

Ferguson Care Limited

The Wheelhouse

Inspection report

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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

About the service

The Wheelhouse is a residential care home providing personal care for up to four people with learning disabilities and autism spectrum disorder. At the time of the inspection, three people were living at the service.

The Wheelhouse is a four-bedroom house, situated over two floors. There was a homely atmosphere with several communal spaces for people to relax in. This included a large garden and cabin, where people liked to listen to music. People's bedrooms were spacious and decorated to their individual preferences.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were safe. Staff knew people and risks to their wellbeing. This meant they understood actions to be taken to minimise risks and support people to feel calm and happy in their home. There were robust risk assessments for people and the building, to ensure the environment was safe to live in. People received their medicines safely from staff who were trained and competent. When incidents occurred, the registered manager and staff worked together to identify lessons learned and act to ensure incidents did not reoccur.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had the skills and knowledge to meet people's needs. They had received specialised training in positive behaviour support, autism and epilepsy to understand people and their support needs. Staff also had a thorough induction and regular supervision to support them in their roles. People had regular input from a variety of health and social care professionals to promote their wellbeing. Their nutritional needs were met.

The building had been adapted to ensure that people's preferences and support needs could always be met.

People appeared relaxed and happy around staff they knew well. We observed people interacting with staff by smiling and holding their hands. Staff told us they had mutual respect for people and genuinely enjoyed working at The Wheel House. One staff member said, "It's all about people. We're here for them. That's what it's all about." A relative spoke highly about staff. They said, "Meeting the staff at The Wheel house was absolutely amazing. The show of love around them is very infectious and it was a blessing to see and witness it." A professional was also complimentary, telling us, "I always find the staff very kind & caring at The Wheelhouse and very supportive to people's needs."

People were supported to be involved with activities that they were interested in. This included holidays, trips to the zoo and London, as well as horse-riding and swimming. No complaints had been received since the previous inspection, however there was a clear complaints process that was regularly reviewed with people, relatives and staff. Staff knew people's communication needs well and recognised signs that they were happy or unhappy. Although no one was receiving end of life support at the time of inspection, staff continued to explore people's preferences and choices regarding this.

Everyone we spoke to was complimentary about the registered manager and deputy manager and felt the service was well-led. Staff felt involved in a supportive, team working culture, where they were encouraged to share any concerns and ideas. Feedback was continually sought from people, staff, relatives and professionals to improve the service. The management team were supported by company quality assurance teams to ensure they were up to date with current legislation and guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 30 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Wheelhouse

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

The Wheelhouse is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to meet with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

People living at The Wheelhouse were not able to tell us about their experiences of living there. Therefore,

we spent time observing interactions between staff and people. This included activities and mealtimes. We also pathway tracked three people. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about the people receiving care.

We spoke with five members of staff including the registered manager, deputy manager, a training lead for the provider, a senior support worker and a support worker.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one relative and one professional who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse because staff had a good understanding of people's needs and how to respond to risks.
- Staff had received safeguarding training and their knowledge of safeguarding processes was assessed by the registered manager or deputy manager frequently. This ensured staff had a good understanding of how to recognise signs of abuse and who to report concerns to.
- A staff member said, "If I saw something that wasn't right, I would go straight to a manager. Because the service is small, and we know the people so well, we pick up on changes to their behaviour quickly. I think we would know quickly if something was wrong."
- There was a whistleblowing policy. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral. There was also, "Speak out" posters displayed on office notice boards that reminded staff who they could speak to if they had any concerns.
- Staff were aware of the whistleblowing policy and confident of the process to follow. One staff member said, "If I wasn't comfortable going to a manager or I thought I wasn't being listened to, I'd go to someone higher up in the company. Even to the police or CQC."

Assessing risk, safety monitoring and management

- Although people were not able to tell us if they felt safe at the Wheelhouse, we observed them to be calm and relaxed around staff they knew well and had built trust with.
- We saw that one person was at risk of falls and had an assessment detailing equipment to use to mitigate this risk. Staff followed this guidance and ensured the person was wearing their appropriate footwear. They monitored the environment for trip hazards.
- A relative and a professional told us they felt people were always kept safe. A relative said, "It feels good to know my relative is in a safe place and looked after well, physically."
- People had robust risk assessments related to moving and handling, going out, eating and drinking, specific activities and managing medicines. For people that had specific health conditions, such as epilepsy, they had assessments that informed staff what seizures looked like, medical history, signs, symptoms or triggers for seizures and actions staff should take when people were unwell.
- The people living at The Wheelhouse could display behaviours that challenged when they were feeling anxious. They had detailed positive behaviour support plans (PBSP's) that informed what behaviours were, how a person displayed different emotions and how to respond in each situation.

- Daily, weekly and monthly checks were completed on the environment to ensure it was safe for people to live in. This included monitoring of electrical equipment, fire equipment, water temperatures, legionella and asbestos checks.
- The home also received external health and safety checks on fire procedures. The most recent one had identified that night time fire drills were required and that more staff were needed to be trained as fire marshals. The registered manager took immediate action to complete this.
- Fire drills were completed with people and staff during the day and night to ensure they understood the process for evacuating the building in an emergency. People also had their own Personal Emergency Evacuation Plans (PEEP s), which informed staff what support they would need in an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs.
- We viewed staff rotas and saw that there were enough staff to meet 1-1 needs and ensure people had flexibility in their activities. For example, there were enough staff on each shift to ensure medical appointments were attended and people could go out unplanned if they wished.
- To cover any absences, the service used staff from other care homes run by the same provider and managed by the same registered manager. This meant that people were supported by staff that knew them, company policies and procedures well.
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.
- Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by the registered manager during the interview process. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.

Using medicines safely

- People received their medicines from staff who were trained and competent to do so.
- Staff were not able to give medicines until they had received training and had their competency assessed by a manager. This included observations of practice and asking scenario-based questions.
- There had been minimal medicines errors since the previous inspection, however, where this had occurred, staff had been provided with additional training and knowledge checks before they were able to give medicines again. Other appropriate actions, such as seeking advice from medical professionals and alerting the local authority, had been taken.
- We viewed two people's Medicine's Administration Records (MAR). For these, we could see that people were given their medicines as prescribed. Some people had 'As required' medicines to take to manage pain or continence issues. There was information detailing maximum dosages, why it was prescribed, how the person would indicate they were in pain and when to seek further medical advice.
- There had been some recent changes in the way pharmacies were prescribing and sorting people's medicines. To ensure that this change didn't confuse staff and result in missed medicines, the provider had introduced additional oversight of medicines by their quality assurance team. Staff also counted medicines at the start and end of every shift.
- People had their own locked cabinets in their bedrooms where their medicines were stored. This promoted people's privacy and independence with managing their own medicines.

Preventing and controlling infection

- We observed good practices in infection control. Staff used personal protective equipment (PPE) such as gloves and aprons when supporting with personal care. When preparing food, different coloured boards

were used for different food groups to prevent cross contamination.

- Staff had received training in infection control and understood how to reduce the spread of infection. Staff encouraged people to wash their hands throughout the day, particularly after personal care or when preparing food.
- Substances that could be hazardous to people's health were kept locked away in a separate cupboard, so they could not be accessed by people without staff support. The laundry system was clean, organised and well maintained.

Learning lessons when things go wrong

- The registered manager had good oversight of accidents and incidents that occurred. For each incident, actions were taken to prevent reoccurrence and any lessons learned were reflected upon in staff meetings.
- Following incidents, staff were also involved in 'Team safety huddles'. This is where all people, staff and the registered manager were invited to talk about what had happened, how they were feeling and where things would be done differently in future.
- The registered manager told us that it was important to recognise signs that a person was unhappy when they couldn't communicate verbally. If staff recognised non-verbal signs of communication, this could prevent incidents from happening.
- They gave an example of several incidents that had occurred at once with one person. When incidents were reflected on, it was identified that the person had been demonstrating some physical signs that they were in pain and this was what caused them to become upset.
- Staff immediately supported the person to seek medical attention and treatment for the pain. The person's positive behaviour support plan was amended to reflect how they demonstrated they were in pain and how this could impact on their behaviour. The registered manager said, "Now we recognise when (person) is in pain, we can intervene before any incidents occur." The number of incidents had decreased since these changes had been made.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Before people moved into the Wheelhouse, their needs, preferences and routines were assessed to ensure that they could be met. The registered manager said, "We get details from the person's social worker and then meet face to face with the person. We build a picture of them by speaking to people, their relatives and professionals and observing."
- A transition plan would then be prepared, usually over three months. This gave people time to get to know others and staff. The registered manager said, "We take staff to meet people first so when they come for visits, they see familiar faces. We then have tea visits and overnight stays. This slow transition helps reduce people's anxiety."
- Part of this plan ensured that staff had all the training required to meet the person's needs. It gave them time to learn people's routines and ensure that these were met as much as possible when they moved in.
- A relative said, "Staff showed a lot of care and concern for my relative. They wanted to know all about where they were coming from and wanted to get to know them more."
- The registered manager told us they referred to guidance and legislation when supporting people, for example by ensuring they met, The National Institute for Health and Care Excellence (NICE) guidelines when supporting people with their medicines.
- We saw that people had regular involvement from health professionals such as GP's, neurologists, specialist nurses, the Speech and Language Team (SaLT), dentists, chiropodists, the learning disability team and positive behaviour specialists. This promoted their physical and emotional wellbeing.
- Each person had their own health action plan folder. This included information about appointments, referrals to health teams, medical guidance in supporting people and hospital passports. These were easy read information sheets that could be given to hospital staff if people got unwell suddenly. They informed hospital staff how to communicate with people, what their support needs were and information about their autism.
- A professional was complimentary about how staff supported people to be healthy and happy. They said, "I am always informed if any people have any health concerns which may affect my session or any behavioural issues I need to be aware of. Recently one person had severe pain and I was asked to visit more regularly to support. We worked together to adjust treatments and meet the person's needs."

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to meet people's needs. They received a combination of on-line and face to face training.
- Staff competency was further assessed by the registered manager or deputy manager through scenario-based questions in several areas including, medicines, choking risks, safeguarding, mental capacity and how well staff knew people. Observations were completed at meal-times and during activities to ensure people were receiving the best experiences.
- Staff had received training in areas such as safeguarding, mental capacity, first aid, medicines management and health and safety. They had received more specialised training in autism and epilepsy to support more specific needs of people.
- People living at the Wheelhouse could display behaviours that challenge when they became anxious. Staff had all received PROACT-SCIP-UK training. This is a type of positive behaviour training that teaches staff how to support people effectively when they are at their most anxious. In some cases, this could include some physical intervention.
- Staff were knowledgeable about the specific support people needed. They told us that any physical intervention techniques would be used as a last resort and that other methods of de-escalating would be considered first. This included giving people space, offering reassurance or distraction with activities people liked to do.
- Staff recognised that routine was important to people and planned their days to people's preferences. One staff member said, "When we are organising activities, we plan ahead to avoid stressful situations for people. For example, we look at what queue times are like and whether there are accessible toilets to use." This pre-planning helped to reduce people's anxiety and therefore the likelihood of challenging behaviour.
- Staff told us that their induction into the service was thorough and informative. One staff member said, "I shadowed experienced staff for two weeks, working at the pace I needed. They introduced me to people, their routines and what they liked or didn't like. The whole team was very supportive."
- Following induction and on-going training, staff were supported in their roles with regular supervision by the registered manager or deputy manager. Staff told us they found supervision useful to their ongoing personal development. One staff member said, "They ask me how I am and how people are. I can talk about challenges too. It's very helpful."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met.
- People had a healthy and varied diet that they chose. People were supported to choose menus by looking at photos of meals and drinks. Staff also told us that people pointed to items they liked or led them to the fridge for things they wanted.
- Staff told us that they regularly went out with people for meals or to the pub for drinks as this was something people enjoyed. Every Saturday evening, a themed night was held, for example, an Italian food night or a Chinese food night. This had been used to explore people's ethnicity and develop their understanding of different cultures.
- We observed meal times during our inspection. Although people had the choice to eat where they wished, they often chose to eat together. There was a pleasant atmosphere, with staff and people conversing together.
- All people living at the Wheelhouse were at risk of choking. They had received support and guidance from the Speech and Language Team (SaLT). Staff were aware of these guidelines and we observed them supporting people in this way. For example, staff stayed with one person until they had finished eating. Another person had adaptive crockery to support them to eat independently but more slowly.
- Management also regularly assessed staff competency on dysphasia and SaLT guidelines by asking them a variety of questions about people's support needs in this area.

Adapting service, design, decoration to meet people's needs

- The design and decoration of the service met people's preferences and needs.
- People's bedrooms had been decorated in their chosen colours or themes. For example, one person loved music and had musical themed wallpaper. Another person loved water and had beach themed decorations. Another person had their room decorated in tribute to their native country.
- Although there were some photos on the walls in communal areas, the registered manager and staff told us that communal areas were minimalistic due to people's choice. The registered manager said, "Part of people's autism is that they don't like change, particularly to the environment. If we do introduce new things like photos, we need to do this slowly and gradually. We put a rug down once and people made it clear they did not like it. It was for our benefit not theirs, so we removed it."
- Some people required space to manage their anxiety. Their bedrooms were spacious and there were also several communal areas that they could relax in. This included a wheelchair accessible garden, lounge, dining area and cabin in the garden. This was known as, 'The Cabin hub' and contained a sofa and stereo so that people could relax and listen to music.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager had applied for all people to have DoLS, but only one had been granted. Conditions on this were being met. Applications that had not been processed were regularly reviewed and professionals spoken with regarding timescales.
- People had specific mental capacity assessments for things such as medicines management, doors being locked and consenting to care. We saw pictures that staff had used to communicate with people to assess their understanding and ability to consent. Relatives and professionals had also been consulted for their views.
- We saw people being offered choices frequently throughout the inspection. This included staff asking questions and checking people's understanding. They also used objects of reference such as food or drinks to support people to make choices.
- One staff member said, "People show you in their own way what they want. One points, another takes you to what they want. If one person doesn't want something, they will push it away. They might not be able to speak, but they make their choices known."
- Another staff member said, "It is important to explain everything as much as possible. We use pictures to help them understand and talk about it again later, to make sure they've understood. If we must make any changes to activities or routines, we give people as much time as possible to accept this and explain why it has to happen."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Although people were unable to tell us their thoughts about staff, we observed that positive relationships had been built between people and staff.
- One person smiled and clapped as a staff member sat with them. Other people smiled at staff as they greeted them, held their hands or gave them a high five. One person touched staff on the arm when they walked past and lent on their shoulder. We were told this was sign that they liked the staff member. Another staff member talked to a person about their family and activities and the person made happy vocal noises in response.
- Staff understood what was important to people and made sure their wishes were followed. For example, we were told that one person loved a certain toy. Staff knew this was important to them. We saw a staff member looking for the toy and bringing it to the person when they started to appear unsettled. This instantly made the person smile.
- A relative gave us positive feedback about the caring nature of staff. They said, "I have no doubt that the team at The Wheelhouse perform exceptionally with regards to my relative. Everyone is willing to help out and they seem to know exactly what they were doing with regards to my relative's care and routine."
- A professional was also complimentary of how staff were with people. They said, "In my opinion the staff are amazing with the service users."
- Staff told us that they loved working at the service. Comments included, "People are so wonderful. They make my day", "We treat them how we would want a member of our family to be treated" and, "I genuinely miss people when I'm not here."
- Staff had all received training in equality and diversity and understood about treating all people fairly and without bias. They celebrated people's differences and shared them with other people. For example, the deputy manager researched one person's culture and gathered information about where they were from, clothing, currency, language and types of food. This was shared with the person and staff to develop their understanding of the person's culture.
- Another person had two care plans. One was written in English and another in their first language. This meant that they and their relatives could have further understanding of the support provided to the person.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and decisions they made were respected.
- Each month, people had a resident's meeting. These were presented and displayed in an easy read format

to make it easier for people to understand. We viewed the latest meeting minutes and saw that people were continually asked what was important to them. Minutes explained how this was communicated and how people responded.

- People were also involved in regular meetings with their keyworker. This individual meeting was personalised to people, their preferences and goals.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was always promoted and encouraged.
- We observed staff supporting people in their bedrooms with personal care or medicines. Bedroom doors were closed during this time to give privacy to people. People's bedroom windows also had privacy glass so that if people chose to have their curtains open, their rooms could not be viewed from outside.
- Staff had received training in confidentiality and gave examples of how they protected people's privacy. One staff member said, "Some people have continence needs. Before we go out, we make sure there are plenty of facilities for them to use. We also take spare clothes and blankets should they be needed to protect people's dignity."
- People's independence was supported and prompted by staff. We saw staff encouraging people to go into the kitchen and choose what they wanted for breakfast. One person had adaptive cutlery to support them to eat independently.
- Staff understood the importance of supporting people to do as much as possible on their own and develop skills. One staff member said, "When supporting with personal care, we encourage them to wash themselves. We also promote life skills learning in the kitchen. This includes preparing food and washing up." Another staff member said, "We give people space as much as possible when we go out. People also have their own mobile phones and video call their families."
- The registered manager said, "We see ourselves as support workers, not carers. We support people to do things, not do things for them. There's an important difference."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Information gathered before people moved in to The Wheelhouse, was used to formulate bespoke care plans. The registered manager said, "We have to have every little detail in care plans otherwise staff could do things in a different way and this could result in people being upset."
- Parts of the care plans were written in an easy read format to encourage involvement from people. For example, information about what others liked and admired about people, what was important to them and how best to support them.
- People also had their own 'Autism profiles'. This included information about communication, social interaction, need for predictability, sensory needs, and how autism affects the person's life.
- Each care plan had a 'Knowing the person' form. This included information on things important to people, what it looks like if they're having a good or bad day and important people in their life. This was used as a staff competency tool to develop their understanding of people, their support needs and preferences. The deputy manager said, "We ask staff questions based on this form. They would only know these answers if they had read the care plan, so we are reassured they are being read regularly."
- Care plans were regularly reviewed with people, their relatives, professionals and advocates. This ensured that information was always up to date and relevant to people's support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people's preferred communication needs well and used a variety of tools to support them.
- People living at The Wheelhouse had limited verbal communication skills. The registered manager said, "People use a little Makaton but have other ways to communicate such as different noises or facial expressions." A staff member said, "They respond to some pictures or point and take us to things they want."
- We saw staff observing people's reactions to questions they asked and then double checking to see they had understood people's responses. One person nodded or shook their head to communicate their preferences. Others made positive or negative vocal noises, which staff understood to mean 'Yes' or 'No'.
- There was easy read documentation available throughout the home. This included pictorial menus and an activity board.
- All people had their own key ring with person centred pictures on. This included photos of food, activities,

emotions or clothing. People were then offered pictures to choose from, which supported staff to understand their preferences.

- Some people could become anxious if they didn't know their routine for the day. They had a 'Now and Next' board. Staff used this to communicate what was happening throughout the day and help reduce anxiety.
- Each person had their own detailed, easy read communications diary. This included how the person communicated different emotions, if they were in pain, if they liked or disliked someone or an activity.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in a variety of activities, based on their interests and preferences. These were linked to goals they had wanted to achieve and that had been identified in meetings with their keyworkers.
- For example, one person wanted to go to Camber sands. They had never gone on holiday before, so staff started off with day trips to ensure the person enjoyed it. These trips went well and so a holiday was arranged. There were photographs around the home of the person on holiday there, enjoying all the activities.
- Staff told us that on this holiday, the person had shown interest in a particular chair. They liked it so much, that when they returned from holiday, they were supported to buy a similar chair, which they loved to relax in.
- Another person enjoyed nature walks and so staff organised a yearly National Trust pass. Other goals included going to the theatre or to London to see family. Another person loved animals and was supported to go to the zoo and horse riding regularly.
- Staff found out that one person used to enjoy riding a bicycle. They bought a specialised mobility trike for them and supported the person to choose the one they wanted.
- Two other people wanted to stay in regular contact with their families. They were supported to buy mobile phones, which they used to video call their relatives once a week. A relative said, "My relative got the opportunity to see their niece and nephew via video call and that was absolutely wonderful."

Improving care quality in response to complaints or concerns

- There had been no complaints received since the previous inspection. However, there was a clear complaints process which was displayed on a notice board by the front door. This was available in an easy read format for people, as well as a pictorial complaints form.
- Staff told us that people wouldn't necessarily be able to tell them they wanted to make a complaint. However, they recognised signs that a person was unhappy. If this happened, they talked with people to understand why they felt this way and what steps could be taken to prevent this in the future.
- The registered manager and deputy manager supported staff understanding of the complaints process by using flashcards. These cards held key themes, scenarios and questions to check staff understanding of complaints and how these should be managed in a professional way.

End of life care and support

- No-one was receiving end of life support at the time of inspection. However, people's thoughts, feelings and wishes regarding future support needs were being explored.
- The registered manager had arranged for a funeral director to come to the home and speak to people, their relatives and advocates about end of life wishes. This included preferences for funerals.
- Staff had used pictures and easy read documentation to support people's understanding of this. The registered manager said, "Although the session was useful, we know we need to explore this area further and find other ways of gaining people's views. It was a good starting point but is a work in progress."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a varied background in working with people with learning disabilities. This had included working for the company's quality assurance team and being a positive behaviour support lead. They told us, "I think all my previous experience helps. I also knew people and the service before I became the manager. My background in quality and training helps to support staff in their learning too."
- Although people couldn't tell us their views on the registered manager, we observed they were calm and happy in their company. One person smiled at the registered manager as they supported them. Another person took the registered manager's hand. The registered manager talked cheerfully to people throughout the inspection, engaging them in topics they enjoyed.
- A relative was complimentary about the registered manager. They said, "The registered manager is absolutely awesome. They are respectful as well as courteous towards me and my relative." They explained that the registered manager took time to explain care plans and their relatives' routines to them.
- Staff also spoke highly about the registered manager and deputy manager. One staff member said, "The deputy is fairly new but has done really well. They have changed things in a good way. The registered manager is also someone you can go to at any time. They help out with people and give good advice."
- Staff told us that a team working ethic was promoted by management and they were always encouraged to speak to them if they had any issues. One staff member said, "No question is considered silly here. Any issues with people are managed quickly." Another staff member said, "They encourage us to come up with ideas for activities and get involved."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and deputy manager had a good understanding of the duty of candour. The deputy manager said, "We feel it is important to be honest. How else will we learn and grow?"
- We saw that incidents had been shared with professionals if this was appropriate. This included health and social care professionals or the local authority safeguarding team.
- Where relevant, incidents had also been shared with CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and deputy manager worked closely together to achieve oversight of the service. This included the completion of quality assurance audits in areas such as safeguarding, health and safety, complaints, care plans and staff documentation.
- The registered manager and deputy manager had also introduced new 'Walkaround' tools, where they observed staff practice and asked questions. This included areas such as dining and nutrition, activities and the environment.
- Management were supported by the company's quality assurance team. They visited the service every two months to prepare staff for CQC inspections. This included viewing documentation, speaking with and observing people and coaching and mentoring staff.
- Any areas for improvement were actioned quickly by the registered manager. We saw the quality assurance report from August 2019. Some minor actions were identified and by the next visit in September, these had been completed.
- The company also had a compliance team who conducted unannounced inspections based on the CQC key lines of enquiry. The most recent visit had been completed in February 2019 and the service was rated Good in all domains.
- The registered manager said, "All these tools are extremely useful in ensuring we are the best we can be and stay up to date with current legislation. It is helpful for staff too as it helps them prepare and understand CQC and what they look for."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager understood the importance of obtaining feedback from people, relatives, staff and professionals to improve the service. Questionnaires were completed regularly to achieve this.
- People's questionnaires were available in an easy read format to support people's understanding. Each month, they held a house meeting where people were encouraged to share their views on topics such as home décor, menus, activities and staff. The company also held quarterly, "Your voice" meetings. A person from each of the provider's homes was included to talk about issues on a company level.
- Following a recent staff survey, it was identified that staff were unclear about developmental progression. In response, the company developed a career pathway which informed staff what career options they could take to learn and develop. This included training courses, national vocation awards and higher degrees of education.
- Feedback gathered from these surveys was fed back to people, relatives and staff in a, "You said, we did" information leaflet. A seasonal newsletter for The Wheelhouse was also sent out, which included information on activities people had been involved with, good news stories and celebrations.
- Staff were involved in monthly meetings where they could discuss people, the environment or any concerns they had. Policies such as medicines, health and safety and safeguarding were reviewed.
- These meetings were also viewed as an opportunity to develop staff understanding of the health and social care sector. The registered manager told us that following negative news stories about a care home, they had identified themes such as staff culture. They had used the opportunity to discuss this case with staff, talk about good and bad culture within staff teams and how to recognise it.
- Additionally, staff were invited to their own quarterly meetings called, "Your say". A staff member was selected from each provider home to represent their people and team.

Working in partnership with others

- The registered manager and deputy manager understood the importance of working in partnership with others and involving people within their community.
- In addition to working with a variety of health and social care professionals, people were supported to access the community and develop relationships with others. This included staff from local pubs, shops and

leisure centres. People were also involved in groups such as, 'Drums alive' which were run by a local charity for people with learning disabilities.

- The registered manager said, "We have a small community here, so everybody knows each other. We are well known locally and staff from local establishments know our people by name. This helps people to socialise and feel comfortable around others in the community. It also develops other's understanding of people and their needs."

- The registered manager knew the importance of working with others to improve their own knowledge. They had attended registered manager forums, CQC forums and a positive behaviour support networking group. This gave them opportunities to share ideas and keep up to date with legislation.