

Well House Care Sussex Ltd

The Well House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We inspected the Well House on the 5 October 2017 and the inspection was unannounced. The Well House provides accommodation for up to 14 people with a learning disability and complex care needs. Some people live at The Well House on a permanent basis while others use the service on a rotational basis for short stays of one or more nights. The age range of people living at the service varied between 20 – 60 years old. People require support with personal care, mobility, health, behavioural and communication needs. Accommodation is provided on two floors in the main house and in the garden of the service was a one bedded annex and a four bedded annex. Each annex was purpose built with kitchens and wet rooms.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection undertaken on the 6, 8 and 22 September 2016, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to people being unlawfully deprived of their liberty. The management and storage of medicines was not safe. Robust risk assessments in relation to bathing had not been maintained, accurate records had not been maintained and the provider's quality assurance framework was not fit for purpose. Recommendations were also made in relation to staffing levels, cleanliness, implementing the principles of the Mental Capacity Act into the care planning process and submitting statutory notifications. The provider sent us an action plan stating they would have addressed all of these concerns by October 2016. At this inspection we found the provider had followed their plan and they were now meeting the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Part of the requirements of the provider's registration is to ensure that when their service is inspected by CQC, that they display their performance rating, to provide members of the public with an awareness of the rating of the service. The provider had not displayed the rating of the previous inspection on their website. Failure to display a rating is a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. CQC served a fixed penalty notice for failure to display a rating, which the provider paid.

Steps had been taken to drive improvement and the provider was now meeting the legal requirements. Quality assurance checks were now in place and the provider was routinely submitting statutory notifications. However, further work was required to strengthen the provider's internal quality assurance framework. We have identified this as an area of practice that needs improvement.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Where required, DoLS applications had been made and steps had been taken to embed the principles of the Mental Capacity Act 2005 (MCA) into the care planning process. However, further work was required to strengthen this. We have identified this as an area of practice that needs improvement.

Systems were in place for staff to support people with the management of their diabetes. Risk assessments and guidance were in place. However, the disposal of insulin needles required addressing. We have identified this as an area of practice that needs improvement.

All risks to people's safety had been assessed and were managed in line with individual risk assessments. Risks associated with bathing had been addressed and robust risk assessments were in place. Systems were in place to ensure water temperatures did not exceed recommended temperatures.

People were supported to take their medicines safely. People were supported to maintain good health and had access to healthcare services. People received support from dieticians, GP's, dentist and other healthcare professionals.

People were asked for their permission before staff assisted them with care or support. Staff had the skills and knowledge necessary to provide people with safe and effective care. Staff received regular support from management which made them feel supported and valued.

Staffing levels were safe and sufficient and enabled staff to provide care that met people's care needs. People were empowered to live active and meaningful lives. One staff member told us, "The reason I love working here is that every day without fail, we go out and do something different." Staff supported people to maintain important relationships and access the community.

People's equality and diversity needs were respected and upheld. Visitors were made to feel welcome and relatives valued communication with staff and the management team. Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Person-centred care was at the forefront of the service. Staff members described the key strength and values of the services as 'homely and client-led.' People's views and opinions mattered to the provider and people were actively involved in the running of the service. Relatives spoke highly of the service and praised the care that their loved one received. One relative told us, "(Person) loves going to the Well House for respite. They help me pack their case ready to go and want to go back as soon as they've got home. I really love that they are so happy spending time at the Well House."

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 Well House was safe.

Risks to people's health and wellbeing were identified and detailed plans about how to manage the risk were completed. The management of epilepsy was safe.

There were clear procedures in place to safeguard people from the risk of abuse and staff knew how to protect people. There were enough staff deployed. Staff were subject to rigorous pre-employment checks to ensure they were suitable to work at the service.

Medicines were safely administered, stored and disposed of by staff with appropriate medicines training.

Is the service effective?

Requires Improvement ●

The Well House was not consistently effective.

Further work was required to strengthen the principles of the Mental Capacity Act (MCA) 2005 into the care planning process. The management of insulin needles needed improvement.

Staff received training that was appropriate to their role and responsibilities. Staff had a good understanding of people's complex support and health needs.

People were supported to have a choice of food and drink.

Is the service caring?

Good ●

The Well House was caring.

The service was relaxed and friendly with a homely feel to the environment.

Staff were kind and caring. They were aware of, and took into account, people's preferences and different needs.

Positive caring relationships had been formed between people and staff.

Is the service responsive?

Good 

The Well House was responsive.

People received support that was responsive to their needs because staff knew them well. Person centred care was at the forefront of the service.

People were supported to lead a full and active lifestyle.

A complaints procedure was available and made available to people.

Is the service well-led?

Requires Improvement 

The Well House was not consistently well-led.

The provider's internal quality assurance framework required strengthening.

There was an open, friendly culture and staff described the key strength of the service as its homely atmosphere.

People were empowered to be involved in the running of the service.

The Well 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.

The inspection took place on the 5 October 2017 and was unannounced. The inspection was carried out by two inspectors.

Before our inspection we reviewed the information we held about the home. We considered information we held about the service this included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had 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 contacted the local authority to obtain their views about the care provided in the home.

During the inspection we spent time with people who lived at the service. We spent time in the lounge, kitchen, and people's own rooms when we were invited to do so. We took time to observe how people and staff interacted. Some people were unable to use structured language to communicate verbally with us, so we took time to observe how people and staff interacted at lunch time and during activities. We spoke with four people, one visiting relative, five staff members, the registered manager and deputy manager. We contacted four people's relatives via telephone after the inspection to obtain their views. Their feedback has been included within the body of the report.

We reviewed five staff files, six care plans and associated risk assessments, four weekly staff rotas, medication records, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, quality monitoring documentation, meeting minutes and surveys undertaken by the service.

We 'pathway tracked' six of the people living at the service. This is when we looked at people's care

documentation in depth; obtained their views on their experience of living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

The last inspection was carried out on 6, 8 and 22 September 2017 where the service was rated as 'Requires Improvement.'

Is the service safe?

Our findings

Due to communication needs, some people were verbally unable to tell us if they felt safe living at The Well House. Observations of care demonstrated that people were comfortable in the presence of staff. People's behaviour also showed us they felt safe. For example, the interactions and communication with all of the staff were open and warm. People freely approached staff and responded to staff with smiles. One visiting relative told us, "They are very happy and settled here. If they were not happy, we would soon know but they are always smiling and laughing when I visit. Staff can cope with their behaviours very well and I know they are safe here." Relatives confirmed they felt confident leaving their loved ones in hands of the Well House. One relative told us, "They are totally safe there."

At our last inspection in September 2016, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the management of medicines was not safe. Risk associated with bathing had not been adequately assessed and mitigated. Areas of improvement were also identified in relation to infection control and staffing levels. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by October 2016. At this inspection, we found improvements had been made and the provider was now meeting the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The management of medicines had improved. Safe systems were in place for the ordering, administration and disposal of medicines. At the last inspection in September 2016, the provider had failed to monitor the temperature of the medicines cabinet. Extreme temperatures (hot and cold) or excessive moisture causes deterioration of medicines and some are more susceptible than others. At this inspection, improvements had been made and medicines were now stored at correct temperatures. Documentation confirmed that the temperature of the medicines cabinet had not exceeded twenty five degrees as advised in best practice guideline by National Institute for Health and Care Excellence. Medication Administration Records (MAR charts) continued to be created by the provider rather than being supplied by the dispensing pharmacy. However, handwritten MAR charts were now signed by the staff member who had created them and they were now also signed and checked by a second staff member. This enabled staff to monitor for accuracy against the prescribing instructions. MAR charts now recorded the date when medicines were received from the pharmacy alongside the quantity. Monthly medicine audits were completed alongside monthly stock checks of medicines. This enabled the provider to have a strategic oversight of the management of medicines, monitor for any shortfalls and ensure that accurate stock levels were being maintained.

Guidance produced by the National Institute for Health and Care Excellence advises that staff administering medicines should be assessed as competent to do so. Since the last inspection in September 2016, the provider had introduced medicine competency assessment. This considered the staff member's understanding of an individual's right when taking medicines and whether they demonstrate safe practice when administering medicines. The registered manager told us, "Although we have introduced the competency assessment, we have decided that we need to have a more in-depth assessment as the current competency assessment is more a check list exercise and we need to demonstrate when the staff member was observed administering medicines. We also need to ensure that the staff member assessing

competency is competent to do so." Further steps were being taken to strengthen staff's medicine competency assessment. Guidelines were in place for the use of 'as required' medicines. A number of people were prescribed anti-psychotic medicines. A member of the management team told us, "We rarely administer anti-psychotic medicines." This was reflected within the MAR charts and in the event of anti-psychotic medicines being required, guidance was in place for the steps to take before administering the medicine.

At the last inspection in September 2016 the management of risk was not safe. Risks associated with scalding, burning and the management of hot water were not safely assessed or mitigated. At this inspection, improvements had been made. Documentation confirmed that water temperatures were checked on each occasion a person had a bath. Temperatures had not exceeded 43c and health and safety checks were undertaken on a regular basis to ensure the safety of the thermostatic valves (system to ensure that the hot water does not exceed 43c). Staff members demonstrated a firm awareness of the importance of assessing and managing risks around scalding and burning. One staff member told us, "Bathing risk assessments are in place which identify if someone needs us to stay with them when they are in the bath. For most people, we tend to stay with them as it would be a risk to leave them unattended in the bath. We always check the temperature of the bath water before someone gets in."

Guidance produced by the epilepsy society advises that epilepsy can be more common in people living with a learning disability. Where people had a diagnosis of epilepsy, clear guidance and risk assessments were in place. Guidance included on when medical care should be sought. For example, the risk assessment for one person identified that emergency medicines should be administered if their seizure lasted longer than five minutes. Staff members were able to tell us about people's individual epilepsy protocols and confirmed they felt confident in providing safe care in the event of a person having a seizure.

Potential risks to people in their everyday lives were assessed and managed to protect them from the risk of harm. A range of risk assessments were in place which considered the hazard, control measures already in place and any additional control measures. For example, one person enjoyed going out and about however due to risks of absconding, control measures included sitting in the back seat of the car with the doors locked, use of strap belt when sitting in a wheelchair when out and about and one to one staff supervision when accessing the community. Staff also provided care and support to people living with a swallowing difficulty and heightened risk of choking. Nutritional risk assessments were in place which provided guidance to staff on how to mitigate the risk of choking, such as providing a soft diet, ensuring the person was sitting upright and one to one support with eating and drinking.

At the last inspection in September 2016, we asked the provider seeks guidance on the implementation of a robust cleaning regime. This was because the environment was not consistently clean and tidy. At this inspection, improvements had been made. Guidance produced by Skills for Care advises that 'in order to receive safe and effective care, infection control and prevention must be part of everyday practice and be applied consistently by everyone.' Cleaning schedules were now in place and the provider completed a regular infection control audit which enabled for any shortfalls to be identified. For example, the most recent audit in September 2017 identified the following actions which included for the carpet to be shampooed and for the upholstery to be cleaned. The registered manager told us, "We have two cleaners in post now which is making a big difference as every-day we have a cleaner in." A programme of refurbishment was under way which included new carpets, chairs to be replaced and a programme of painting.

Systems were now in place to determine staffing levels based on people's individual care needs. At the last inspection in September 2016, we asked the provider to seek guidance from a reputable source about the

determination of staffing levels and following current guidance and legislation. This was because the provider was unable to evidence how staffing levels were based on people's care needs. The registered manager told us, "Every Monday morning we have a management meeting where we look at staffing levels for the weeks ahead and consider what respite clients we will be supporting. Who requires one to one care, any trips out and from that we determine staffing levels." Where staff worked in excess of 48 hours a week, staff had signed the European Working Time Directive. At the last inspection in September 2016, rotas reflected that staff could often work the waking night shift finishing at 07.45am and start shift again at 14.30pm. This meant staff were not having an 11 hour gap between shifts as advised by best practice guidelines published by the government. Improvements had been made. Staff rotas now reflected that staff working on a waking night shift always had an 11 hour break between shifts. Staff, people and their relatives felt staffing levels were sufficient. One staff member told us, "I would say staffing levels are sufficient. We get time to take people out and spend time with them." One relative told us, "I have no concerns over staffing levels. (Person) needs one to one care and they always provide that."

People were cared for by staff that the provider had deemed safe to work with them. Before staff started work identity and security checks had been completed, and their employment history gained. In addition to this their suitability to work in the health and social care sector was checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with adults at risk.

Systems were in place to ensure people's rights were protected and people were kept safe from harm. These included clear systems for protecting people from abuse. Training records confirmed staff had received adult safeguarding training. Staff talked to us about their responsibility to recognise and report any abuse. They were able to give examples of what they considered to be abuse and neglect and told us they would always report any incidents to their line manager or raise concerns directly with the local authority. Following any safeguarding concerns, these were shared with staff and discussed at staff meetings and reflected on to help aid learning.



Is the service effective?

Our findings

People received care and support that meet their individual needs. We observed people being supported as directed in their care plans. Staff were knowledgeable about people's care and support needs and people and their relatives told us they felt confident in the skills and abilities of staff. One person told us, "The staff are very good." A visiting relative told us, "The staff are very skilled and know how to support (person)." Another relative told us, "The staff are fantastic." However, despite the positive feedback we received, we identified an area of practice that needs improvement.

At our last inspection in September 2016, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider had failed to adequately assess whether people were unlawfully deprived of their liberty. Areas of improvement were also identified in relation to care planning and embedding the principles of the Mental Capacity Act 2005. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by October 2016. At this inspection, we found improvements had been made and the provider was now meeting the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Robust systems were now in place to identify when a person may be subject to an unlawful deprivation of liberty. The registered manager told us, "As we have locked gate which prevents people from leaving, we have assessed whether people are deprived of their liberty and made the necessary applications." DoLS referrals had been made for nearly everyone living at The Well House. The registered manager was awaiting further contact regarding the outcome and had been in touch with the Local Authority DoLS team to seek an update. Staff members had received training on DoLS and were able to identify when a person might be unlawfully deprived of their liberty. One staff member told us, "Most people here require a DoLS due to the home being on a busy road and the lock on the gate preventing people from leaving. I was involved in the DoLS assessment for one person which was really interesting."

Some steps had been taken to embed the principles of the MCA into every day practice and care plans were beginning to reflect the principles of the MCA. For example, at the last inspection in September 2016 some people required staff support to manage their personal allowance. Documentation failed to reflect whether people had consented to this arrangement or whether people lacked capacity to consent to this arrangement. Improvements had been made and care plans had been updated to reflect whether people

had consented to this arrangement or whether the local authority was the appointee for their finances. However, further work was required to ensure the principles of the MCA were embedded into the care planning process. For example, care plans failed to reflect if a deprivation of liberty safeguard had been applied for or whether people's relatives held lasting power of attorney for health and welfare. We have identified this as an area of practice that needs improvement.

Staff recognised the importance of consent and confirmed they had received training on the MCA 2005. One staff member told us, "We support a number of people who are non-verbal but we still always ensure they provide consent. This could include through the use of body language or signing." Throughout the inspection, we observed staff members empowering people to make their own decisions and gaining consent from people. For example, one staff member asked a person if they would like breakfast. Once they replied, they enquired what they would like and provided a range of options.

People were supported to maintain their optimum health. There was evidence in people's care records that the provider worked collaboratively with healthcare professionals such as the mental health team and GPs. We noted that treatment plans provided by a multi-disciplinary team were embedded by the provider and we observed these being followed by staff members. Relatives told us they felt confident in the abilities of staff to meet their loved one's care needs and monitor for any deterioration in their health. One relative told us, "They are ever so good at keeping us informed if (person) becomes unwell."

Systems were in place for staff to support people to manage their diabetes. Staff supported people to calculate the dose of insulin required and record blood sugar readings. However, despite systems in place, robust measures were not yet in place to dispose of sharps such as insulin needles. A sharps box was not in place in the annex and staff told us that one had been ordered but not yet arrived. In the interim, sharps (used insulin needles) were being stored in a bag and then disposed of in the sharps bin in the main house. We have identified the management of insulin needles as an area of practice that needs improvement.

Staff were aware of their roles and responsibilities and confirmed they felt valued as employees. Upon employment with The Well House, all staff members completed the Care Certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensured staff that were new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One staff member told us, "I'm in the process of completing my care certificate booklet at the moment. I'm finding it really helpful." Staff members received one to one supervision sessions on a regular basis to review their performance and development needs.

A programme of essential training was provided. Training included areas such as safeguarding, moving and handling, first aid and food hygiene. The training programme was specific to the needs of people staff supported. For example, training was provided on behaviours which challenge, epilepsy and administration of emergency medicine. During the inspection, we identified that some staff's training on the administration of emergency medicine had expired and staff had been booked onto a refresher course. In the interim, staff had been reminded that they were unable to administer that medicine and any trips out with people were attended by staff with up to date training.

Staff were knowledgeable about how to support people with behaviour which might challenge. One staff member told us, "A trigger for one person is when a staff member touches them without their permission. It is important that we do not enter their personal space without their permission. For example, we have to ask, is it ok if I sit next to you." Information was available in people's care plans on behaviour that challenges along with the actions required to manage the behaviour. Individual care plans also recorded what may be the trigger for any distress and how to manage that distress. For example, one person's care plan identified

that being rushed was a cause for distress for them. One action for staff to follow was noted as, 'don't expect person to get up early if there is no need.'

People had enough to eat and drink to keep them healthy and were happy with the quality, quantity and choice of food and drinks available to them. One person told us, "The food is good." A visiting relative told us, "I visited the other Sunday and we had a roast together which was lovely." Guidance was available in people's care plans on any nutritional requirements. For example, whether people were unable to tolerate gluten or sugar. People's weight was monitored on a regular basis to check for any weight loss or unplanned weight gain. Where appropriate, staff worked in partnership with people to promote healthy eating and weight loss. A range of meals and snacks were available for people and people were provided with a wide range of options. During the inspection, we observed staff asking people what they would like for lunch. One person requested a sandwich with chocolate for dessert.

Is the service caring?

Our findings

Throughout the inspection we observed staff interacting with people living at The Well House in a manner which was kind, compassionate and caring. Staff adapted their communication style to meet the needs of each person. People's privacy and dignity was upheld and staff supported people in a manner which promoted their autonomy and freedom. Relatives praised the highly caring nature of staff. One relative told, "(Person) loves going to the Well House for respite. They help me pack their case ready to go and want to go back as soon as they've got home. I really love that they are so happy spending time at the Well House."

People were not always able to tell us about their experiences. We observed that people had good relationships with staff members and they were happy and comfortable in their presence. Staff had developed positive relationships with people. With pride, staff spoke to us about people's likes, dislikes and how they supported people. One staff member told us, "One person loves their soaps and every week we go and buy the TV magazines and it is important that we buy the right ones. They also passionate about going out." Another staff member told us, "One person is just fabulous company. They are funny and very sharp." People's likes and preferences were also documented throughout their support plans. For example, even before meeting a person from reading their file we could identify the type of food they liked and their favourite activities when out and about.

People were encouraged to make choices in all aspects of their lives. For example, what clothes they wore, how they occupied their time and the relationships they had. There were some routines in the home and people were encouraged to partake in household tasks such as cooking, laundry and tidying their rooms. During the inspection, people were observed making their own hot drinks either independently or with staff supervision. People also told us that they were able to do things at a time they wanted. One person told us, "I'm going to go and watch films in my bedroom now."

People's equality and diversity needs were respected and staff were aware of what was important to people. One person's faith was important to them and staff supported them to attend Church weekly. Staff supported people to maintain contact with their family and friends. For example, staff supported people to go and visit family and friends and visitors were made to feel welcome at any time. One relative told us, "Staff and (person) meet us half way to save us coming all the way to the Well House which we appreciate." People were supported to maintain relationships with their partners and one person told us how their partner visited and they cooked dinner for them.

People's right to privacy was respected and upheld. Staff described how they conducted personal care in a private and discreet manner. One staff member told us, "I always imagine how I would feel if someone was helping me. I always make sure the door is closed and they are covered up." Where people's dignity was compromised during the inspection, staff responded in a sensitive manner to ensure their dignity was respected. Staff knocked on people's bedroom doors and gained permission to enter. Staff recognised that people's bedrooms was their personal space and they needed to respect their space.

The atmosphere in the Well House was calm and relaxed and staff spoke to people in a caring and respectful

manner. People were encouraged to treat the home as their own. People's bedrooms were highly personalised to their own tastes and preferences. For example, people had chosen their own colour schemes and décor. People's likes and hobbies were reflected in the pictures and ornaments they had in their rooms. Where people had recently moved into the service, staff took their time in getting to know people and ascertaining how they wished to decorate their bedroom. During the inspection, staff took one person shopping to buy décor and ornaments for their bedroom.

For people living with a learning disability, communication is vital in ensuring that people can express themselves and make sense of the world around them. Staff communicated well with the people they supported. Staff knelt down beside a person to talk to them or to sit next to people so that they had eye contact. They also respected people's decisions when they did not want to communicate. Staff gave clear explanations to people about the care and support they were being offered in a way that the person could easily understand. Staff listened carefully to people and responded to their requests. Staff used different ways of communicating with people. Some people used non-verbal forms of communication, such as hand gestures. Throughout the inspections, we observed staff members interact with people using various forms of communication. Staff also ensured that people had their communication aids to hand such as glasses and hearing aids. One staff member told us, "Although some people have no verbal communication, we still explain everything and they communicate through gestures, facial expressions or body language.

Is the service responsive?

Our findings

Person centred care was at the heart of the Well House. People received care that was centred around their individual needs, choices and preferences. People and relatives spoke highly about the provision of activities. One relative told us, "It is fantastic; (person) is always doing something different. Whether it's going to the beach, down to the pub, out shopping, everyday it is something different."

People's needs were assessed before they came to live at the service or receive respite care to ensure that their care and support needs could be met there. This assisted staff to deliver responsive care and support. Before moving in or receiving respite care, people were encouraged to spend the afternoon at the service. This enabled them to spend time with staff and the other residents to ensure The Well House was the right environment for them. Following the preadmission assessment, individualised care plans were devised. The aims of the care plan included for the team to work consistently in their approach, to provide a safe environment and to work towards improving the quality of life for the individual.

Each person had a care plan which reflected their personal choices and preferences regarding how they wished to live their daily lives. Care plans also included a pen portrait which provided a clear overview of the person's needs, likes, dislikes, their life so far and what they preferred to be called. Guidance was available on aspects of people's daily routine that may cause them distress or what may worry and upset them. For example, one person's care plan reflected that they did not like physical contact unless it was initiated by them. This information ensured staff supported people appropriately and consistently.

Guidance produced by Social Care Institute for Excellence describes person centred care as 'putting people at the centre of their care.' Staff at the Well House recognised the importance of person centred care and this was embedded into every day practice. During the inspection, staff were regularly observed asking people what they would like to do. For example, one person requested to watch songs of praise. Staff supported this person to find that programme and then asked if they would like a hot drink whilst they watched their TV programme. Another person was enjoying the morning having breakfast in bed whilst another person spent time with Inspectors showing Inspectors videos on 'Youtube' and their collection of soft cuddly toys. Staff described the key strength and ethos of the service as 'client led.'

People were engaged in activities that were meaningful to them. Staff members confirmed that people were asked on a daily basis what they would like to do that day. One staff member told us, "The reason I love working here is that every day without fail, we go out and do something different." Another staff member told us, "We go out for pub lunches or down to the pub in the evening. We go out shopping or for walks at the seaside followed by fish and chips. We do flower arranging, painting pottery or whatever they would like to do." A third staff member told us, "We do every day normal activities which the people love." Relatives and people spoke highly of the activities provided and trips out. One relative told us, "They are very good at meeting (person) needs. They are always taking them out. They really enjoy playing golf and going down the pub." Another relative told us, "They really enjoy it when they go for respite at The Well House. They are always out and about doing fun things. They often go out for drives, do down to the seaside for fish and chips or go out for lunch which they enjoy." People's daily notes confirmed they led active and meaningful

lives. Through reading one person's daily notes, it was clear that every day they did something different and every day they went out into the local community. Activities included going shopping, going for coffee, walks, drives and various other activities.

The Well House promoted people's engagement and social inclusion with their community. Some people were supported to maintain part time jobs, other people volunteered and other people attended day centres and colleges. The service had their own mini-bus which enabled staff to support people to access the community.

Guidance produced by Skills for Care advises on the importance of communication within social care services. Communication was valued within The Well House. Through the forum of handovers, communication books and diaries, staff members were kept up to date with any changes in people's needs. Relatives also spoke highly about communication between staff and themselves. One relative told us, "They are very good at keeping us updated and informed of any changes." Another relative told us, "When (person) comes home from respite, we always receive an overview of how their stay went and what they did. It is very helpful." A third relative told us, "They are brilliant at communicating with us."

There were arrangements to listen to and respond to any complaints. Accessible complaints information had been provided for those people able to understand the easy read formats. People and their relatives told us they would have no hesitation in raising any concerns. One relative told us, "If I had any worries, I would just approach the manager." One formal complaint had been raised regarding the Well House which was being addressed by East Sussex County Council.

Is the service well-led?

Our findings

The service had a clear set of values and visions which were embedded into practice. Staff, relatives and people described the key strength of the service as 'homely.' One staff member told us, "This is a family home. People are very much loved here." Another staff member told us, "I feel like part of a family working here." Despite people's praise, we identified areas of care that required improvement.

At our last inspection in September 2016, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because complete and accurate records had not been maintained. Systems were also not in place to identify where quality or safety of care was being compromised and how the provider responded without delay. Areas of improvement were also identified in relation to notifying Care Quality Commission (CQC) of specific events. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by October 2016. At this inspection, we found improvements had been made and the provider was now meeting the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014. However, the provider's internal quality assurance framework required strengthening.

Improvements had been made and the provider was now notifying us specific incidents, allegations of harm, events which stop the running of the service and when deprivation of liberty safeguard applications had been authorised. However, despite these improvements the registered manager was not fully aware of their responsibility to comply with the CQC registration requirements. Part of the provider's registration requirements relates to the displaying of a CQC performance assessment (inspection rating). Providers must ensure that their ratings are displayed conspicuously and legibly at each location delivering a regulated service and on their website if they have one. The service had been inspected in September 2016; however, the provider had not displayed the rating of the service either on their website or in the service. This was brought to the attention of the registered manager and subsequent to the inspection the provider sent us evidence that their rating was now on display within the service. However, steps had not been taken to display the rating on the provider's website. Not displaying a rating was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Each person had a range of documentation in place which included daily notes, individualised care plans and risk assessments. At the last inspection in September 2016 documentation failed to evidence that people's continence and dietary needs were being met. Improvements had been made and documentation now confirmed when people were supported to meet their continence care needs. Where people required a soft or pureed diet, guidance was in place from the speech and language therapists (SALT) advising on high risk foods and foods to be avoided. Improvements had been made and documentation primarily reflected that people received nutrition in line with their assessed dietary requirement. Where people required a soft diet but had a packet of crisps, documentation now reflected that the crisps provided were in line with their dietary requirement. For example, one person required a soft diet but enjoyed crisps so were provided with wotsits (type of crisps) which had been assessed as safe to give by SALT. Although improvements had been made, documentation still included some omissions. For example, one person requiring a soft diet, documentation reflected that one day they had a roast dinner and another day a pie. Staff members were

able to tell us about people's dietary requirements and staff demonstrated a firm understanding of those who required a soft diet and observations demonstrated that a soft diet was provided. We brought these concerns to the attention of the registered manager who agreed this was an area of care to focus on.

Systems were now in place to monitor or analyse the quality of the service provided. At the last inspection in September 2016 a robust quality assurance framework was not in place and the provider was not completing internal quality assurance checks. At this inspection, we found improvements had been made and a range of quality assurance audits were now in place, however, the provider's quality assurance required strengthening. The provider was now completing care plan audits, medication audits and infection control audits. The registered manager told us, "We've amended the audits to make them more personalised to the Well House which has been really helpful." Although a range of new audits were in place, a number of shortfalls with documentation and recording had not been identified internally. For example, insulin was being stored in a domestic fridge. Fridges where medicines are stored should not exceed 8c. Documentation reflected that the temperature of the fridge had exceeded recommended temperatures. Extreme temperatures (hot and cold) or excessive moisture causes deterioration of medicines and some are more susceptible than others. Documentation reflected that on occasions the temperature of the fridge had reached 15c, this posed a risk to the insulin stored in the fridge. The registered manager confirmed that a specific medicines fridge had been ordered, however, action had not been to ensure the temperature of the fridge had not exceeded 8c whilst insulin was stored in there.

A number of people required topical creams to be applied. However, body maps were not in place providing guidance to staff on where to apply the cream. The provider's internal quality assurance framework failed to identify this shortfall. The provider's internal procedures advised that two staff members were required to sign the MAR charts. However, a number of MAR charts contained unexplained gaps which presented the appearance that the medicine had not been administered. However, after analysis, there were unexplained gaps as the second staff member had not signed the MAR chart as they had not been present. The person had received their medicines on time; however, gaps were present in the MAR chart due to the second member of staff not signing the MAR chart. A member of staff told us, "Staff should put a cross in the box if a second member of staff is not present, so that there are no gaps in the MAR charts." People were receiving their medicines on time and as prescribed, however, the provider's internal quality assurance framework had failed to identify this shortfall.

Staff rotas were planned in advanced and in the event of staff sickness or absence, the provider used agency staff. Staff members confirmed that agency staff received an induction and were shown round The Well House and provided time to read and review people's care plans; however, there was no formal documented evidence to confirm that agency staff received an induction to the Well House. The provider was therefore unable to demonstrate that agency staff had received a robust and thorough induction.

Steps had been taken to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014. However, certain shortfalls and omissions with documentation had not been identified by the provider's quality assurance framework. These shortfalls had no direct impact on the quality of care that people received and the provider was responsive to our concerns. We have identified this as an area of practice that needs improvement.

There was a positive culture within the service and people, staff and relatives spoke highly about the management of the service. One relative told us, "The manager is lovely; she is ever so friendly and outgoing. I think that's why (person) has connected so well with her." One staff member told us, "The management are excellent. The love and care people get here is second to none." Another staff member told us, "I love how interactive management are with the clients and the home. It is lovely to see."

The service was subject to a rolling programme of refurbishment and painting. Management meetings held every week were utilised as a forum to discuss on-going maintenance and refurbishment. For example, the meeting minutes from the most recent management meeting dated 2 October 2017 noted that one person's bedroom required re-decorating and a new carpet was required.

Systems were in place to obtain feedback from staff, people and relatives. Staff meetings were held on a regular basis which provided staff with a forum to raise any queries or discuss any concerns. 'Resident' meetings were held regularly and minutes from the last 'resident meeting' in October 2017 reflected that people wanted to hold a pizza party and therefore a pizza party had been organised for the 21 October 2017. One person requested for more fruit to be available and an action was for more fruit to be included in the next online shop. Another person advised that they would like a disco for their birthday and an action included for that to be organised. People's feedback was valued and used to drive improvement and improve their quality of life.

A service improvement plan was in place which enabled the provider to drive improvement. For example, the service improvement plan considered actions relating to the premises, infection control and care was delivered. The provider was able to monitor progress against the recorded actions and provide an update at regular intervals.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The registered person had not displayed a rating of its performance following an assessment of its performance by the commission.</p>

The enforcement action we took:

We served a Fixed Penalty Notice.