

Royal Mencap Society

# Woodlawn Crescent

## Inspection report

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08 September 2017

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection that took place on 5 and 8 September 2017.

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

The home had a registered manager, although they were in the process of transferring to a new post within the organisation. An application had also been made for a new registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection on 6 July 2015 the home met all the key questions and was rated good in each with an overall good rating.

People and their relatives thought the home was a good place to live and people were happy there. This was particularly regarding the way that staff treated and supported people. When we visited people were supported to choose the activities they wanted to do and when they wished to do them, unless they were external activities with fixed times. Although the home provided community based activities, one relative and a health care professional felt that these had reduced for one person because there were not enough staff. Other relatives were happy with the staffing levels.

We recommend that the provider review the deployment of staff throughout the day and night in line with national guidance on safe staffing levels to ensure people using the service have the support and supervision they need at all times.

People felt safe living at the home and accessing amenities available in the local community. The home was warm and welcoming with a friendly and inclusive atmosphere. Throughout our visit people's body language and their interaction with staff and each other was positive.

The home was well maintained, furnished, clean and provided a safe environment for people to live and staff to work in.

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

The staff knew the people they worked with and field they worked in well. They had the appropriate skills and training required to meet people's needs and they were focussed on providing care and support for each person as an individual. This was delivered in an enabling, friendly and professional manner. They

were trained and skilled and made themselves accessible to people and their relatives. Staff said they had access to good training and support.

People were protected from nutrition and hydration associated risks by being provided with balanced diets that also met their likes and preferences. They said they liked the choice and variety of food provided. People were encouraged to discuss health needs with staff and they had access to community based health professionals.

The management team at the home, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible with the organisation's policies and systems supporting this practice.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> 'The service remains Good'	<b>Good</b> ●
<b>Is the service effective?</b> 'The service remains Good'	<b>Good</b> ●
<b>Is the service caring?</b> 'The service remains Good'	<b>Good</b> ●
<b>Is the service responsive?</b> 'The service remains Good'	<b>Good</b> ●
<b>Is the service well-led?</b> 'The service remains Good'	<b>Good</b> ●

# Woodlawn Crescent

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and took place on 5 and 8 September 2017.

This inspection was carried out by one inspector.

There were four people living at the home. We spoke with four people, three relatives, three care workers, and the registered manager from another home who was covering whilst the prospective registered manager who had applied for registration with the Care Quality Commission was on leave.

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, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

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

We looked at the personal care and support plans for three people and two staff files.

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

We contacted a health care professional to get their views.

## Is the service safe?

### Our findings

Relatives told us the home provided a safe service. Although people did not directly comment on whether they felt safe, one person said, "I am fine." They then smiled. People's relaxed body language indicated that they felt safe with one person very happy to answer the front door. A relative said, "A very safe service." Another relative was concerned that one person answered the front door when they visited without a staff member being with them.

Staff were trained to identify the different forms of abuse and the action they needed to take if it was happening. This was outlined in the provider's policies and procedures. Staff were also trained in safeguarding people and were aware of how to raise a safeguarding alert and the circumstances in which they should do so. There was no current safeguarding activity. Previous safeguarding alerts had been suitably reported, investigated and recorded. Staff also provided people with information about how to keep safe and areas of concern regarding people individually were recorded in their files.

People had individualised risk assessments that enabled them to take acceptable risks and enjoy their lives safely. These included risk assessments about their health, social activities and other aspects of daily living. The risk assessments were regularly reviewed and updated as people's needs and interests changed. There were also general risk assessments for the home and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained. The risk assessments were reliant to an acceptable level on staff observation and knowledge of people and the way they communicate as some people had limited capacity for verbal communication.

The staff recruitment procedure was comprehensive and all stages of the process were recorded. Posts were advertised and job descriptions and person specifications provided. Prospective staff were short-listed for an interview panel that included people living at Woodlawn Crescent. The interview contained scenario based questions to identify people's communication skills and knowledge of learning disabilities. People were further included in the process by asking their opinion of candidates when they visited. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. A DBS is a criminal record check employers undertake to make safer recruitment decisions. If prospective staff had gaps in their knowledge, the organisation decided if the induction training could provide this knowledge and if the person should be employed. Staff were provided with a handbook that contained the organisation's disciplinary policies and procedures. There was also a three month probationary period.

The rota showed that staff provided flexible support to meet people's different needs. There were enough staff to meet people's needs during our visit. This was reflected in the way people did the activities they wished safely, when we were present. One relative and a health professional thought that the home needed more staff and gave an example of people getting ready for bed in the early evening, although not actually going to bed early. They thought this practice was to make it easier for staff who were very busy. They also said that one person's level of activities had curtailed and thought this was due to not having enough staff. There were suitable arrangements for cover in the absence of staff due to annual leave or sickness. Other

relatives were happy with the staffing levels. The home currently had two staff vacancies that were being recruited to and used bank rather than agency staff to cover shifts for continuity. Bank staff were provided with individual support summaries and a checklist to help them familiarise themselves with the home and people who lived there.

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

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

We recommend that the provider review the deployment of staff throughout the day and night in line with national guidance on safe staffing levels to ensure people using the service have the support and supervision they need at all times.

## Is the service effective?

### Our findings

People said staff supported them to do the things they enjoyed and wanted to do. One person said, "I had fun at the shops, but I'm tired now." Another person said, "I want a cuddle." A staff member responded with an appropriate cuddle. A relative told us, "I'm very happy with the place [relative] is very well looked after." During our visit staff communicated with people in a clear way that enabled people to understand what they were saying. They were also given the opportunity to respond at their own speed. For people with less developed communication skills, staff were aware of what gestures, repetitive single words and short sentences meant.

Staff were equipped to support and meet people's needs effectively through the induction and mandatory training they had received. The induction followed the Skills for Care 'Common induction standards', was module based over 12 weeks and included an induction pack. As part of their induction new staff shadowed more experienced staff to increase their knowledge of the home and people who lived there. The training matrix identified when mandatory training was due. The training included infection control, manual handling, medication, food hygiene, equality and diversity and first aid. Staff also had access to specialist service specific training such as dementia awareness, end of life and challenging behaviour. Staff meetings included scenarios that identified further training needs. Quarterly supervision sessions and annual appraisals were partly used to identify any gaps in training. There were staff training and development plans in place and opportunities for advancement using the 'Shape your future' and 'Top talent' programmes.

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

People's care plans contained sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding the type of support required at meal times contained in people's care plans. Staff asked people what meals they wanted to eat, encouraged them to take part in preparing their meals and advised people about healthy options. A relative commented, "Staff are very good with looking after [relative] health." One person made us a cup of tea with staff in attendance, but not taking over. The meals people ate were a balance between the meals they enjoyed and eating healthily. People were provided with easy to understand nutritional guidance that staff explained to help them understand. There were regular visits by a local authority health team dietician and other health care professionals in the community. People had annual health checks. Staff said any concerns were raised and discussed with the person's GP and relatives as appropriate. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

## Is the service caring?

### Our findings

During our visit the home's atmosphere was comfortable and relaxed and we saw people enjoyed it. This was primarily due to the calm and friendly approach of the staff who met people's needs in a skilful and patient way that showed us they knew people, their needs and preferences well. People did not directly comment regarding if staff cared, but there was a lot of laughter, smiling and good natured joking with staff that people clearly enjoyed. A relative said, "I really like all the staff."

People and their relatives said that staff treated people with dignity and respect and people were given as much time as they required to have their needs met. Staff spoke to people at a pace that made it easy for them to understand and also enabled them to make themselves understood. If people had difficulty expressing themselves staff listened carefully and made sure they understood what the person had said. Staff had received training about respecting people's rights, dignity and treating them with respect that was reflected in their care practices and patient approach to people during the inspection.

People were involved, listened to and encouraged to join in with what was going on. They were also supported to do things for themselves with staff providing them with their own space. They were supported to make snacks and lunch. Staff facilitated good, positive interaction between people and promoted their respect for each other. A lot of activity took place in the communal lounge and dining area. There was good natured banter between people as well as with staff.

Staff spent time engaging with people, talking in a supportive and reassuring way that people's body language indicated was acceptable to them and they liked. There were numerous positive interactions between staff and people throughout our visit with lots of laughing and joking.

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

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

## Is the service responsive?

### Our findings

People and their relatives confirmed that the home and organisation asked for their views and opinions. They were given time to decide what they wanted to do and when by staff. We saw that if people had a problem, it was quickly resolved and people were supported and enabled to enjoy the activities they had chosen. One person said, "I'm going to Spain in three weeks. I love it there." Another person pointed at art work hanging on the lounge wall and said, "I sent one home to my brother, I made it." A relative told us, "[relative is very happy and that is the main thing." Another relative said, "I think we are very lucky." People and their relatives said the care and support they got was what they wanted. It was delivered in a way people liked that was friendly, enabling and appropriate.

The covering manager explained that people were referred by a local authority that provided pre-admission assessment and information from any previous placement was also requested. This information was shared with the home's staff to identify if people's needs could initially be met. The home then carried out its own needs assessment with the person and their relatives. People had lived at the home for a long time and their assessment information had been archived.

The organisation's policy and procedure stated that people, their relatives and other representatives would be fully consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished before deciding if they wanted to move in. They could stay overnight if they wished to help them make a decision. Staff told us the importance of considering people's views as well as those of relatives so that the care could be focussed on the individual. It was also important to get the views of those already living at the home. During the course of these visits the assessment information would be added to.

Written information about the home and organisation was provided and there were regular reviews to check that the placement was working. If there was a problem with the placement, alternatives would be discussed, considered and information provided to prospective services where needs might be better met. People's needs were re-assessed with them and their relatives and care plans updated to reflect changing needs.

People's care plans were individualised, person focused and developed by people and their keyworkers who were identified lead staff. The care plans were live documents that were added to when new information became available. They were part pictorial to make them easier for people to use. They had goals that were identified and agreed with people where possible. The goals were underpinned by risks assessments and reviewed monthly by people and their keyworkers. If goals were met they were replaced with new ones.

The care plans contained personal information including race, religion, disability, likes, dislikes and people's interests and the support required for them to participate in them. Daily notes identified if the activities had taken place. This information enabled staff to respect people, their wishes and meet their needs. The care plans were comprehensive and contained sections for all aspects of health and wellbeing. They included care needed and medical history, mobility, dementia, personal care, recreation and activities, emotional

needs and behavioural management strategies.

There were also individual communication plans and guidance. If people had to visit hospital, a 'Hospital passport' was provided and they were accompanied by staff. A hospital passport provided information about a person for the hospital.

Activities were a combination of individual and group with the majority being home rather than community based. A relative and health care professional said people seemed to spend more time at home watching television and did not use the lovely garden when the weather was nice. This was due, to a certain extent, because of the reduction in available activities within the local community. The organisation was looking to address this by providing more activities including a monthly social group and tapping into the resources of other organisations. They also made use of the Feltham Leisure Complex for the cinema and bowling. Each person had their own weekly individual activity plan. The activities that took place included aromatherapy, music therapy, disco at home with people from other services and visits to the park. People also improved and maintained their life skills by taking responsibility for tasks such as cleaning their room, changing their bed, going to the bank and shopping. One person was also visiting a relative for the weekend.

People and their relatives told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them and was part pictorial to make it easier to understand. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns. Any concerns or discomfort displayed by people using the service were attended to during our visit.

## Is the service well-led?

### Our findings

People said they liked the new acting manager and the registered manager who was transferring to another service. They said they made them feel comfortable. One relative said, "The new manager seems very nice." Another relative told us, "The manager is very approachable." The home had an open, listening culture when we visited with staff and the covering manager listening to people and acting upon their wishes. People's body language and conversation demonstrated that they felt very comfortable in the environment that staff provided.

The organisation had a clearly defined vision and set of values that staff understood. The vision and values were reflected in the management and staff practices as they went about their duties. People were treated with equal attention, support and compassion irrespective of their cultural background, religious beliefs or sexuality and listened to by staff who did not talk to them in a demeaning way. There were also clear lines of communication within the organisation and specific areas of responsibility and boundaries that staff understood and observed.

Staff said they were well supported and their suggestions to improve the service were listened to and given serious consideration. They said they really enjoyed working at the home. A staff member said, "Good people to work for." Another member of staff told us, "The great thing about Mencap is that we learn a lot."

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

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

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

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

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