

Waterfield Supported Homes Limited

Waterfield Supported Homes Limited - 23 Broadfield Road

Inspection report

23 Broadfield Road, Catford,
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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

Waterfield Supported Homes Limited - 23 Broadfield Road is a care home for seven people with mental health needs. The previous inspection of the service took place on 13 August 2013. It met all the regulations we checked at that time. This unannounced inspection took place on 17 April 2015.

The service has a registered manager. 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 who use Waterfield Supported Homes Limited - 23 Broadfield Road were safe. Community psychiatric nurses told us the service provided safe and effective care and support to people with complex mental health needs. They said the community mental health team held the

Summary of findings

service in high regard because it had ensured the best possible quality of life for people. Staff supported people to receive their medicines safely as prescribed. People told us they felt safe.

The registered manager and staff were skilled and experienced. The registered manager had ensured staff received relevant training and were supported in their work role. People were treated kindly by staff who understood their needs and respected their views. Care and support was planned and delivered with people's consent.

The registered manager made checks on the quality of the service. She asked people and staff for their views of the service. Incidents were recorded and staff undertook appropriate follow up action to keep people safe.

The registered manager worked constructively in partnership with the community mental health team to plan and deliver people's support. People received effective support in relation to their mental health and physical care needs.

Some risks to people whilst they used the service had not been fully assessed and some people's care records did not have up to date information about how the service supported them in relation to their preferences and interests.

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 supported people to receive their medicines safely as prescribed. Staff understood how to protect people by recognising and reporting concerns about abuse.

Risk management plans were developed in partnership with the community mental health team. Community psychiatric nurses told us the service cared for people safely.

Some people's risk management plans required further development because they did not include information on how the service protected them from risks in relation to their use of Waterfield Supported Homes Limited - 23 Broadfield Road.

Good



Is the service effective?

The service was effective. Community psychiatric nurses told us people were supported by staff who understood their complex needs. The registered manager ensured staff had appropriate training and support.

People were supported to access the healthcare they needed. People received nutritious meals which they enjoyed.

People had the mental capacity to consent to their care. Staff only delivered support if people agreed to it. The registered manager understood how to implement the deprivation of liberty safeguards (DoLS) should this become necessary.

Good



Is the service caring?

The service was caring. People told us staff were kind and caring. People's dignity and privacy was respected by staff. People said they were able to make decisions about how they were supported.

People's background and preferences were understood by staff.

Good



Is the service responsive?

The service was responsive. People's care and support was planned when they first moved into the service. The registered manager had reviewed people's support each year. Community psychiatric nurses told us the service had responded appropriately to meet people's individual needs.

Some people's support plans required further review and development because they did not have full details of all the support they received from the service.

People were asked for their views of the service and staff took appropriate action in response. The registered manager responded to complaints.

Good



Is the service well-led?

The service was well-led. Staff and people who use the service told us the registered manager was open and approachable and listened to them.

Community psychiatric nurses told us the registered manager had ensured that staff worked consistently in partnership with the community mental health team to meet people's needs.

Good



Summary of findings

The registered manager had carried out checks on the quality of the service people received. She had taken appropriate action when incidents occurred.

Waterfield Supported Homes Limited - 23 Broadfield Road

Detailed findings

Background to this inspection

This inspection took place on 17 April 2015 and was unannounced.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. It 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.

The inspection was carried out by one inspector. Before the inspection we reviewed the information we had about the service. We used this to plan the inspection.

During the inspection we spoke with three people who use Waterfield Supported Homes Limited - 23 Broadfield Road. We spoke with the registered manager, a deputy manager, a supervisor, a member of care staff and the cook.

We read three people's care records. We read seven people's medicines administration records. We looked at three people's staff files and information on their recruitment, training and supervision. We reviewed management information on the checks that had been carried out to ensure the quality of the service.

After the inspection we spoke with two community psychiatric nurses who supported people who use the service.

We have obtained people's permission to use the quotes in this report.

Is the service safe?

Our findings

People told us they felt safe and were happy at Waterfield Supported Homes Limited - 23 Broadfield Road.

Community psychiatric nurses told us the service had provided care and support which had consistently, for several years, protected people from risks to their health and well-being.

People told us they were prescribed medicines to help maintain their mental health. They said staff supported them with these. A person said, "I need my medicines to keep well and staff remind me to take them." People said staff helped them get in touch with their community mental health team or their GP if they had any questions about their medicines which staff could not answer.

Staff accurately completed medicines administration record (MAR) charts. For example, during the inspection a person told us they had just had their medicines but had declined their medicines on the previous day. We saw that staff had appropriately noted which medicines the person had not taken on their MAR chart.

Staff told us they worked closely with health professionals to ensure people to received appropriate support in relation to their medicines. A community psychiatric nurse told us, "The staff provide excellent support to people with their medicines and are very quick to involve us if there are any problems or questions."

Most people had lived at Waterfield Supported Homes Limited - 23 Broadfield Road for several years. Prior to their admission to the service, each person's community mental health team had sent the registered manager information about risks to the person's health and safety and how these were managed. Care records included a plan which the service had developed from this information. The plan explained the steps staff should take to protect the person from the identified risk. For example, a person's records stated they were at risk of financial exploitation when they went out. Measures were in place to support the person to go out when they wished, whilst ensuring their finances were protected. For example, staff assisted the person to plan how much money they should take with them when they went out and how much they should keep safe to

spend in future. The person told us they were happy with these arrangements which enabled them to enjoy their social life and still have money available to spend as they wished.

Staff reviewed risk management plans each year. Staff completed a report on the person's circumstances to the community mental health team in order that psychiatrists and community psychiatric nurses could also contribute to the assessment of risk. The community mental health team sent the service a revised risk management plan for each person every year.

During the inspection we confirmed that the risks to people's mental and physical health, which were identified when people first started to use the service, had not significantly changed in the past few years. However, some people's risk management plans did not fully address the risks to their safety in relation to their use of Waterfield Supported Homes Limited - 23 Broadfield Road. For example, during the inspection a person used a stair lift to go upstairs to their bedroom. There was no risk management plan in place in relation to the person's use of this equipment. We could not be certain the registered manager had protected the person from the risk of an accident whilst using the stair lift.

People told us there were enough staff available to provide the support they needed. A person said, "There always staff around to talk to." The registered manager had ensured that new staff were suitable to work at the service. She had only employed staff after rigorous recruitment checks. Interviews were held, references were obtained and a criminal records check was carried out.

People told us that staff treated them well. A member of staff told us how they would recognise signs that people were being abused and the actions they would take in response. For example, they knew how to use the service's safeguarding procedures to report concerns about abuse to the local authority.

There was equipment in place to deal with a fire and regular fire drills were held. However, the service did not keep detailed notes on how people had responded when the evacuation of the building was practised. Therefore, it was not clear whether any lessons were learned from fire drills in order to improve people's safety if there was a fire.

Is the service effective?

Our findings

People told us they made decisions about what they did each day and staff asked them how they wished to be supported. A person said, “I just go out if I want to.”

Care records showed people had the mental capacity to make decisions about their care and support and did not come within the scope of the Mental Capacity Act 2005. People’s decisions and choices were respected. For example, a person told us that staff supported them to attend pre-booked health appointments. They said staff always asked them if they wished to attend the appointment. They said that if they did not wish to attend they had a discussion with staff about it and decided what action to take. The registered manager was able to explain to us how she would put into practice the Deprivation of Liberty Safeguards (DoLS) should this become necessary.

People received care and support from staff with appropriate skills. Records showed staff had completed on-line training in relevant topics such as safeguarding, mental health awareness and the management of medicines. Staff were enrolled in relevant professional training such as the Level 3 Diploma in Health and Social Care. A community psychiatric nurse confirmed that staff from the service had attended training provided by the community mental health team (CMHT). They said the registered manager and the staff were very skilled and experienced and provided effective support to people with complex mental health needs.

A member of staff told us about their induction, support and training. They said the registered manager had ensured they were trained to carry out their work role effectively. Staff received regular one-to-one support from a supervisor. Brief notes of these supervision sessions showed the staff discussed their work role and their training needs.

We read a report of a member of staff’s annual appraisal. This included the registered manager’s assessment of the

member of staff’s ability to carry out their work role. For example, the registered manager had observed a staff member supporting people with their medicines and confirmed they did so competently.

People told us they had a choice of food available to them. They said they were asked about what food they liked and there were regular meetings with the chef about the menu. They said drinks and meals were served at specific times and they were happy with this arrangement. A person told us they could access food and snacks at other times if they wished.

The service identified people’s individual needs in relation to their diet. For example, a person told us that, due to the risks of adverse side effects from a medicine they received, they could not eat certain foods. This information was clearly written in their care plan and staff and the chef understood what food the person could safely eat and those which they should avoid. The person told us they received nutritious tasty meals which met their dietary requirements.

All of the people using the service were in contact with their community mental health team (CMHT). A community psychiatric nurse from this team told us staff in the service worked effectively in partnership with them to support people’s mental health needs. They said the registered manager and staff at the service were alert to any changes in people’s mood or wellbeing. They said staff promptly took appropriate action to engage the CMHT if there were any signs people were becoming mentally unwell and acted on the advice they received on how to deliver people’s support.

During the inspection we observed that a person appeared physically unwell. Their care records showed that staff had appropriately involved the person’s GP the previous day and there were plans in place to undertake follow up action to ensure the person had appropriate healthcare. People told us they were supported to go to the dentist and optician. Care records showed that staff had supported people to attend hospital outpatient appointments.

Is the service caring?

Our findings

People told us the registered manager and the staff were caring. A person said, "There is a nice atmosphere here. The staff are lovely and always kind to me." During the inspection we observed that the registered manager and staff were patient and friendly with people.

A community psychiatric nurse told us, "From my observation, staff really understand people's complex mental health needs and always respond to people politely."

People told us that staff upheld their dignity and privacy. A person said staff did not come into their room without permission. They said, "The staff always knock on my bedroom door in the mornings, if I haven't got up, to see if I am alright."

People told us they were able to make decisions. They said they were able to decorate and arrange their bedrooms as they wished. They said they shared a bathroom with other people and took their own toiletries into the bathroom to use. They said staff supported them to look after personal possessions that were important to them.

Staff respected people's preferences. A person told us how staff were supporting them to find a leisure activity by looking at what was available in the local area.

Staff we spoke with knew about people's background and their needs. People said they were mainly supported by staff who had worked in the service for several years. They said they felt comfortable with staff because they had got to know them over a period of time. People told us they knew all the staff in the service and this made them feel more comfortable. A person said, "I know the staff and they know me which is good. We can have a laugh together."

People told us they got support when they needed it. A person said, "If I want to do something they will help me with it." For example, people said they received support from staff to keep in contact with their friends and family.

People told us they were involved in decision-making meetings with the staff and community mental health team (CMHT) professionals. They said they were asked for their opinions about how their support should be provided. A person said, "I am involved in meetings about living here and staff and I agree what should happen. They ask me what I think."

Is the service responsive?

Our findings

People told us they got the individual care and support they required. A person told us staff supported them with their medicines, meals and finances. They said staff had encouraged them to be as independent as possible and supported them to choose how to spend their time. They said staff asked them about the care and support they needed when they first moved to the service and had then asked them what they thought about it at regular meetings.

Care records showed that staff had planned people's care and support with the input of the community mental health team (CMHT). Plans included information on how the service promoted people's mental health. For example, a person's care plan explained how staff encouraged them to keep in touch with their family as this was important for their wellbeing. Daily records were completed which showed whether staff had delivered people's support as planned.

Community psychiatric nurses told us they considered the service had delivered support that met people's individual needs. A community psychiatric nurses told us "I do not think [person's name] needs could have been better met in in any other service. The support they have received has kept them as well as possible."

People's care plans were put in place when they first moved into the service several years ago. The registered manager had reviewed each person care plans every year and had noted the plan had not been amended because it still reflected the person's needs and preferences. We were concerned about this and tracked these care plans against the current needs of three people. People's needs in terms of their mental and physical needs had not changed. One person told us that staff had discussed their leisure preferences with them and were supporting them to find activities to do. Two other people told us they were sometimes bored and would like to do more interesting activities. Staff explained to us how they supported a person in relation to their personal possessions. Their care plan did not include information on this. People's care plans required more thorough review and development.

People told us they were happy with the service and said if they had any concerns they would raise them with the registered manager. We read notes of regular meetings which staff held with people to obtain their views of the service. People had made suggestions about the menu and going on group outings. Staff had taken action in response to people's ideas.

People told us they knew how to make a complaint if they needed to. The registered manager had responded appropriately in writing to a complaint made by a relative.

Is the service well-led?

Our findings

The registered manager of Waterfield Supported Homes Limited - 23 Broadfield Road was also the registered manager for another service located nearby.

She was in day to day contact with people and staff at Waterfield Supported Homes Limited - 23 Broadfield Road. For example, when we made our unannounced visit she was at the service reviewing daily care records and talking to staff and people. Staff and people using the service told us the registered manager was approachable and respected their opinions.

Staff told us the registered manager had ensured they knew what was expected of them in relation to how they treated people and carried out their work role. For example, staff said the registered manager had explained to them that people's consent to their care and support should always be obtained. Staff said the registered manager supported them to uphold this principle, and ensure people were as safe as possible, by ensuring there was appropriate follow up when a person's care was not delivered as planned. For example, by ensuring staff gained people's consent to re-arrange missed healthcare appointments.

Staff said they were able to discuss any difficulties in relation to the provision of people's care and support at team meetings. Notes of these meetings confirmed staff planned how to effectively deliver people's support.

Community psychiatric nurses told us the registered manager effectively led the service and ensured communication with the community mental health team (CMHT) was open and constructive. They said the service was highly valued by the CMHT because of the quality of support people received.

The registered manager monitored the quality of the service. Staff told us she reviewed care records to ensure they were accurate and up to date. For example, we saw that the registered manager checked daily records and medicines administration record (MAR) charts to make sure they had been fully completed by staff. She carried out appropriate health and safety checks on the maintenance of the building.

The registered manager took appropriate action when incidents occurred at the service. For example, when a person had become suddenly unwell, the incident report evidenced that appropriate emergency and follow up healthcare had been obtained. When appropriate, notifications about incidents had been sent to the CQC.