Woodfield House

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Inspection report

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Date of inspection visit:
12 May 2016

Date of publication:
13 July 2016

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

Summary of findings

Overall summary

This inspection took place on 12 May 2016 and was unannounced. The previous inspection took place on 3 March 2014 when the service met all the standards inspected.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Woodfield House is a care home that provides accommodation and support for up to five people with mental health needs. At the time of inspection there were five people resident at the service. The semi-detached house was situated in a wooded area. People had their own personalised bedrooms and access to communal areas such as a kitchen, lounge, dining area and garden.

People using the service told us the service was well run and they felt safe. They said staff were caring and staff we spoke with were enthusiastic about their work with people.

Staff had received safeguarding adults training and demonstrated a good understanding of how to protect people from harm. The service had risk assessed and put in place measures to protect people and to maintain a safe environment.

There were enough staff on duty to meet people's needs and the service had safe recruitment processes in place.

The registered manager and deputy manager had a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and staff demonstrated they understood people's rights and asked people's consent before offering support.

Staff had received training to equip them to meet people's physical and mental health support needs. Staff supported people to access the appropriate medical services and were proactive in requesting medical interventions. People received routine health checks and their nutritional intake was monitored to ensure they maintained a healthy diet and ate healthily.

People had person centred care plans and staff motivated and supported people to identify and attend a variety of social activities. Several people had been successful in attending college courses that would assist them to develop work skills for their future independence. People had been involved in their care planning and there were regular reviews.

There was a complaints policy and procedure and people were encouraged to raise concerns.
The service undertook audits to ensure the quality of the service and had built strong working relationships

with local professional bodies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff understood their responsibility to report safeguarding adult concerns and could tell us how they might recognise signs of possible abuse.

There were sufficient staff and the service had robust systems in place for the safe recruitment of staff.

The service undertook risk assessments to keep people and staff safe from harm.

Is the service effective?

Good

The service was effective. Staff understood their responsibilities under the MCA to ensure that people's rights were upheld.

Staff received training and to enable them to carry out their work supporting people effectively.

Is the service caring?

Good

The service was caring. People described staff as kind.

People were involved in their care planning.

Is the service responsive?

Good

The service was responsive. People had person centred plans and they were motivated by staff to undertake individual and group activities

There was a complaints policy and procedure and people told us they were able to raise concerns.

Is the service well-led?

Good

The service was well-led. There was a registered manager who understood their role and responsibilities.

The service undertook regular audits and checks to ensure the quality of the service given.

Woodfield House

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 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 12 May 2016 and was unannounced. The inspection team consisted of an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send to us by law.

During the inspection we met and spoke with five people using the service. We looked at three people's care plans and associated care records. We looked at five people's medicines administration records (MAR). We interviewed two staff members and spoke with the registered manager and deputy manager. We looked at three staff personnel files. During the inspection we spoke with one visiting health and social care professional. Following the inspection we spoke with the local authority commissioning body.

Good

Is the service safe?

Our findings

People told us "I feel safe here" and "yes I am happy with everything here." Staff had received training in safeguarding adults and could tell us how they would recognise signs of abuse and how they would report any concerns. One member of staff was nominated as the safeguarding adult champion and had a responsibility to ensure people and staff were aware of how to report safeguarding concerns. In addition there was a poster displayed in a communal area that told people and staff how to report concerns. There had been no safeguarding adults concerns reported since the last inspection. We talked with the registered manager who explained there had been no incidents of a safeguarding nature.

People told us "there are staff to support me" and staff told us there were enough day and night staff to meet people's needs. There was an established staff team and on the day of inspection there were enough staff to meet the needs of the people using the service. The service had robust recruitment systems in place for the safe recruitment of staff. Staff personnel files contained application forms, interview notes, references and testimonials, proof of identity and Disclosure and Barring Service checks.

People had individual risk assessments these included the administration of medicines, behaviour that challenged the service, falls and moving and handling. Risks were graded from low to high, to highlight the extent of the risk to staff. Measures were identified to manage the risk for example when people became distressed there were clear steps specified for staff to take to minimise the risk to the person and others. The service had assessed risks to people when they were out in the local community. For example although people were independent and able to go out by themselves consideration had been given to the risk to people and staff from traffic in the dark winter months. The service was situated on a road with no pavement therefore people may not be seen by traffic using the road. The service had provided high visibility jackets stored where people could put them on when leaving the service and there were reminders for people to use them.

Other environmental risk assessments included fire safety. The service had identified measures to minimise risk in the event of a fire. The plan to evacuate in the event of a fire was displayed in a communal area and there was fire prevention equipment throughout the service, there was regular checking of the fire alarms. There were "no smoking" signs in the service and a shelter had been built to facilitate people smoking in the garden. Staff were vigilant about people smoking on the premises. The manager explained that staff highlighted and reinforced to people the risks of smoking and fire. One staff member took responsibility for the weekly health and safety checks and showed us that these were taking place and the certificates for the fire safety equipment and gas were up to date. The service had regular fire drills and people's participation was noted to ensure everyone was aware of what to do in the event of a fire.

The service had systems in place for the safe administration of medicines. Staff had received training in administration of medicines. There was a medicines administration policy and a copy of the procedure was displayed on the office wall for staff reference. One staff member administered medicines whilst another staff member witnessed the administration and signing of the records to avoid errors being made. All medicines administration records reviewed were completed accurately without gaps. People's records

contained a photo of them for identification and named any allergies. There was a description of what the individual medicines looked like and what they were being used to treat. There was a description of possible side effects when taking medicines to alert staff to any adverse reactions. Medicines were kept appropriately in a safe manner.

The service was clean and free from mal-odour on the day of inspection. There was a cleaning schedule for staff to follow to maintain the hygiene of the service. Staff had received infection control training and had access to protective clothing such as disposable gloves when they required them. There was hand wash and paper towels available with a poster displayed to remind people and staff to wash their hands. Other measures such as colour coded mops were used to avoid cross infection. The kitchen had received a food hygiene four star review in 2012 and on the day of inspection the kitchen was clean with food stored in an appropriate manner. The temperatures of fridges were recorded daily and monitored to ensure food was kept at an appropriate temperature.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people using this service had the capacity to consent to their care and treatment therefore appropriately no DoLS applications had been made by the service.

Staff had received training to support them to understand their responsibilities under the MCA and were able to tell us how they obtained people's consent giving us examples of how they asked people's consent before supporting them. In people's records we saw examples of written consent, for example one person had given recent consent for the service to handle their money agreeing to a daily allowance to support them to budget. In other people's records there were consent forms for the sharing of information, consent to be weighed, consent for support with cooking and consent for use of an external intruder alarm after a specific time in the evening. In one person's file there was an example of when they had refused consent and their choice was respected. In the service there was a poster advising people that they could have someone from an independent organisation to advocate for them if they thought they may require support to have their views heard. We saw feedback in people's surveys where they stated "yes, staff have explained someone can advocate on my behalf." The service had systems in place to ensure people's rights were being upheld.

Staff records showed staff supervision occurring on a regular basis in 2016 but supervision was sporadic for some staff and there were no records for others in 2015. Staff told us they had received some supervision in 2015. We brought this to the registered manager's attention who told us they the supervision notes may have been archived by the previous registered manager and were not accessible to the current registered manager. We were concerned by the lack of supervision notes in 2015 but accepted supervision was taking place from 2016. We saw that staff had received appraisals in both 2015 and 2016.

Staff had received induction training when they started working at the service and completed a day visit as an introduction and three days in the service shadowing staff and becoming familiar with the users of the service and their records.

Staff had received training to enable them to meet people's physical and mental health support needs. For example staff had received moving and handling training, safe administration of medicines, first aid, health

and nutrition and mental health awareness and MCA and safeguarding. The staff group had started a distance learning course together on diabetes care to support them to meet the needs of a person diagnosed with diabetes. Senior staff held qualifications in health and social care and all support staff were working towards NVQ qualifications. Staff demonstrated they were knowledgeable about the conditions affecting the people they worked with and described how they utilised their learning from courses such as mental health awareness to support them to work with people in the service.

Staff supported people to attend their medical appointments and to access appropriate health care. For example people attended dentist, optician and chiropody appointments. GP visits were logged and requested appropriately when there were medical concerns. One person who complained of back pain was supported to attend a walk in clinic and told us how staff supported them if they were in pain describing they were offered medicines PRN, that is as and when pain relief, and a pain relieving gel for intermittent back pain as prescribed.

Heath care plans were detailed for example one person suffered with dry cracked lips. There was a care plan to address the issue with steps for staff to support the person's lip care and the plan had been reviewed on a monthly basis. People had been supported to consultant's clinics and when they received minor surgery staff had supported them and made notes of progress. People had regular contact with their mental health team and yearly care planning approach meetings that people and staff attended. People had a crises plan to inform staff on how best to support them when they were unwell. Health and social care professionals confirmed there was there was good communication from the staff team describing the staff as "proactive, they contact me all the time."

People had nutritional assessments and staff were able to describe people's dietary needs. One person had received nutritionist's input and had been supported to meet their goal weight. They were monitored by staff to ensure they did not lose further weight. People's care plans noted when their mental health state might affect their appetite. People were weighed monthly to ensure their weight remained stable.

A menu displayed in the dining area described what would be served each day. Staff told us they talked with people to identify what they would like to see on the weekly menu. The staff member cooked a homemade pasta bake for lunch and there was as stated on the menu a choice of supper dishes. In the kitchen there was an ample food supply to make meals and to give people alternatives. People made their own breakfast choosing from cereals, fruit and toast with a variety of spreads. We observed staff asking a person if they had their breakfast and encouraging them to eat. People told us they had enough to eat describing the food as "nice here" and "okay." One person said that they had three meals a day at the service and that there was always fruit available explaining they sometimes brought snacks for themselves when they wanted to.

The building did not contain adaptations as people currently living in the service did not require any adaptations. The building was well kept and decorated it was homely with enough space for people to live comfortably and had an accessible garden.

Good

Is the service caring?

Our findings

People told us staff are "kind" and "staff are fine thank you." A health and social care professional told us that people were "well looked after and well supported"

Staff told us they were "happy in my job" and that they were "passionate" about the work they undertook with the people. One staff member had received an "excellent carer" award in 2014 from the commissioning body in recognition the work they had undertaken with people using the service.

Staff told us they used "empathy not sympathy" when working with people to show people they cared about them and described how they encouraged people to be as independent as possible. Staff talked about people they supported who had made a lot of progress at the service achieving goals such as attending college and learning a trade describing being part of people's progress as "rewarding."

Staff had received training in equality, diversity and dignity. There was a dignity in care poster displayed and a staff member was a dignity in care champion who was responsible for raising staff's awareness of dignity in care and keeping the staff group informed of updates. Staff had also attended privacy and dignity training. Staff knocked on people's bedroom doors and waited to be asked in before entering. People's records were stored in a confidential manner.

People's care plans detailed their nationality and cultural preferences. Staff told us about people's diversity needs describing people's country of origin and cultural support needs around food and religion. We observed the registered manager talking to a person about their country of origin asking what region they came from and asking about what languages they spoke. The registered manager asked questions in an interested manner and listened to the person's replies. We saw the person responded positively, laughing and smiling with the registered manager as they talked about their school days.

People at the service said they were involved with their care planning and staff described how they go through the care plans with people so they understand clearly what is said. People had signed their care plans. Staff had completed end of life support training and people's records showed they had been asked about their end of life wishes, some people had stated what they would like to happen and who they wished to be contacted, other people's records stated they had chosen not to discuss this topic at this time.

Good

Is the service responsive?

Our findings

People had person centred plans these were written in the first person and gave a brief life history "Where I have lived". Some people's personal histories were detailed but one record contained mostly medical history and little information about the person's social history. We talked with the registered manager who said they would address this. People's records contained care plans that detailed how people would like support to be given and their preferences with regard to activities. At care planning meetings goals where identified and reviewed by staff and people on a regular basis.

There was a focus in the service on supporting people to be as independent as possible. A life skills assessment in people's records identified the support people required with their activities of daily living. For example support needed to "clean my room" or to "do my laundry" these identified if support was required.

People's care plans detailed the activities they wanted to undertake for example college courses. Two people described their college courses and told us that they were enjoying attending and learning new skills. A health and social care professional described how one person going to college was "a big achievement". Other people's plans detailed social activities such as salsa dancing to meet new people or attending a drop in centre once a week. People we spoke with told us said they went out either by themselves or with staff swimming, to cafes, to the cinema, shopping and to the zoo. There were some group activities to encourage people to socialise such as a visit to a pub once a week. Staff told us how they worked with people to motivate them to be active and independent. A health and social care professional said that staff "Get people into activities, they give strong guidance …and a lot of encouragement and praise big time."

Staff recorded people's daily notes. The reports described people's activities and mood for example "unsettled" or describing a "good day". Language used was appropriate and respectful. The records ensured staff coming on duty had notes to refer to and there were accurate recordings of people's behaviour if there were concerns or progress to be reported to health and social care professionals.

People were supported with their own interests when they stayed at home in the service. One person showed us their fish tank displayed in the communal lounge and described buying new fish and maintaining the tank, they also collected cacti and looked after the plants. We were invited into two bedrooms they were both personalised and very different reflecting each person's tastes. For example one person had chosen to decorate in pink colours and had butterflies designs on their wall and their personal items were in their room. Another person had their pet guinea pig in their room, well cared for by the person, their personal items and a table and chair to eat in their room as they liked to do this.

People told us "yes" they could say if there was a problem. One person said "yes it is nice, everyone is straight with me...you can tell people." There was a complaints policy and procedure. People were supported to raise concerns and complain. There was a complaints and compliments book and box in the main area. There were compliments and positive feedback from several health and social care professionals and thank you for work undertaken by staff from a charity organisation. The registered manager explained that there had been no recent written complaints however any concerns raised by people were explored

and addressed with people on a one to one basis. Health and social care professionals told us they "could raise a concern they [registered manager] would always take it forward."

Good

Is the service well-led?

Our findings

The service had a recently appointed registered manager who was familiar with the service. People told us that the registered manager was available to speak to and one person said "It is run very nicely." Staff told us they thought the service was well- led and that the registered manager was approachable and supportive. The registered manager explained there was an open door policy for both people and staff as she or her deputy manager were available to talk to during the day, describing at night staff could contact them as the designated on call for advice or support.

The registered manager told us they valued their staff and encouraged them to take greater responsibility to equip them to progress in the service. We saw staff had been given different areas of responsibility such as champions in safeguarding, dignity in care and activities. One staff member told us they were being given more responsibility as they wanted the experience to consider management training in the future.

We saw there were staff meetings occurring, sometimes two close together but sometimes there were gaps of several months. The registered manager explained they aimed for monthly meetings but occasionally the time scale was missed, however they did have additional meetings if there was a situation or concern that needed addressing. There were clear lines of communication in the service with two daily handovers from senior staff to staff coming on duty in the morning and at night. Handovers consisted of sharing information and a daily planner was completed to allocate tasks. This ensured that staff were accountable for their designated area of responsibility.

As part of the handover the senior staff would check the service by walking round the environment to check safety this included the daily kitchen check to ensure fridge temperatures were recorded and food intake charts were completed. Medicines were checked and counted each day by the senior on duty with a staff member to check no errors had been made.

The deputy manager had carried out monthly care plan audits and monthly health and safety checks had been carried out by the health and safety champion. The maintenance book showed repairs identified had been highlighted to the maintenance staff.

Surveys were given out every three months to people, family and professionals to obtain their views of the quality of the service. The responses could be handed back anonymously. We looked at the responses and there were positive responses. In addition a staff survey had been sent out in January 2016 to obtain staff views of the service and management. The registered manager told us they acted on the suggestions from the staff and discussed future plans to provide a written report when they conducted surveys in future.

The registered manager told us they worked closely with other agencies to ensure the quality of care to people using the service. A health and social care professional told us that the service was good at keeping them updated and they worked in partnership with them. The registered manager was working in partnership with the local commissioning body as the chair of the provider quality in care forum.