

Scope

Woodford Court

Inspection report

6-8 Snakes Lane West, Woodford Green, IG8 0BS
Tel: 02085029502
Website: www.scope.org.uk

Date of inspection visit: 15/10/ 2014
Date of publication: 29/01/2015

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 inspection took place on 15th October 2014 and was unannounced.

At our last inspection in September 2013 we found the service was meeting the regulations we looked at and did not identify any concerns about the care and support people who lived at Woodford Court received.

Woodford Court is a care home that provides accommodation and 24 hour support with personal care for up to 12 adults with learning disabilities.

There is a registered manager in place. 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.

People were treated with respect and dignity by the staff. People told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard the people they supported. The home had proper policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately

Summary of findings

restrict their freedom. The safeguards should ensure that a care home, hospital or supported living arrangement only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. People's health and care needs were assessed with them, and they were involved in writing their plans of care. People told us that they were happy with the care that had been delivered and their needs had been met. It was clear from our observations and from speaking with staff that they had a good understanding of the people's care and support needs and that they knew them well. People were supported in promoting their independence and community involvement. People were given opportunities to express

their choices and to make decisions in their daily lives. We observed members of staff interacting with people using the service in a courteous, polite and efficient manner. Records confirmed people's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. People had access to activities that were important to them and had been supported to maintain relationships with their friends and relatives. The management team had regular contact with people using the service and their representatives. They welcomed suggestions on how they can develop the services and make improvements. Where shortfalls or concerns were raised these were addressed.

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. We found people were supported by sufficient numbers of qualified, skilled and experienced staff which met people's needs. People who we spoke with told us there were always enough staff to help them when they needed support.

People who used the service told us that they felt safe and well cared for. Staff demonstrated, through discussion, that they knew how to protect people from abuse and we saw that they had been trained in safeguarding.

People were cared for safely. Risk assessments were in place and regularly reviewed. Systems were in place to make sure that managers and care workers learnt from events such as accidents and incidents. This reduced the risks to people and helped the service to continually improve.

The service had suitable arrangements in place to protect people against the risks associated with the unsafe management of medicines, which included the obtaining, recording, administering, safe keeping and disposal of medicines.

Good



Is the service effective?

The service was effective. Before people received any care or support they were routinely asked for their consent. Members of staff told us they always explained all procedures and treatments.

Staff had received training to ensure that they supported people safely and appropriately. People were supported to receive the healthcare that they needed.

The provider understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). There were no people subject to a DoLS at the time of our inspection.

Good



Is the service caring?

The service was caring. People expressed their views and were involved in making decisions about their care and treatment. People who used the service told us and we saw, that they were respected and that care was delivered in such a way as to maintain their dignity.

We saw the home had a key worker system which meant that people who used the service had a named care worker who took a specific interest in their care and support requirements.

People told us they were supported by kind and attentive staff. The staff we saw were caring and patient when supporting people.

Is the service responsive?

The service was responsive. People had detailed care and support plans relating to all aspects of their care needs. They contained a good level of information setting out exactly how each person should be supported that ensured their needs were met.

The staff organised activities for people who decided which ones they wanted to be involved in.

The provider took account of complaints and comments to improve the service. We saw that there was a system in place to log people's comments and learn from them.

Good



Summary of findings

Is the service well-led?

The service was well-led. Staff told us that they worked well as a team and cared about providing a good quality of service. They felt supported by the manager and they were encouraged to make suggestions about improvements to the service at staff meetings and at one-to-one meetings

There were quality monitoring programmes in place, which included people giving feedback about their care, support and treatment. This provided an overview of the quality of the services provided.

We found the records up to date with recent information about people contained in the records.

Good



Woodford Court

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 inspection took place on 15th October 2014 and was unannounced.

The inspection was led by a Care Quality Commission inspector.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some

key information about the service, including what the service does well, what they could do better and improvements they plan to make. We also contacted a commissioner of the service to obtain their views about Woodford Court.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people who used the service were supported during the day of our inspection.

We reviewed three care records for people who used the service, three staff files and a range of records about how the home was managed.

We spoke with three people who used the service. We also spoke with the two Team Coordinators who deputised for the manager, two care staff and the home's administrator. After the inspection we also spoke with three relatives of people who used the service on the telephone.

Is the service safe?

Our findings

People told us and indicated that they felt safe and well looked after. One person said, “I feel safe here.” A relative who we spoke with told us, “I can’t see anywhere else my relative will be safer.”

Staff spoken with showed knowledge of safeguarding people from abuse and how and where to report any concerns and the correct actions to follow. They knew where the policies and procedures were and who to talk too. The home had a safeguarding policy and procedure in place. We saw a record where staff had signed stating that they had read and understood it. From training records we saw staff had received training on how to keep people safe. This gave them the knowledge and the skills to do their jobs well and protect people from abuse. Staff had also access to a local, regional and national safeguarding officer within the organisation if they needed any advice. Two designated safeguarding advisors worked within the home and they had attended regular safeguarding conferences and forums. The home was in the process of developing an easy read version of safeguarding training for people who used the service. People who used the service were kept safe because staff understood what constituted abuse and knew what they must do if they witness or suspect it.

Potential risks had been assessed so that people could be supported to stay safe by avoiding unnecessary hazards without being restricted. We saw for each person staff had carried out risk assessments to identify risks to their wellbeing and safety. Where risks had been identified, there was an action plan which set out guidance for staff about how these would be managed for example when people went out in the community. The service had a designated trained Health and Safety Coordinator who carried out all health and safety checks and attended forums which were held by the organisation's Health and Safety team. We noted that incident and accident forms were accurately captured in timely manner and were documented in ways that enabled their accurate and timely communication to all relevant people and these were monitored by management. The home had a system to ensure all equipment was maintained and serviced. We saw a regular programme of safety checks was carried out within the home. For example, a gas safety check was being carried out on appliances on a yearly basis in the home and the fire alarms were tested on a weekly basis.

People told us that they thought that there was enough staff because they never had to wait for too long for someone to come and help them. They said that staff helped them in a way which suited them. Comments included, ‘they look after us well here’, ‘the staff are good and kind’ and ‘I like it here’. The Team Coordinator told us they had a flexible approach to planning the staff duty rosters, which ensured there was always enough staff available to support people who used the service. This was reviewed when people had to attend an appointment or wanted to go out in the evenings and at weekends. Staff duty rosters we sampled at random indicated that there was the number of staff as mentioned to us by the Team Coordinator. The home had recruited another Team Coordinator to support staff during weekends.

We saw that the necessary recruitment and selection processes were in place and appropriate checks were undertaken before staff began work. We looked at three staff files and found they included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained, to ensure staff were suitable to work with people who used the service. A Disclosure and Barring Service (DBS) check is an employer's check to ensure that prospective staff are not barred from working with vulnerable people or have a criminal conviction that would make them unsuitable for their job. DBS checks were carried out for all staff every three years. We saw that some staff were having their DBS check carried out again on the day we visited the service. We noted that staff had completed a health declaration to show they were physically and mentally fit for their role. The provider had an effective recruitment procedure to ensure that employees were of good character and had the qualifications, skills and experience to support vulnerable people. People who used the service were involved in recruiting new staff to the home. They sat on the interview panel. Staff who were recently recruited, confirmed to us that they were asked questions by people using the service during their interviews.

People who spoke with told us that they received their medicines on time and at regular intervals, as prescribed by the doctor. We saw that the provider had procedures regarding the management of medicines. These procedures included details about how medicines should be handled and administered so that the people who used

Is the service safe?

the service would get their medicines when they needed them. Appropriate arrangements were in place in relation to the obtaining, recording and administration of medicines. We saw that people were monitored regularly for effectiveness of treatment or evidence of any potential side effects or adverse reactions. Every individual that required medicines had an individual Medication Administration Record chart (MAR chart) which clearly stated the person's name, photograph, date of birth and allergy status. Medicines records were organised and accurate, to hand and stored safely. Records showed that medicines were given to people as prescribed. All medicines that were received were checked into the home and recorded. There were procedures for medicines that were used on a 'when needed' basis and for 'over the counter' medicines. Medicines were disposed of appropriately and we saw that a record was kept when they were being returned to the pharmacy. There was

information that explained how people preferred to take their medicines medication. Guidelines regarding medicines administration were individual to each person so that staff could support them in the way that they preferred. Medicines were stored safely and securely. There were arrangements to safeguard the storage facilities including the keys which were kept by the staff who was in charge of the shift. Staff were competent in the safe handling and administration of medicines. We looked at the provider's training records and saw that staff had received training in medicines administration and that regular refresher training was also undertaken. These arrangements helped protect people from the risks associated with medicines mismanagement because the care staff had been assessed as competent to administer medicines safely. This meant that people received their medicines when they needed them in a way that was safe.

Is the service effective?

Our findings

People said they were well supported by staff in their daily lives. Staff received appropriate professional development. All care workers completed training in a number of key areas to ensure they were competent to do their job. We were able to see records of training that staff had attended which included that which was considered to be mandatory. We noted some gaps on the training records, however the team coordinator informed us that training courses had been arranged for staff to attend. We saw confirmation of this. The home had ensured that all staff received relevant training that was focussed on delivering improved outcomes for people using the service. The team coordinator told us that staff were able to access training to help them in their roles. When staff started working in the home they received induction training, which gave them the essential knowledge of the role and training around health and safety issues. Staff said and records showed that the company's training programme had been implemented and it was on-going. They said that the training had supported them to be more aware of the needs of the people living at the home and the support and care they should be receiving. Staff were receiving guidance from the manager and their work was monitored to make sure that they continued to meet people's needs in a reliable way. This was being done through one to one meetings with the registered manager/supervisor. Staff records showed that staff were receiving regular formal supervision. Staff we spoke with confirmed that they had received supervision from their supervisor. Three people who used the service had received "Dignity Training" and were supported to deliver this training to the staff team. Records were kept of the training staff attended so the dates for yearly updates were clearly identified.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The arrangements to support people to make important decisions were based on legislation and best practice. This ensured that people were supported when they needed to consent or decide about care or treatment. Staff had received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards so they could uphold people's rights. We were given a copy of their training matrix which confirmed that this was the case. Staff members we spoke with also confirmed that they had received training. People were able to make simple

decisions about their everyday life and before people received any care support or treatment, they were asked for their consent and the staff acted in accordance with their wishes. As far as they were able, people were encouraged to make their own decisions about their lives each day. We spoke with people who used the service and they told us that they were given choices. One person commented, "I can go out whenever I want to. If I need help with something I just ask the staff." When people declined support with care or treatment, staff respected this. Staff knew the people at the service well. When people were not able to verbalise they were able to understand their wishes from their body language. For example, staff told us one person would turn their face away if they do not want something. When complex decisions needed to be made on behalf of people, health care professionals, relatives and social services were involved. This ensured that people were supported when they needed to consent or decide about care or treatment.

People we spoke with commented positively on the food that was served in the home. They said they were offered a choice but they usually liked what was served. The staff ensured that they catered for any particular cultural requirements. One person told us, "I like the food" and "the food is very good". When we looked at people's records we saw that their dietary intake was monitored. This meant that staff could promptly identify if they were any concerns and take the appropriate action to deal with the issue. People were provided with a varied daily choice of nutritionally well-balanced meals. The staff were aware of particular likes or dislikes and were happy to cook alternative dishes if necessary. Staff told us that they encouraged people to eat a healthy and balanced diet and monitored this closely through records. Staff told us and we saw that they had received training to support people's needs around eating and nutrition. We noted that the provider arranged refresher training for all staff when necessary. Therefore staff knew how to support people to receive the nutrition they needed to keep them well.

Records showed what support people needed to maintain their health. We could see that people had access to health professionals, including the optician, dentist, and doctor. The records we saw showed the date of the appointment and the outcome of the visit. This meant that people received appropriate access to health professionals to maintain their health and well-being. Staff we spoke with had knowledge and understanding of people's needs and

Is the service effective?

knew people's routines and how they liked to be supported. People received assistance to maintain a healthy lifestyle. They were supported to attend health care checks and community health professionals were involved to provide advice and intervention when needed. For example we saw that an occupational therapist had visited the home recently and had advised the staff on how to move a person safely. The person was not able to move on

their own and needed support. All people living at the service had an annual health check with their local doctor. When people had a medical condition there was clear guidance in place for staff to follow to make sure people's conditions remained as stable as possible. We saw that there was also step by step guidance about the actions staff had to take if people's conditions deteriorated.

Is the service caring?

Our findings

People we spoke with were complementary about the home. One person said, "Staff are always very pleasant." A relative told us, "It's very good, my relative is well looked after." Throughout our inspection the atmosphere was pleasant and we observed many interactions between staff and people that were caring, relaxed and friendly. We observed that staff adjusted their verbal communication so that they could be easily understood by the people to whom they were delivering care. A relative told us, "The staff care and their understanding are excellent."

We found that people's privacy and dignity was protected. Staff we spoke with described the action they took to ensure people's privacy and dignity was protected during care tasks. These included keeping curtains drawn, closing doors and ensuring people were covered during personal care. People we spoke with told us that they felt staff respected their privacy.

People's diversity, values and human rights were respected. For example, people's spiritual choices and preferences were taken into account. We saw one person had identified their spiritual need and expressed a wish to attend spiritual services. We saw evidence that this person's wish was

accomplished. This showed us that staff recognised and understood people's social and cultural needs. We found that care plans recorded how to promote independence in documenting what a person could do for themselves. We spoke to staff who demonstrated knowledge of people's care needs. One person told us, "I go out on my own."

We saw evidence of monitoring and regular evaluations of the support that was provided, together with involvement and liaison with relatives and various health professionals. This ensured that they were kept informed of changes in people's conditions, along with any progress individual people who used the service had made. Staff told us that they worked well as a team and cared about providing a good quality of service. One staff member said, "We provide a service which focuses around the person's wants and needs, we always try to be person focused." This meant that people who used the service and their relatives were included in decisions about their care and about how the home was run and that their decisions and choices were respected. We spoke with two people who used the service and they told us they were involved in decision about their care and what support they needed. One person told us, "I can tell staff if I want something and they help me. I make my own decisions." Another person told us, "The staff always ask me what I want to do and give me a choice."

Is the service responsive?

Our findings

People we spoke with indicated that they were happy at the home. They were relaxed and responsive in the company of staff. They were able to let staff know what they wanted and we saw staff respond in a caring and positive way. The people living at Woodford Court needed different levels of support with their personal care and health. Each person had an individual care plan which had been developed with them or their representatives. It documented their likes and dislikes, how they liked to spend their time and how they preferred to be supported. This meant that care could be delivered in a way that suited them best. One staff member we spoke to said, “We treat each person as an individual, and make every effort to give them the best support possible.”

We examined three care plans and found they provided clear guidance for staff to ensure that identified current and on-going care and support needs were met consistently and safely. Each person had a profile entitled “How Best To Support Me” in their folder that showed how best to support them. This demonstrated to us that care and support was planned and delivered in a way that ensured people's safety and welfare. This meant people were receiving safe and appropriate care. Staff knew the people well and were able to communicate with them using a range of methods, for example by observing their body language. We saw staff had undertaken regular reviews with people using the service of their individual care plans and risk assessments to identify if the care being delivered continued to meet their needs. Reviews were documented on people's records and any changes identified were noted in people's care plans or risk assessments. The contact details for people's next of kin and other important people were recorded in the care plans and people had support to keep in touch with their family and friends. We spoke to a relative on the telephone and they commented, “I am always made to feel welcome. I am very satisfied with the service and I know that my relative is in good hands and is being looked after well.” This indicated relatives were satisfied with the care and support provided.

We saw daily notes were completed which covered what each person had done during the day, any care and support interventions which had taken place and any

issues which had arisen. These provided a clear picture of a person's life on any given day. Staff understood people's needs and what they needed to do to meet them. They told us they always read people's care plans and documented the care they had provided. There was a daily handover system to ensure that staff remained informed and up to date of any changes relevant to each person using the service. We were able to observe the afternoon staff handover on the day we visited. We saw that people who used the service participated in activities of their choice and were facilitated to access the community on a regular basis when they wanted to.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. People using the service and their relatives told us that the manager and staff were approachable and said they would definitely listen to them if they had any concerns. They said communication was good and the home kept them informed of their relatives care at all times. As a result they felt involved in their relatives care and knew about any concerns or issues. They told us they did not have any complaints but would not hesitate to talk to the manager or staff if they did. One person told us, “The staff listen to me. I will talk to them if I am not happy about something.” One relative commented she was aware of the complaint procedure and said, “It's a good home.” Staff were confident that if people who lacked capacity were unhappy they would know through their behaviour or mood state. They told us they got to know people's routines, choices and preferences and were able to identify if something was wrong. We saw examples of this when staff responded to people when they became anxious or upset. We saw that people's complaints were fully investigated and resolved, where possible, to their satisfaction. A system to receive, record, investigate and resolve complaints was in place so it was easy to track complaints and resolutions. Each complaint was recorded and responded to and records showed that action was always taken to try to resolve complaints. Everyone we spoke with said that they had no complaints about the service. Staff asked people regularly and checked that everything was alright for them. The provider had a process in place to review complaints and comments to improve the service. Informal concerns raised by people were addressed through discussion with staff on a day to day basis.

Is the service well-led?

Our findings

People who we spoke with told us the manager was very good and approachable. One person commented, "The manager is like our mother." Staff we spoke with said they felt the home was well managed and that they received the support and guidance they needed to carry out their duties and to meet people's needs. Staff told us that they felt supported by the manager and said that the staff team worked well together. They said they could approach the manager at any time and any concerns or issues they had would be dealt with promptly. One staff told us, "The manager has an open door you can talk to them about anything." This meant that staff felt confident that they would be listened to and that any concerns they had would be taken seriously. From the information provided to us before the inspection, we were informed that the manager was receiving support from their area manager. This meant that the manager and staff had the support they needed to carry out their roles effectively and safely. The home was managed by a registered manager and supported by one team coordinator. During our visit there was a second team coordinator working at the home on a temporary basis to support the manager.

The manager attended various workshops to keep herself updated with the latest practices. She also facilitated a number of in-house training sessions for staff working at the home. When we spoke with staff they confirmed that the manager had facilitated some training. Staff were encouraged by the manager to take on additional responsibilities to develop themselves and to gain experience into team leading role. Relatives told us they felt the home was well led by the manager, they had no complaints and they felt they were listened to when they raised any concerns or minor issues. One staff told us, "I like working here and it is a good place".

People who used the service had monthly meetings with an independent facilitator where they were encouraged to discuss what was going well and any concern that they might have. We saw the minutes of those meetings were being kept. The provider ensured that the people who used the service were asked for their views about their care and support and they were acted on. We saw there was regular communication between the manager and staff to discuss the quality of the service. We noted that the manager met with or spoke with staff individually or as a group and there were regular formal staff meetings. These forums provided opportunities for staff to raise any issues about the home or the care/support of people using the service were receiving.

The staff conducted regular various audits to ensure the quality and safety of the service. Daily audits were conducted on various areas. For example, on the administration of medicines and people's finances. Regular audits ensured that people lived in a pleasant and safe environment which met their care and welfare needs. We saw that all of the staff were involved in carrying out and recording regular checks and audits. From the records we sampled we found that audits were completed regularly. The home welcomed suggestions on how they could develop the services and make improvements. We saw minutes of regular staff meetings where changes or issues within people's care were discussed. In addition, we saw evidence of meetings with people who used the service to ensure they were consulted and encouraged to contribute their ideas about the running of the home. The quality monitoring showed that people who used the service benefited from safe quality care, treatment and support.