the service's complaints and compliments records.

Following the inspection we contacted five health and social care professionals to gather their views about the service people were receiving. One responded.

Is the service safe?

Our findings

Since our last inspection people continued to be safe. One person told us, "It's all good. I'm safe. The staff are good. No worries." Another person told us, "I feel safe when I am here. People can't just walk in off the street. We have security."

People were protected from abuse. The provider ensured that all staff delivering care and support received safeguarding training. Staff we spoke with were able to explain different types of abuse and the actions they would take if they suspected people were being abused. These actions included informing their manager.

People's risks of experiencing avoidable harm were reduced. Staff assessed people's identified risks and took action to mitigate them. For example, people at risk of falling were referred for assessments of their mobility. Staff followed the guidelines produced by healthcare specialists which included supporting people to use walking frames. Where people presented with health associated risks guidelines for keeping people safe were available. For example, care records directed staff as to the actions they should take if they observed signs that a person was becoming unwell quickly due to their health condition.

People continued to receive support from suitable staff. The provider used robust recruitment processes to ensure that staff were safe to deliver care. Prior to their employment the provider interviewed prospective staff and confirmed their identities. Applicant's details were checked against criminal records and lists of people barred from working with vulnerable adults. The provider also confirmed that new staff were eligible to work in the UK.

There were enough staff available at all times to keep people safe. One person told us, "The staff are always here upstairs and downstairs. They're always about." Staff were available throughout the day and overnight in numbers that enabled several people to be supported at the same time. An on call system was in operation which meant that staff could phone a manager at any time to get support and advice at any time.

People received their medicines safely. Staff were trained to administer people's medicines and undertook annual medicines refresher training. People's medicines were stored safely and staff signed people's medicines administration record [MAR] charts appropriately. We found people's photographs were attached to their medicines records to ensure that the correct person received the correct medicine. People were regularly supported with medicines reviews by healthcare professionals to confirm the effectiveness and safe dosage of their prescriptions.

People continued to be protected from the risk of poor food hygiene. Staff were trained to handle foods safely. Food was stored and labelled correctly in the fridge. Colour coded chopping boards were used for the preparation of different food types. For example, white chopping boards were used for floor whilst red boards were used for raw meat. This was to prevent bacterial cross contamination which could cause food poisoning. The service received a four out of five star rating for its food hygiene when checked by the food standards agency. A four star rating which represents 'good'.

Is the service effective?

Our findings

People continued to be supported by competent staff. One person told us, "Staff know what they're doing. They know about medicines and reports and mental health." Another person said, "They get it that I have had problems and help me make my future better than the past I had."

People received care from staff who were trained. Staff undertook training in food safety, fire safety, medicines, safeguarding and first aid. Staff also received training specific to people's needs. This included mental health, learning disabilities and epilepsy. The manager ensured that staff undertook refresher training when required to keep their skills and knowledge up to date.

The support people received was delivered by staff who were supervised. The manager arranged regular one to one meetings with staff to review how people's needs were met. The training and skills staff required to meet people's needs were discussed during supervision meetings. Staff also received an annual appraisal from the manager. This was an evaluation of staff performance in the delivery of support to people and an opportunity to create a personal development plans.

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that where people were subject to DoLS the appropriate documentation from the local authority was in place. This included details of people's mental capacity assessment and the lawful restrictions in place to keep people safe.

People were supported to eat a healthy and balanced diet. One person told us, "The food is good. I prefer fast food but what we get is good for you." People we spoke with told us about their favourite meals and said they were available at the service. People's access to the kitchen was not restricted and people were provided with the support they required to prepare meals.

People had regular access to healthcare services. Staff supported people to meet with healthcare professionals whenever they needed to. For example, people had routine appointments with community psychiatric nurses to support their mental health. People had health action plans into which staff recorded the details of people's health needs and the outcome from appointments.

Is the service caring?

Our findings

People continued to receive care and support from caring staff. People told us that the staff supporting them were kind. One person told us, "This is the best care home I've lived in. The staff care about me and want me to do well." Another person told us, "I like it here. The staff are good. The staff are really nice to me."

People were supported to make decisions about how they received their support. One person told us, "I decide what to do. I discuss things with staff." A member of staff told us, "We respect people's choices even when we don't think it's a good one. For example, [Person's name] refused to wear hearing aids. Their decision was respected and relayed to healthcare professionals."

People received information from the provider to help them make choices about their care. The manager made sure people understood the service provided at the care home. People were given a service user guide which explained the goals of the placement and how they would be met. The provider also gave people tenancy agreements which clearly set out people's rights.

People's independence was promoted. People were supported to develop their independent living skills. The support people required to undertake tasks was noted in care records. For example, care records showed that one person who was verbally prompted to fold and then put away their laundry. People were supported to develop their independent cooking skills. People rotated cooking the evening meal with support ranging from physical assistance to verbal prompting and supervision.

People's privacy and dignity continued to be respected. One person told us, "Staff knock on my door. I say "wait a minute" or "come in". It all depends really. They never just walk in though." Another person told us, "I have a key. I lock my door. Staff have respect for my personal space." Care records were written in a manner that promoted people's dignity and highlighted people's strengths. People stated in their care records what they thought others admired about them. These included, "My rapping", "My sense of humour and my kindness" and, "Being calm and relaxed."

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. People's needs were assessed by health and social care professionals before receiving a service from staff in the care home. People's needs were reviewed regularly and each person had a care plan which guided staff in meeting people's identified needs.

People remained active and participated in a range of activities they chose. We found people were supported to attend college and studied courses including computer skills, art, carpentry, maths and English. People were supported to gain employment experience through voluntary work with local charity shops. People told us they enjoyed the activities which they did with staff locally which such as, eating out, going to the pub and to the cinema. Three people were supported to attend local church services regularly.

The provider gathered people's views and acted on the information received. People's views about their care and support were gathered by the provider in a survey. The most recent survey results were from December 2016 and showed that 71% of people wanted more activities. At the time of the inspection the provider was responding to this information by increasing the types and amount of activities that staff supported people with. People met regularly in residents' forums to share experiences and raise issues. Staff attended these meetings to answer questions and record minutes. Minutes were made available for those who could not attend and for later reference.

People's behavioural support needs were managed. Staff had guidance in care records on how to provide effective support when people presented with behaviours which may challenge. Guidance included the actions staff could take to prevent a person's anxiety increasing. For example, one person's care record stated that staff should, "Avoid interrupting [person's name] when they are speaking." Distraction techniques were detailed in care records. Distraction techniques are forms of redirection used by staff to deescalate situations in which people are becoming anxious and agitated. These techniques included suggesting activities, changing the subject of conversation and offering praise. This meant staff used planned intervention to support people's needs.

People told us they understood how to raise a complaint. Information on how to raise a concern was available in the service user's guides which were given to people when they moved into the service. How to make a complaint was also discussed with people in the residents' forum. No complaints had been received by the provider in the last 12 months.

Is the service well-led?

Our findings

At our last inspection the service was rated 'requires improvement' in this key question. This was because the service did not have a registered manager in post which is a condition of the provider's registration with the care quality commission. At this inspection we found that the service still did not have a registered manager in post. However, the current manager who had been in post for two months had applied to CQC and was in the process of registering with us. At this inspection we found that the provider organisation had breached a condition of registration by accommodating six people at the care home whilst being registered to accommodate a maximum of five people. We checked to ensure that people remained safe despite the service being in breach. We found there were sufficient staff deployed to safely support all six people. Each person was receiving the level of input they required from health and social care professionals and each person was supported in line with their care plan. The manager told us they were unaware that an application by the provider to vary the maximum beds condition had been rejected by CQC in 2015. CQC rejected the application due to the errors it contained and informed the provider at the time. The manager assured us that they would take action by submitting a new application to increase the number of people who could be accommodated at the service. Following our inspection the manager submitted a new application.

This was a failure to comply with a condition of registration under section 33 of the Health and Social Care Act 2008.

People and staff spoke positively about the manager. One person told us, "I think she is a good manager. When she comes in she talks to us and the staff and makes this get done." Another person said, "She's kind of good. She talks to you and has a laugh. I like her." A member of staff told us, "[The manager] is knowledgeable and confident. She understands what she is doing and what she wants the rest of us to do."

The quality of care people received was checked by the manager. The manager undertook spot checks. These involved observing staff providing care and support and recording how well they completed care tasks. For example, records showed the manager observed how staff communicated with people and made entries into care records. The manager coordinated a programme of audits. These included checks of the environment, health and fire safety, care records and medicines. Actions were undertaken where shortfalls were identified.

The manager worked in partnership with others to promote the best interests of people receiving care and support at Woodham House Stanstead. The manager collaborated with health and social care professionals. For example, the manager liaised community psychiatric nurses, social workers, occupational therapists and a consultant psychiatrist who regularly met with service users. The manager also attended the local authority's provider's forum where good practice was shared. The rating for the service was on display and the manager kept CQC notified about important events at the service.