

Woodham Enterprises Limited

Woodham House Newlands

Inspection report

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Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Woodham House Newlands provides accommodation, care and support for up to nine people living in the community with mental health needs. At the time of our inspection there were eight people living at the service. This inspection was unannounced and carried out on 7 & 8 August 2014. At our previous inspection on 9 April 2013, we found the provider was meeting the regulations we inspected.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found the registered person had not protected all people against the risks associated with unsafe use and management of medicines.

Staff understood the needs of people living at the service and we saw that care was provided with kindness and compassion. People told us they were happy with their care.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received an induction

before they started work at the service and understood their roles and responsibilities. Staff completed relevant training to ensure the care provided to people with mental health needs was safe and effective.

Staff supervision and annual appraisals for all care staff were up to date and in line with the provider's timescale. All staff we spoke with felt supported by their line manager and said they received advice and direction when required, to meet the needs of people at all times.

We found there were procedures and risk assessments in place that reduced the risk of harm and abuse to people and kept them safe. Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. Managers and staff had received training on safeguarding adults, the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

People were involved in the planning of their care and were treated with dignity, privacy and respect.

The care plans and risk assessments reflected people's mental health and social care needs. Some people's care records did not have detailed care plans in relation to their physical health. Activities were available for people, including support to maintain social contacts. However, some people's activities often did not happen as planned. People had access to external health care professional's support when required, such as GP and Community Mental Health Team.

Summary of findings

Providers are required to notify the Care Quality Commission (CQC) without delay of such incidents, which resulted in hospitalisation of people for treatment. However, we found two incidents which had not been reported to CQC.

The provider had effective systems to regularly assess and monitor the quality of service that people received. Following these checks, an action plan was developed and implemented to address the issues identified; these

included redecorating people's bedrooms and communal areas. Throughout the inspection, staff spoke positively about the culture of the service and told us it was well-managed and well-led.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and one of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

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?

This service was not safe. People's medicines were not managed appropriately so they received them safely. The people who used the service told us they thought the service was safe. The manager and staff had received training on safeguarding adults, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood how to safeguard the people they supported.

Risk management plans were in place and staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home.

Inadequate



Is the service effective?

The service was effective. The service ensured people's needs were met regarding their diet, including seeking professional advice where additional expertise was required. People were supported to maintain good health and had access to external healthcare services.

Staff completed induction and further training to ensure they were equipped to understand care practices they delivered and how they supported people's health and wellbeing.

Good



Is the service caring?

The service was caring. People were consulted and felt involved in the care planning process. We saw staff were attentive towards people and supported them at their own pace. Staff were knowledgeable about the needs of people who used the service, which were clearly documented.

We observed staff treating people with dignity and respect. People were supported to maintain their independence as appropriate.

Good



Is the service responsive?

The service was not responsive. The service regularly reviewed and evaluated care and support plans. However, some people's care records did not have detailed care plans in relation to their physical health. Activities were available for people, including support to maintain social contacts. But, some people's activities often did not happen as planned. Staff gave information to people and supported them to make their own choices in relation to their daily routine.

Requires Improvement



Summary of findings

Staff had enough time to provide care and support to people. People were actively encouraged to make their views known about the care and support provided at the home. The service asked them for their views and opinions. People we spoke with felt able to raise concerns.

Is the service well-led?

The service was not well-led. The provider had not notified the Care Quality Commission (CQC) of incidents which resulted in hospitalisation of people for treatment.

The manager interacted well with people who used the service. People who used the service said the manager was approachable and visible. Staff spoke positively about the culture of the service and told us it was well-managed and well-led.

Staff knew their roles and responsibilities. There were regular team meetings and handover meetings, which provided an opportunity to discuss concerns and suggest improvements. The provider had effective systems to regularly assess and monitor the quality of service that people received. There was evidence that learning from audits took place and appropriate changes were implemented.

Requires Improvement



Woodham House Newlands

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 2. We inspected Woodham House Newlands on 7 and 8 August 2014. This was an unannounced inspection which meant people using the service, the staff and provider did not know we would be visiting.

The inspection was led by an inspector who was accompanied by a specialist advisor specialising in working with people with mental health needs. Before the inspection, we reviewed information we held about the provider, including the provider's information return (PIR). A PIR is a document that we ask providers to complete that tells us about the operation of the service, what they do to meet people's needs and any proposed improvement plans. We spoke with two staff members from the Community Mental Health Team, about people who use the service and a staff member from the local commissioning team. They gave positive feedback about the service.

At our previous inspection on 9 April 2013, we found the provider was meeting the regulations we inspected. During this inspection we observed care and support in communal areas and saw how people were being supported. We looked at records about people's care, including six people's care records and records relating to the management of the home, for example, staff recruitment and staff training records, safeguarding records, quality monitoring reports and records of incidents, accidents, complaints and medicine management. We spoke with three people who use services, one community psychiatric nurse, three members of staff and the registered manager.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

Medicines were not always administered safely. Following the review of medicines records for three people and discussions with staff, we noted several concerns with the way that medicines were managed that could put people at risk. For example, we found errors in three people's medicines records when we compared the medicines available to the number of tablets remaining in stock. In some cases there were missing tablets and in other cases extra tablets. The manager told us that the people had received their medicines regularly. The manager told us an error / errors had been made in the weekly medicines checks undertaken by a staff member. The home did not have appropriate arrangements in place to protect three people against the risks associated with the unsafe management, use and administration of the medications prescribed.

We saw medicines administration records (MAR) for three people and found that three people's MARs were signed in the morning of 8 August 2014, to confirm administration of medication prescribed for night time medication on the afternoon of our inspection. The manager told us they had mistakenly thought that the MAR sheet had not been signed for morning medication, and had accidentally signed the MAR sheet for the night time medication. We drew the manager's attention to this error, and they told us they would ensure people received the correct night time medication. However, we were unable to assess, if people had received their prescribed night medicine, as the action was not completed at the time of our inspection. Medicines were supplied by the pharmacy in boxes and not in pre-packed blister packs. Staff at the service then decanted medicines on a weekly basis into another container. This is also known as 'secondary dispensing'. National guidance states that repackaging of medicines by staff should not take place to reduce the risk of dispensing errors.

We looked at the home's medicine management policy of 20 September 2013, which stated medicine should be stored and kept within a recognised medicine cupboard. However, we found that there were no appropriate storage facilities that met with good practice guidance for the storage of medicines. We saw weekly decanted medicine was stored in three small medication cabinets in the office. The remaining medicine stocks supplies were not securely stored. The home's medicine management policy of 20

September 2013 also stated that medicine should be stored at the appropriate temperature at all times. The manager told us that the appropriate temperature should be in the range of 20 to 25 degree Celsius. However, there was no record of temperature being maintained, and during the inspection we saw that the room where medication was stored had a temperature of 28 degree Celsius. This could put people at risk of receiving medication that was ineffective as it had not been stored at an appropriate temperature.

We saw that medicines were audited regularly; however the audits had not identified some of the above errors we identified with medicines management.

The provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Management of medicines of people. The registered person had not protected all people against the risks associated with unsafe use and management of medicines.

Staff who administered medicines were trained and authorised to do so. People told us that they received their medicine on time from staff. Staff we spoke with had received safeguarding training and training records we saw confirmed this.

Staff had an understanding of what constituted abuse and knew the correct action to take if abuse was suspected. They were confident the manager would respond appropriately to any concerns raised. Staff told us safeguarding was regularly discussed at staff meetings which enabled learning across the team. We saw safeguarding and whistle blowing policies were available, and staff we spoke with told us they knew how to access them and that they would use it if they needed to.

The manager told us there had been no safeguarding concerns at the service since the last inspection. Two members of local authority's commissioning team confirmed that there were no safeguarding concerns. This was further confirmed by a review of the information we hold about this provider that showed no safeguarding issues had been reported to the Care Quality Commission.

We spoke with four people who lived at the home and they all said they felt safe. People said staff supported them in making decisions about their lives which helped them stay safe. The records we saw confirmed this. We saw detailed risk assessments were recorded which identified the level of risk and showed the actions required to minimise the

Is the service safe?

risk. For example, risks identified included substance abuse, medication, self-harm, threatening behaviour and self-neglect. We saw risk assessments were reviewed and updated regularly. People had management plans for risks that had been identified. Staff demonstrated they knew the details of these management plans and how to keep people safe. We spoke with a health care professional from the Community Mental Health Team (CMHT) who visited the home regularly. They told us staff worked closely with the CMHT and had developed a positive attitude to risk taking. They said this allowed people to take risks with the knowledge that staff were there to support them if the need arose.

Two people's care records did not have detailed risk assessments and care plans in relation to their physical health needs, for example, diabetes. There was a risk people's needs in these areas could not be met. The manager agreed and told us they would include more details about specific aspects of people's physical health in their care plans. The provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). There were no DoLS currently in place; however the registered manager knew the correct procedures to follow to ensure people's rights were protected. Relevant staff had been trained in the Mental Capacity Act 2005 and DoLS.

Staff we spoke with told us they had received training in these topics and were confident in the meaning of the Act and the ways in which people could be deprived of their liberty. They had good knowledge of the ways in which people's liberty could be restricted and how to ensure any deprivation of liberty only took place with appropriate authorisation.

We looked at six staff recruitment records and found that safe recruitment practices were being followed and that the relevant checks had been completed before staff worked at the home. These checks included satisfactory criminal records checks, references and proof of identification.

At the time of our inspection the home was providing care and support to eight people. The manager told us that staffing levels were evaluated and arranged according to the needs of the people using the service. For example, if people had arranged social activities or they needed to attend health care appointments, additional staff cover was arranged to escort people to their appointments when required. People we spoke with told us they felt there were enough staff available to give them the support they needed. Staff told us there were always enough people on shift and said that if there was a shortage, for example due to sickness, cover was arranged.

During the inspection we saw all communal parts of the home and some people's bedrooms. We found the premises were well maintained. Regular visual checks by the staff made sure any problems were quickly identified and put right and servicing and maintenance records were up to date. There were arrangements in place to deal with foreseeable emergencies, such as sudden illness, accidents or fire. The care records we looked at each contained a personal emergency evacuation plan. Staff we spoke with were aware of actions to be taken in the event of an emergency, for example by calling the emergency services or reporting any issues to their manager to ensure people received appropriate care. The service operated an on-call rota for senior staff to ensure someone was always available for advice or to attend in the event of an emergency.

Is the service effective?

Our findings

Staff had completed induction training before starting work at the home. The induction training required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles. Staff informed us they received a range of training, which enabled them to feel confident in meeting people's needs and raising any concerns or changes in health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date in line with best practice. Staff records we saw showed that staff received training on mandatory subjects in relation to their roles and responsibilities. Staff were able to speak confidently about care practices they delivered and understood how they supported people's health and wellbeing.

We saw from staff supervision records that formal supervision of all care staff was up to date and was in line with the provider's timescale for supervision. We saw that at these supervision sessions staff discussed a range of topics including progress in their role and any issues relating to the people they supported. All staff we spoke with during the inspection felt supported by their line manager and said they always received advice and direction when they requested it. The staff records we looked at included evidence of annual appraisals taking

place for all staff that had completed one year in service and we saw specific learning and development needs had been discussed. This showed that staff were supported to enable them to meet people's needs.

We observed that meals were home cooked and freshly prepared. There was a choice of foods that suited people's recorded needs and preferences. One person said, "The basement is full of food, if I do not wish to eat something. I can cook with staff support, something of my choice." We found that staff had attended basic food hygiene training which provided them with the skills and knowledge to ensure people's food and drink was prepared safely.

People were supported to maintain good health and had access to external healthcare services. During the inspection we reviewed six people's care records. Care plans were in place showing people had a wide range of health and social care needs and had access to external health care professionals' support when required, such as a GP, Community Mental Health Team (CMHT) and Hospital. The home maintained frequent communication with the CMHT to ensure timely support for people that met their needs and we saw during our inspection three community psychiatric nurses (CPN) visited the home. All people told us that staff looked after them well and supported them to meet their care needs. For example, one person said, "Staff support me with my hospital appointments and health check-ups."

Is the service caring?

Our findings

Care plans were in place for relationships and social contact. We saw that individual needs were documented clearly in care records and staff were knowledgeable about this. These plans guided staff on how to ensure people maintained and promoted relationships. Care records we looked at showed that all people using the service had one to one key worker support sessions; a key worker is an allocated staff member who had overall responsibility for a person using the service, in relation to their care planning and delivery. This enabled staff to develop close working relationships with people. All people we spoke with confirmed they were consulted and felt involved. One person said that, "I have monthly key worker sessions. We discuss what occurred in the last month and plan for the following month, staff draft my care plan and then I sign." Another person told us "I discuss with my key worker about change of my medication."

We spent time in the communal areas and observed staff interacting with people who used the service. We saw staff were attentive towards people, they ensured that they made time for people so they didn't feel rushed. Three people we spoke with told us they were happy with the care and support they received at the home. For example one person told us, "It is a nice place; I go to church every Sunday and I meet my brother whenever I can." Another person said, "Staff are good, I can do what I want and go out when I want, and if I just want to sit and relax I can."

The manager told us information about people was treated confidentially. Our observations showed any personal information was discussed with people privately and discreetly. The care records we reviewed showed discussions had been held about information sharing and consent was obtained. For example, one person's care

records showed they were not happy for certain information to be discussed with their family and this was respected by staff. People told us staff listened to them and they felt their views and choices were respected. The care records showed people were involved in deciding their care and setting goals for what they wanted to achieve. We saw staff explored with people ways in which they could fulfil their goals. For example, one person said, "Staff make sure to sit with me and talk; I'm happy with the process of goal setting and monthly care plan approach, it helps me." We saw that staff communicated effectively and interacted in a respectful way with people at all times. We saw that people were encouraged to make choices in many aspects of their daily life. For example, people were asked what they would like to eat or if they wished to join in an activity.

People told us staff treated them with dignity and respect and this was confirmed by our observations during the inspection. Staff were present but discreet: we saw they enabled people to be as independent as possible by prompting and supporting. People got up from bed when they wanted throughout the morning and had breakfast. Some welcomed help from staff while others preferred to make their own breakfast and staff tailored the support to each individual's needs. We saw one person had a healthcare professional visiting and staff respected their need for privacy, yet made themselves readily available if support was required. Staff records we saw showed that staff had completed training in promoting equality and dignity. Staff we spoke with were able to explain how they ensured people's privacy, dignity and independence was maintained. We asked for an example and one staff member told us they always knocked on people's doors and asked if they could come in before entering a person's bedroom. Our observations further confirmed that staff obtained consent from people before entering their bedroom.

Is the service responsive?

Our findings

The six care records we reviewed showed detailed care plans about people's social, emotional, psychological needs and individual's recovery goals. Staff we spoke with were aware of people's physical health care needs and supported them to attend health care appointments. Health care records we saw showed that people attended their health care appointments.

We saw an activities calendar for each individual but there was no evidence that these had taken place as planned. For example, one person told us they were interested in music and sports, and the care plan noted this, but they were not engaged in any activity of this kind. Another person's care plan stated they were to go on an annual holiday, but this had not happened this year. People we spoke with were not aware why the planned activities had not taken place and there were no alternative activities planned for them. Staff told us activities were flexible and people were supported to do what they wanted both in-house and out in the community, and sometimes people did not like to do the planned activity. The registered provider had not taken adequate steps to ensure the welfare of all people as some people's activities often did not happen as planned. The provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw people were supported to maintain relationships with friends and relatives. People we spoke with talked about their family and friends and told us how they kept in touch, which they said was important to them. The care records reflected the different relationships people had and showed how these were maintained.

We found the home was organised around the needs of the people who lived there. We saw staff adopted a flexible approach, which responded to people's individual needs and wishes. We saw people received personalised care which promoted their independence and aimed to achieve the goals they had set with the staff and Community Mental Health Team (CMHT). This was reflected in the six care

records we reviewed. There was comprehensive information which described the type of support the person needed and how they wanted that support to be provided by staff. Any risks were clearly identified and risk management plans were in place. For example, one record clearly showed indicators that would show the person's mental health was relapsing. This included specific advice about how staff should support the person when this occurred, as well as information about who to contact if the situation did not improve. Another person had recently reviewed their goals with staff and they had felt they were not progressing as planned. The records showed that the CMHT and staff had discussed and reviewed this with the person and put actions in place to make sure the person received the additional support they needed to progress their recovery.

Staff gained consent from people about their care, treatment and support they received. The home had policies in place for acting in accordance with the Mental Capacity Act (2005) (MCA) and the manager was able to explain the process for supporting people to make complex decisions where they did not have capacity. The manager told us people's mental capacity was considered under the MCA Code of Practice. We saw there was information in people's records about the MCA and what this meant in relation to each individual.

We saw the home's complaints policy and procedure. It provided people with details about how to make a complaint and it was accessible to all staff and people. It set out the procedures which would be followed by the manager and organisation. People we spoke with said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon. People told us, if they had concerns all they needed to do was speak to a staff member or the manager and they would sort it out for them. We saw one complaint had been received in the last year. The manager told us the action they had taken in response to the complaint which demonstrated it had been dealt with appropriately. We saw there was a record maintained to confirm how the outcome had been fed back to the person who had raised the issue.

Is the service well-led?

Our findings

We found that there were two incidents that occurred in December 2013 and February 2014, which resulted in hospitalisation of two people for treatment. The provider had not notified these incidents to the CQC. The manager said this was an oversight and they would make sure all notifiable incidents were reported correctly in future. The provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents. Providers are required to notify the Care Quality Commission (CQC) without delay of incidents which result in hospitalisation of people for treatment.

The service had a registered manager in post. Staff told us there were regular team meetings and handover meetings, which provided an opportunity to discuss concerns and suggest improvements. This promoted an open culture and showed staff views were valued.

We spoke with two staff members from the Community Mental Health Team (CMHT) and a staff member from the local commissioning team about people who use the service. They gave positive feedback about the service. For example a staff member from the commissioning team told us the home is dealing with incredibly difficult people and the staff manage them extremely well, otherwise we cannot continue with placements. A CMHT staff member said they are a good provider, they manage people well. There is no particular concern of quality of care and governance. People who used the service praised the manager and said they were approachable and visible. For example, one person told us, "The manager is very strong and honest; that is what I like about him." Throughout the inspection, staff spoke positively about the culture of the service and told us it was well-managed and well-led. They described management as "supportive" and said they enjoyed working at the home.

The manager told us a satisfaction survey was completed in June 2014, in which people who lived in the home, relatives and health care professionals participated. We saw the feedback received was generally positive and where specific issues had been raised most of these had been addressed and some were in progress.

We saw there were systems in place to record review and learn from incidents that had taken place in the home. The service had no recorded incidents or accidents involving people who used services since the previous inspection in April 2013.

The provider regularly assessed and monitored the quality of the service people received. This included regular audits of care plans, health and safety, staff rota, supervision and training. There was evidence that learning from these audits took place and appropriate changes were implemented. For example, following these audits, an action plan was developed and implemented to address the issues identified; this included redecoration of people's bedrooms and repairs carried out in communal areas. However, the medication audits had not identified the medication management errors as reported in safe section of this report.

Staff told us they thought the home was well managed. They said the manager encouraged them to make suggestions about how improvements could be made for people and they felt their views were taken into consideration. They told us they enjoyed working at the home and felt supported in their roles. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with professionally and sensitively. They were aware of the service's whistleblowing procedures and how to access them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations
2010 Management of medicines

Management of medicines

The registered person had not protected all service users against the risks associated with the unsafe use and management of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations
2010 Care and welfare of people who use services

Care and welfare of service users

The registered provider had not taken adequate steps to ensure the welfare and safety of all people's physical health. Some people's activities often did not happen as planned. Regulation 9(b) (i) (ii)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

Notification of other incidents

The registered provider had not notified such incidents, which resulted in hospitalisation of people for treatment.