

Woodham Enterprises Limited

# Woodham House Stanstead

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Woodham House Stanstead is a care home that provides care and support for up to six people with mental health needs, people with learning disabilities and autistic people. At the time of the inspection there were 6 people using the service.

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

**Right Support:** Risks to people's health and wellbeing were managed well and people were included in the risk management processes. The provider supported people to take their medicines safely. There were adequate infection control processes in place. Staffing levels were sufficient to maintain people's safety and ensure their health and social needs were met.

**Right Care:** Staff understood people's cultural needs and supported people in line with their needs and preferences. Staff had support and ongoing training to ensure they had the skills to meet the needs of people. However, we have made a recommendation about providing positive behaviour support training. People told us they were supported to achieve goals and their cultural needs were upheld.

**Right Culture:** The ethos, values, attitudes and behaviours of leaders and care staff ensure people lead confident, inclusive and empowered lives. The provider worked in partnership with other health and social care professionals to review people's care and support plans. There were processes in place to gather feedback from people, their relatives and professionals. We received positive comments about how the registered manager led the team to provide person-centred care.

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. We have made a recommendation about recording best interests' decisions.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 4 April 2020).

### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the

service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of violence and aggressive behaviours. This focused inspection was carried out to seek assurance that people were being protected from harm.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

#### Recommendations

We have made recommendations about providing positive behaviour support training and improving the process of recording best interests decisions.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Woodham House Stanstead

## 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 was carried out by 1 inspector.

#### Service and service type

Woodham House Stanstead is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Woodham House Stanstead is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

### 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

### During the inspection

Inspection activity started on 14 April 2023 and ended on 19 April 2023. We spoke with 3 people receiving care and support. We spoke with the registered manager, the deputy manager and two support workers. We reviewed care and medicine records of three people and we looked at 5 staff files in relation to recruitment, induction, supervision, and training. We also looked at a sample of policies and procedures and records related to the management of the service.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to ensure people receiving care were protected from harm or abuse. Staff received regular training and showed a good understanding of safeguarding procedures when we spoke with them. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously. One member of staff told us, "Safeguarding means it is everyone's responsibility to ensure vulnerable people in our care are safe from harm."
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC and they conducted prompt investigations when necessary. One local authority professional told us, "I have been satisfied that a recent in-house safeguarding investigation conducted by the registered manager who has appropriately managed risks to the service user in question. The investigation was completed in a timely manner, appropriate parties were consulted, and the service user's wishes were listened to."

Assessing risk, safety monitoring and management

- Risks to people's health and safety were identified, assessed and reviewed regularly by experienced staff and people told us they felt safe. The risks associated with violent behaviour had been assessed and guidelines put in place for staff to follow to mitigate the risks to people receiving care.
- People and their relatives told us they were satisfied with how the service was keeping them safe. One family member told us, "I am 100% happy [family member] is safe. There are always staff available to support them out to ensure their safety when they are out and about."
- Staff showed a good knowledge of the potential risks to people and knew what they should do to ensure people's safety was maintained. One member of staff told us, "We are always reviewing and discussing the risks to people. Everyone is different so they all have different risks and different ways of managing them."
- Personal emergency evacuation plans (PEEPs) were in place to give staff guidance on what support people required to evacuate safely in the event of a fire.

Staffing and recruitment

- There were enough staff on duty at all times to ensure people's needs were safely met. One member of staff told us, "Yes there are enough staff and where there is need for additional staff the [registered] manager sorts this out immediately."
- The service followed safe recruitment processes. Pre-employment checks included candidates' right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

Using medicines safely

- People's medicines were well managed. Staff who supported people to take their medicines had completed appropriate training and their competency had been assessed.
- People's medicines were checked regularly by the registered manager and any issues were promptly investigated. There were processes in place to ensure medicines were stored securely and at the correct temperature.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- There were appropriate systems in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager who ensured all necessary steps were taken to maintain safety after incidents occurred.
- The provider used staff meetings to discuss previous accidents and incidents to ensure the whole team learnt from these, so they could be avoided in the future.



# 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 the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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).

- The provider was not always working within the principles of the MCA. Some people did not have capacity to make some decisions about some aspects of their care and support, however, the provider had not documented the best interest process they had followed for some temporary restrictions that had been put in place in the person's best interests. We discussed this with the registered manager during the inspection. They acknowledged this oversight and assured us they would update the appropriate records immediately. We received confirmation after the inspection this had been done.

We recommend the provider reviews their processes to ensure they are working in line with the MCA and documenting all best interest decisions.

- The provider had made all the necessary DoLS applications when people did not have capacity to consent to their care and support.

Staff support: induction, training, skills and experience

- Staff told us and records confirmed staff received a wide range of training to meet the needs of people receiving care. However, many staff had not received positive behaviour support training which is a key need for people who use this service. Positive behaviour support is a way of identifying the causes and reasons for distressed behaviours that affect autistic people and people with learning disabilities with the aim of helping people to reduce these. This training need was also identified by a professional who worked with the service. They told us, "It would be beneficial for the team to have a greater understanding of different models of behaviour support/management."

We recommend the provider seeks advice from a reputable source about how they can provide specialised positive behaviour support training.

- The provider was aware of the change in regulations related to specific training for staff that supported people with a learning disability and autism, as was now a legal requirement. We saw the provider had ensured his staff completed this training in line with current guidance.
- Staff told us they received an induction and regular supervision and training to enable them to carry out their role effectively and records confirmed this. One member of staff told us, "I shadowed for a week and I had the opportunity to read the care and support plans and risk assessments as well."
- We received positive feedback from professionals about the skills of the staff. One professional told us, "I have observed care staff to be understanding of ritualistic behaviour and language and to also be understanding of requests stemming from the person's diagnosis."

Adapting service, design, decoration to meet people's needs

- The provider had not done all they could to ensure the design and decoration of the home met people's needs and choices. Most people had not been supported to personalise their rooms and the communal areas needed re-decoration. This corresponded with feedback we received from one person who used the service. They told us, "I would like the walls in my room to be painted as they don't look very nice."
- The provider had a fire risk assessment conducted by a qualified fire risk assessor which had identified several fire safety issues which had not been remedied. We raised these issues and they have provided an action plan detailing how they will resolve the fire safety issues and improve the décor in the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before admission to ensure the service could provide effective care and support. Care guidelines were devised in consultation with people and other professionals and these were reviewed on a regular basis to monitor progress towards agreed goals.
- Care and support was delivered in line with the law and guidance. People's ability to manage their oral care was assessed and guidelines were in place to ensure staff supported people appropriately to maintain their oral health.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food that was prepared, and they participated in the menu planning, food shopping and food preparation.
- Staff encouraged people to make healthy choices when planning meals and people's food intake was recorded so the service could be sure people were eating a balanced diet.

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

- The service worked with a range of health and social care professionals to ensure people's needs continued to be met. This included community psychiatric nurses, psychologists, speech and language therapists and social workers.
- Hospital passports had been developed for people using the service. Hospital passports contained detailed personal and health information about people which could be shared with hospital staff if they were admitted to hospital.
- There were guidelines in place to ensure staff knew how to support people to manage health conditions such as diabetes and epilepsy. People were supported to attend routine medical appointments with their GP and other health professionals as required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence 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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service worked to achieve positive outcomes for people. The provider worked in partnership with community mental health professionals and facilitated regular meetings to review people's care and support.
- People told us they were treated well by staff who supported them in the way they wanted. Positive feedback included, "Yes the staff are very helpful and always here if you need anything" and "The staff are very kind and support me to go out to my classes or out for a meal when I want."
- There was information in place to ensure staff understood people's cultural needs including culturally specific dietary needs.
- Staff were positive about the culture of the organisation and the way the team worked to support people's needs and choices. One support worker told us, "The culture of the organisation is to promote values that enhance individuals' choices and rights and ensure service users are listened to and they get involved in making their own decisions."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest and give people all the relevant information when things went wrong. They also understood their responsibility to send the appropriate notifications to CQC after significant events occurred.

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

- Staff were clear about their roles. The registered manager demonstrated a clear understanding of their responsibility to monitor and mitigate risks to people using the service. Support workers understood their responsibilities to provide safe and effective care and seek advice from the manager when needed. One member of staff told us, "Yes, the manager is very supportive and responds even during unsocial hours."
- The registered manager was responsive and took action to resolve the issues we identified with the home environment and lack of records related to best interests decisions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider engaged with people using the service, staff and professionals. Feedback was sought

through regular satisfaction surveys. The most recent survey showed that people were generally satisfied with the quality of the care being delivered.

- There were regular residents' meetings to discuss the running of the home, health and safety, menu planning and activities.
- The registered manager arranged regular staff meetings to discuss the quality of the service, plan improvements and to keep all staff informed about relevant information and up to date with relevant policies and procedures such as whistleblowing. One member of staff told us, "The team meetings are used to discuss ongoing risks and make sure we are all working the same way."
- There were regular quality assurance audits of the service which looked at key areas such as people's medicines, health and safety, infection control and people's care and support records.

#### Working in partnership with others

- The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs.
- We received positive comments from professionals about how the service worked in partnership with them to plan and deliver care and support. One health and social care professional told us, "The [registered] manager is very engaging, works to actions and is willing to learn."