Care Quality Commission

Royal Mencap Society

Woodlawn Crescent

Inspection report

8-10 Woodlawn Crescent
Whitton
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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

This was an unannounced inspection that took place on 6 July 2015.

Woodlawn Crescent is a care home that supports up to four people with a learning disability. The home is managed by the Royal Mencap Society and is situated in Whitton in the London Borough of Richmond Upon Thames.

The home had a registered manager, although they were in the process of transferring to a new post within the organisation. An application had been made for a new 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 and associated Regulations about how the service is run.

In August 2014, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

People and their relatives told us a good service was provided by the home and people enjoyed living there.

Summary of findings

They chose the activities they wished to do, either individually or as a group, although one relative felt the quality and choice of activities had declined. They said and we saw that staff provided the care and support people needed.

During our visit the home's atmosphere was warm, inclusive and enabled people to make their own choices and decisions. It was well maintained, furnished, clean and provided a safe environment for people to live and staff to work in.

The records were comprehensive and kept up to date. The care plans contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties efficiently.

The staff we spoke with knew the people they worked with and field they worked in well. They had the appropriate skills and training required to meet people's needs and they were focussed on providing care and support for each individual in an enabling, friendly and professional way. They were trained and skilled in areas including behaviour that may challenge, de-escalation techniques and about learning disabilities in general. They made themselves accessible to people using the service and their relatives when required. Staff said they had access to good training, support and career advancement.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. They said they liked the choice and quality of food provided. People were encouraged to discuss health needs with staff and people had access to community based health professionals, as required. During our visit staff knew when people were experiencing discomfort and made them comfortable.

The management team at the home, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided. Although one relative commented that whilst the acting manager was approachable, they were not as responsive as the previous manager.

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.

People said that they felt safe and we saw that they lived in a risk assessed environment.

There were safeguarding and de-escalation procedures that staff followed.

The staff were vetted, trained and experienced.

People's medicine records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Good

Is the service effective?
The service was effective.

People's needs were assessed and agreed with them.

Specialist input from community based health services was provided.

Care plans monitored food and fluid intake and balanced diets were provided.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interests' meetings were arranged as required.

Good

Is the service caring?
The service was caring.

People felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they preferred to be supported were met and clearly recorded.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Staff provided good support, care and encouragement.

Good

Is the service responsive?
The service was responsive.

People chose and joined in with a range of recreational and educational activities. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

People and relatives told us that any concerns raised were discussed and addressed as a matter of urgency.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The home had a positive culture that was focussed on people. People were familiar with who the acting manager and staff were.

The acting manager and staff enabled people to make decisions by encouraging an inclusive atmosphere.

Staff were well supported by the acting manager and advancement opportunities available to them.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Woodlawn Crescent

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 checked 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 was an unannounced inspection and took place on 6 July 2015.

This inspection was carried out by one inspector.

There were four people living at the home. We spoke with four people, two relatives, three care workers, and the interim manager who had applied for registration with the Care Quality Commission. The registered manager was not present during our visit.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for four people using the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We contacted two health care professionals to get their views.

Good

Is the service safe?

Our findings

People said they felt safe at the service and using services and amenities within the community. One person said, "I'm fine, it's nice here." Another person told us, "I like living here." A relative said, "The home provides a safe environment."

Staff had received mandatory induction and refresher training in how to identify abuse and the action they would take if they thought abuse was happening. Their answers followed the provider's policies and procedures. There was also a poster regarding adult abuse displayed on a noticeboard in the lounge that gave people contact information. During our visit people were given the time they needed and attention to have their needs met safely. Staff treated everyone equally and fairly. They had also received safeguarding training, understood how to raise a safeguarding alert and knew when this should happen. There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from.

People's care plans contained risk assessments that enabled them to take acceptable risks and enjoy their lives in a safe way. The risk assessments included their health, daily living and social activities. The risks were reviewed regularly and updated if people's needs and interests changed. The team shared information regarding risks to individuals including any behavioural issues during shift handovers, monthly staff meetings and if they occurred during a shift. The home also kept accident and incident records and there was a whistle-blowing procedure that staff said they would use if required. There were general risk assessments for the house and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained. The home had a restraint policy based on de-escalation and staff received training regarding behaviour that may challenge. They were also aware of what constituted lawful and unlawful restraint.

The provider had a comprehensive staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's communication skills and knowledge of learning disabilities. References were taken up and security checks carried out prior to starting in post. There was also a probationary period. People using the service were included in the interview process.

The staff rota showed that support was flexible to meet people's different needs, at different times. The staffing levels during our visit met those required to meet people's needs. This was reflected in the way people did the activities they wished safely. There were suitable arrangements for cover in the absence of staff due to annual leave or sickness. The home currently had two staff vacancies that were being recruited to and used bank rather than agency staff to cover shifts for continuity. This was because bank staff were more familiar to and with people using the service. Bank staff were provided with individual support summaries and a checklist to help them familiarise themselves with the home and people who lived there.

The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood them.

Medicine kept by the home was regularly monitored at each shift handover and audited. The drugs were safely stored in a locked facility and appropriately disposed of if no longer required. The staff who administered medicine were appropriately trained and this training was refreshed annually. They also had access to updated guidance. The medicine records for all people using the service were checked, fully completed by staff and up to date.

Good

Is the service effective?

Our findings

People told us they felt that staff helped them to do the things they enjoyed and wanted to do in their lives. One person said, "I'm going out to the pub next Friday for my sister's birthday." Another person said, "I'm going out for dinner this week." A relative told us "When my (person using the service) visits, they always have appropriate clothes packed, medication information is provided and they are accompanied on the journey." During our visit staff communicated with people in a clear way that enabled people to understand what they were saying. They were also given the opportunity to respond at their own speed.

Staff received induction and annual mandatory training that equipped them to support and meet people's needs in an effective way. The induction followed the Skills for Care 'Common induction standards', was module based over 12 weeks and included an induction pack. New staff spent time shadowing experienced staff as part of their induction to increase their knowledge of the home and people who lived there. The training matrix identified when mandatory training was due. Training included infection control, manual handling, medication, food hygiene, equality and diversity and first aid. There was also access to specialist service specific training such as dementia awareness, end of life and behaviour that may challenge. Staff meetings included scenarios that identified further training needs. Quarterly supervision sessions and annual appraisals were partly used to identify any gaps in training. There were staff training and development plans in place.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and awaiting authorisation decisions. People's 'best interests meetings' were arranged as required and reviewed annually. The 'best interests meetings' took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The care plans we looked at included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding the type of support required at meal times contained in their care plans. One person required their meals cut up, whilst someone else liked to eat by themselves using a special plate. This was accommodated by staff. People were asked what meals they wanted to eat, encouraged to take part in preparation and advised about healthy options. There was a balance between people eating the meals they enjoyed and eating healthily. Easy to understand nutritional guidance was available for people that staff explained to help them understand. One person was having their lunch and a staff member advised them to be careful as the food was hot and they might burn their mouth. Another person was reminded to wash their hands before eating. There were regular visits by a local authority health team dietician and other health care professionals in the community. People had annual health checks. Staff said any concerns were raised and discussed with the person's GP as appropriate. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

Health care professionals we contacted after the visit said they had no concerns with the service provided.

Good

Is the service caring?

Our findings

During our visit people made decisions about their care and the activities they wanted to do. Staff were familiar with people, aware of their needs and met them. The atmosphere provided was comfortable, relaxed and we saw people enjoyed it. One person told us, "I like (member of staff), they aren't here today and I miss them." Another person said, "They (staff) are all nice to me". A relative said, "The care is of a good standard, staff do very well and (person using the service is always happy and cheerful."

Relatives said and we saw that the staff treated people with compassion, dignity and respect. The staff met their needs and people were supported to do what they wanted to, when they wanted to. Staff listened to people, their opinions were valued and staff acted on them in a friendly and helpful way. Staff had received training about respecting people's rights, dignity and treating them with respect that was reflected in their care practices and patient approach to people during the inspection. They were skilled and knew people, their needs and preferences very well. They made the effort to ensure people enjoyed their lives. One person decided to go out for lunch when we visited. They were asked if they wanted to go by cab, walk or go by cab one way and walk the other. It was explained that the walk was a healthier option, getting some fresh air and the person decided on the third option that they were given. They were given as much time as they needed to decide. Everyone was encouraged to join in activities and staff made sure no one was left out.

Staff continually made sure people were involved, listened to and encouraged to do things for themselves, whilst not being overpowering. One person was content to watch tennis on television and accommodated to do so. They said, "I should be playing tennis." Another person replied "me too". One person made themselves a cup of tea with staff in attendance, but not taking over. Other people were supported to make snacks and lunch. Staff facilitated good, positive interaction between people using the service and promoted their respect for each other during our visit. A lot of activity took place in the lounge and dining area. There was good natured banter between people using the service as well as with staff and people were encouraged to join in with what was going on.

Staff spoke to people at a speed that they could understand and follow. They were aware of people's individual preferences for using single words, short sentences, repetition and gestures to get their meaning across. Staff spent time engaging with people, talking in a supportive and reassuring way that people's body language indicated was acceptable to them and they liked. There were numerous positive interactions between staff and people using the service throughout our visit.

There was access to an advocacy service through the local authority. Currently people did not require this service. The home had a confidentiality policy and procedure that staff were made aware of, understood and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. Relatives said they were always made welcome and treated with courtesy. This was what we found when we visited. One person liked to answer the door and was encouraged and enabled by staff to do so as people came and went.

Good

Is the service responsive?

Our findings

People and their relatives said that they were asked for their views and opinions by the home's manager and staff. They were given time to decide the support they wanted and when by staff. During our visit we saw that if there was a problem, it was resolved quickly and people were supported and enabled to enjoy the activities they had chosen. One person said, "I haven't decided if I want to go out for lunch or coffee yet." Another person said, "Staff are looking after me and I do what I want." A relative told us, "The care provided is pretty impressive; I have no misgivings or concerns." Another relative said, "The level of activities is not as good as it was (person using the service) spends too much time watching television." People made their own decisions about their care and support. They and their relatives said the care and support they got was what they wanted. It was delivered in a way people liked that was friendly, enabling and appropriate.

People were referred by a local authority that provided assessment information. Information from their previous placement was also requested if available. This information was shared with the home's staff to identify if people's needs could initially be met. The home then carried out its own pre-admission needs assessments with the person and their relatives. Some people had lived at the home for a number of years and their assessment information had been archived. There was a policy and procedure that stated people, their relatives and other representatives would be fully consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished before deciding if they wanted to move in. They could stay overnight if they wished to help them make a decision. Staff told us the importance of considering people's views as well as those of relatives so that the care could be focussed on the individual. It was also important to get the views of those already living at the home. During the course of these visits the manager and staff would add to the assessment information.

Written information about the home and organisation was provided and there were regular reviews to check that the placement was working. If there was a problem with the placement, alternatives would be discussed, considered and information provided to prospective services where needs might be better met. People's needs were re-assessed with them and their relatives and care plans updated to reflect their changing needs. The care plans were individualised, person focused and developed by identified lead staff and people, as more information became available and they became more familiar with each other. The care plans contained personal information including race, religion, disability, likes, dislikes and beliefs. This information enabled staff to respect people, their wishes and meet their needs. The care plans were comprehensive and contained sections for all aspects of health and wellbeing. They included care needed and medical history, mobility, dementia, personal care, recreation and activities, emotional needs and behavioural management strategies.

The care plans were part pictorial to make them easier for people to use. They had goals that were identified and agreed with people where possible. The goals were underpinned by risks assessments and reviewed monthly by keyworkers who involved people who use the service. If goals were met they were replaced with new ones. The care plans recorded people's interests and the support required for them to participate in them. Daily notes identified if the activities had taken place. The care plans were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify further activities they may wish to do. There were also individual communication plans and guidance. If people had to visit hospital, a 'Hospital passport' was provided and they were accompanied by staff. A hospital passport provides information about a person for the hospital.

Activities were a combination of individual and group with a balance between home and community based activities. Each person had their own weekly individual activity plan. The activities that took place included aromatherapy, drama sessions, nail painting and visits to the pub, café and park, as well as the Brunswick club to meet friends. People also improved and maintained their life skills by taking responsibility for tasks such as cleaning their room, changing their bed, going to the bank and shopping.

People and their relatives told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them and was part pictorial to make it easier to understand. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt

Good

Is the service responsive?

from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns. Any concerns or discomfort displayed by people using the service were attended to during our visit.

Good

Is the service well-led?

Our findings

People told us the acting manager was approachable and made them feel comfortable. One relative said, "The acting manager is approachable, but doesn't seem as responsive as the previous one." Another relative told us, "Staff are perfectly approachable and any messages I leave are picked up." During our visit there was an open, listening culture with staff and the acting manager taking on board and acting upon people's views and needs. It was clear by people's body language and conversation that people felt very comfortable with all the staff present.

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said that they were explained during induction training and regularly revisited during staff meetings. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk to them in a demeaning way. There were also clear lines of communication within the organisation and specific areas of responsibility that staff had and that they understood.

Staff said the acting manager was very supportive. Their suggestions to improve the service were listened to and given serious consideration. This included required training suggestions that were implemented. There was a whistle-blowing procedure that staff told us they had access to and said they would feel comfortable using. They said they really enjoyed working at the home. A staff member said, "I enjoy working here so much and we get good support." Another member of staff told us there was, "Good training provided."

The records we saw demonstrated that regular monthly staff supervision meetings and annual appraisals took place.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained key performance indicators, which identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled any required improvements to be made.

The home used a range of methods to identify service quality. These included daily, weekly and monthly manager and staff audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were also monthly audits by managers from other homes in the organisation, on a rotational basis. Comprehensive shift handovers took place that included information about each person.

Weekly home meetings took place where people could voice their opinions and give their views. This was also used as an opportunity for them to plan their menus for the forthcoming week.