

# Woodham Enterprises Limited

# Woodham House

# Daneswood

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The service provides care and accommodation for up to 15 adults with mental health conditions. At the time of the inspection there were 13 people living at the home.

We carried out an unannounced comprehensive inspection of the service on 25 August and 3 September 2015. We gave it an overall rating of good. The service did not have a registered manager in post. The manager was in the process of renewing their registration with CQC as they had left the service for a period of time and then returned. This inspection confirmed that the service still had no registered manager. A new manager was appointed for the post and was in the process of registering with CQC. This will be followed up during our next comprehensive inspection of the service.

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.

In late April 2016 we received concerns about the staff support at the service. We undertook a focused inspection on 24 May 2016 to look into these concerns. This report only covers our findings in relation to the concerns raised.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodham House Daneswood on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We found that staff occasionally covered two long shifts in a row with only two hours break in between the shifts. Staff told us they chose to carry out the shifts and were able to carry out their duties safely. We were concerned that staff were tired and that it was not safe for staff to be responsible for people's support needs.

People and their relatives told us there was enough staff to provide safe care at the service. Staffing levels were assessed based on the number of people and their support needs. The service followed safe staff recruitment process to ensure that staff provided safe care for people.

Staff had knowledge and skills to meet people's care needs as necessary. Staff told us they undertook relevant to their role training courses to ensure that the support provided was in line with good practice. Systems were in place to support newly employed staff during the induction period. This meant that new staff performance was monitored and assessed as required.

The service carried out regular supervision and appraisal meetings for staff. Some appraisal minutes viewed had the same information for different staff members, which meant that records were not accurately completed.

People chose what they wanted to eat and drink and were encouraged to cook meals for themselves.

## 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 not always safe. People were cared for by staff who had worked too many hours to provide safe care.

We have made a recommendation about staff support to ensure safe care delivery for people.

The service had enough staff to meet the needs of the people who lived there. People told us there were sufficient number of staff at the service.

Safe recruitment processes were in place, which ensured that staff were suitable to work with people using the service.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff attended necessary training courses, which ensured they were up-to-date with the knowledge required for the job. Newly employed staff were provided with support to ensure they had the needed level of skills to meet people's care needs.

Staff received regular supervision and appraisal at the service. Some appraisal minutes viewed held the same information for different staff members. This meant that the records had not been completed accurately and actions agreed could have been missed.

People had support to cook meals for themselves. The service provided people with choice of meals they wanted to have.

**Good** ●

### Is the service well-led?

The service continued to require improvements to ensure they were well-led. The service did not meet the registered manager's condition. A new manager was appointed and was in the process of registering with the CQC. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

# Woodham House Daneswood

## **Detailed findings**

### Background to this inspection

On 24 May 2016 we undertook an unannounced focused inspection of Woodham House Daneswood. This inspection was done to check the concerns raised about the staff support at the service. We inspected the service against three of the five questions we ask about services: Is the service safe? Is the service effective? Is the service well-led?

This inspection was carried out by one inspector. Prior to the inspection, we reviewed the information we held about the service including records of notifications sent to us. A notification is information about important events which the service is required to send us by law. During our inspection we spoke to five people using the service. We also talked to two deputy managers of the service and three staff members. We reviewed staff rotas, policies and procedures, five staff files and other records related to the management of the service. We observed how staff supported people at the time of inspection.

On the day of inspection the manager of the service was on leave. After the inspection we contacted the manager for further information.

After the inspection we got in touch with four relatives for their feedback about the services provided for people. We also made phone calls to one staff member.

# Is the service safe?

## Our findings

People received support from staff who had worked too many hours to ensure safe care. Records showed that staff regularly covered two shifts in a row. We saw that some staff worked between two and five long shifts per month. Staff had worked a day shift starting at 8 am and then continued to work a waking night shift between 8 pm and 8 am. We were not clear how long the breaks were in between the shift. The deputy manager said that staff had two hours break in the 24 hour shift. One staff member told us it was four hours, whereas one other staff said they had breaks for as long as they needed it. Staff told us they provided the manager with their availability and the manager put the rota together to accommodate their needs. Staff said to us that they did not mind having two shifts in a row and that this had not affected the quality of the support people were provided with. A staff member told us they had asked to cover two shifts in a row as it suited their personal circumstances. Another staff said they carried out two shifts in a row when cover was required on a short notice, for example someone called in sick. However, we were concerned that staff were tired as they worked for 24 hours with only one break in between. It was not safe for staff to cover two shifts in a row and to be responsible for people's support needs.

We recommend that the service seek advice and guidance from a reputable source, about supporting staff to undertake their duties safely to meet the care needs of people they supported.

People told us there were enough staff on the shift to support them with their care needs. Two out of five people said to us that sometimes the care was delayed because staff were busy undertaking other tasks. However, they said that occasionally they had to wait for staff to help them, but they did not mind this. Where necessary staff let people know if they were busy and how quickly they will be back to assist them. One person said, "I had to wait for about 10 minutes to get support with clothes washing, because [staff] were busy talking to other people." One other person told us that on occasions they had to wait for staff to help them to have a wash. All people we spoke with said they asked for support when they needed it and staff were good at providing the required assistance. A person said there was, "plenty of staff, when I need help they are around." One other person told us that, "if one [staff] is busy I can get the other one."

Relatives said they had no reason to believe that staffing levels were low. One relative told us that people were, "looked after well and [staff] were there to help" when needed. However, two out of four relatives we spoke to felt they were not kept up-to-date with important information about their family members. They said this was because of lack of communication from the service and possibly staff being busy.

The service provided sufficient levels of staff to support people with their needs. Records showed that the service consistently provided three staff during the day and two at night. The deputy manager told us that staffing levels varied depending on the number of people and their support needs. The service used risk assessments to identify people's dependency levels and arranged staffing levels accordingly to ensure safe care provision for people. Staffing levels were increased when the service had three and more people assessed at high risk. The deputy manager told us that at the time of inspection the service had not had people with high risks. Staff sickness and annual leave were mostly covered by permanent staff, which meant that people knew the staff that supported them well. The deputy manager told us there were no

difficulties covering the shifts.

Three out of four staff told us there were enough staff on duty during the day and night to provide people with safe care. One staff member said that the service had not provided sufficient levels of staff and therefore staff were, "heavily overloaded with tasks." As a result of this, the staff team had to prioritise the tasks that needed to be carried out quickly, whereas the less urgent tasks had to be delayed. These included paper work and answering phone calls. Other staff said they had enough time to attend to people's needs as and when required. A staff member told us, "I follow support plans and we undertake all the actions required making sure [people] are provided with the help they need." One other staff said that recently the team had requested extra night staff because of additional support one person needed during the night. The manager was going to look into this. However, the person's needs had changed since then and additional staff was no longer required. This meant that staffing levels were reviewed as necessary to meet people's needs.

We observed the staffing levels were adequate for the numbers and needs of the people living in the home on the day we visited. We saw three staff on the shift that day. Staff were around when people needed advice and reassurance, for example to discuss their money management arrangements. We observed that staff were available to people when they required assistance, including support preparing their meals. We saw that staff were not in a rush and spent time talking to people.

The provider followed a recruitment process to ensure that staff were recruited safely. Records showed that staff completed disclosure and barring checks, references and application forms prior to starting working with people. We viewed copies of right to work documents for staff that required work permit in the United Kingdom. This ensured that staff were suitable to work with people using the service. Staff told us they attended interviews, which ensured they had the appropriate knowledge and skills to support people with their needs.

## Is the service effective?

### Our findings

People told us that staff were knowledgeable and had skills to support them with their needs. One person said to us that staff, "are good here and helped me to enrol for a class that I wanted to attend." One other person told us that staff, "know how to do things right." Training records showed that staff were up-to-date with the Mental Capacity Act 2005, safe management of medicines, managing challenging behaviour and safeguarding adults training courses. Staff said they received training relevant to their role to ensure effective care for people. They applied gained knowledge in practice. For example, we saw that staff were aware of people's individual needs and helped them to improve their independence skills, such as carrying out household chores in the home. A staff member told us the service provided, "a lot of training and it equipped me to do work well." The manager put staff for up-coming training when they were due for refresher courses. This ensured that staff had attended the required training courses on time. Staff were also encouraged to undertake additional training, including qualifications and training courses in health and social care.

Staff were provided with support to meet people's needs effectively. Staff told us they had regular supervision to discuss their professional goals. The service carried out regular one-to-one supervision sessions and practice observation supervision to promote learning and good practice. Supervision records viewed reflected training needs and duties in their day-to-day work. These included key working responsibilities and skills required to ensure safe environment for people. This meant that staff were supported to monitor their work to ensure they provided necessary care for people. Staff also said the manager was there to support them when needed. They were able to approach the manager for advice as necessary. A staff member told us they talked to the manager about, "anything" that concerned them.

Records showed that staff had yearly appraisal meetings. Staff told us they had regular appraisal meetings to discuss their achievements and continuous development needs. One staff member said that appraisal meetings were, "very good and productive." However, some of the appraisal records viewed held exactly the same information for different staff members. This meant that staff's appraisal meetings were not accurately recorded to reflect what was discussed at the meeting. There was a risk that the follow-up actions agreed were not appropriately recorded and may not have been completed. We asked the deputy manager about this who told us, that the last year's appraisal meetings were carried out by a manager who is no longer working for the provider. The deputy manager had reassured us that the service was not aware about this practice and will make sure that this is not happening in the future.

The service supported newly employed staff to undertake induction to ensure they were familiar with the needs of people they cared for. Within the first 12 weeks staff were required to attend relevant to their role training courses. They also shadowed experienced senior team members prior to providing support to people. Staff files we viewed showed that staff were supported to complete an induction checklist, which ensured they familiarised themselves with the service's policies and procedures, housekeeping, use of equipment and people's individual care needs. The deputy manager told us that some staff were more knowledgeable and therefore required shorter induction period, whereas the less experienced staff needed more practice time to ensure they had the required level of skills to support people with their needs. This



meant that systems were in place to monitor and assess newly employed staff's performance as required.

People were supported to eat and drink according to their wishes and choices. People said they told staff what they wanted to eat and how they liked their food. Some people chose to eat out and only occasionally had food in the house. Staff told us they used residents' meetings to discuss a menu plan with people. People were given a choice of two options for dinner and staff cooked it for them. One person told us they had meals that suited their health needs. This ensured that people's nutritional needs were met in line with good practice. People received individual support to prepare their breakfast and lunch. Staff helped people to cook their meals depending on the support they required. Some people were independent and cooked by themselves, whereas others needed assistance to prepare the meals. This meant that people had support whilst learning new skills.

## Is the service well-led?

### Our findings

At our previous inspection we found that the service did not have a registered manager. This inspection confirmed that the service still had no registered manager in post. A new manager was appointed in April 2016. After the inspection we contacted the manager to find out what actions they were taking to register with the CQC. The manager told us they intended to apply for the CQC registration next week, which was middle of June. The manager's registration with the CQC will be followed up during our next comprehensive inspection of the service.