

Mr & Mrs J T Orley

Wordsley House

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

We inspected Wordsley House on 1 June 2017. The inspection was unannounced, this meant the provider and staff did not know we were coming.

Wordsley House provides accommodation for up to eight people who require personal care. The service accommodates adults over the age of 18. The provider is able to support people with mental health needs. The service is over three floors and has a range of communal areas for people to use, including an enclosed garden for people and their relatives. There were eight people using the service at the time of the inspection.

At the last inspection on 15 May 2015, the service was rated Good. At this inspection we found the service remained Good.

The provider had safe and robust recruitment procedures in place. Staff were trained in safeguarding and had a good understanding of how to respond to safeguarding concerns. The registered provider ensured there were sufficient numbers of staff on duty to support people with their assessed needs. Risks to people and the environment were assessed and plans put in place to mitigate any identified risks. Policies and procedures were in place to manage medicines. We saw people were supported to self-administer their medicines. This meant the service was acting appropriately to keep people safe.

The provider had a training plan in place to ensure staff had the correct skills to meet the needs of the people using the service. Staff were supervised in their roles and received an annual appraisal to aid their personal development. People were provided with a healthy and varied menu to meet their nutritional needs. People were supported to have maximum choice and control of their lives and staff supported them to do so. This meant the service was effective in meeting people's needs.

People were supported by kind and caring staff. People were supported in a respectful dignified manner. Details of advocacy services were given to people in leaflet form and discussed at reviews. Staff knew people's abilities and preferences, and were knowledgeable about how to communicate effectively with people.

Care plans were individualised and person centred. Plans were reviewed and evaluated regularly to ensure planned support was current and up to date. People had access to health care when necessary and were supported with health and well-being appointments.

The provider had a quality assurance system in place. Meetings with people and staff were held regularly. The service maintained links with the wider community.

Wordsley House was very clean and well-maintained. Relevant checks of the building and maintenance systems were completed to ensure health and safety. We found infection control procedures were followed

by the staff at the home. Personal emergency evacuation plans were in place for people and for staff to use as guidance in case of an emergency.

Further information is in the detailed findings below:

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good	Good ●
Is the service effective? The service remains good	Good ●
Is the service caring? The service remains good	Good ●
Is the service responsive? The service remains good	Good ●
Is the service well-led? The service remains good	Good ●

Wordsley 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 1 June 2017 and was unannounced. This meant the provider and staff did not know we were coming.

The inspection was carried out by one adult social care inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in supporting people with mental health needs.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider was asked to complete 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. The provider submitted the PIR on 10 May 2017. We also contacted the local authority commissioners of the service, the clinical commissioning group (CCG) and the local Healthwatch for their views about the service.

We spent time with people in the communal areas and in their rooms. We joined people for a meal and observed the meal time experience and staff interactions during the visit. We spoke with three people who used the service and two relatives. We also spoke with the registered manager, senior support worker and one support worker and one visiting health care professional. We looked at a range of records which included the care records for three people. We looked at a range of records in relation to the management of the service.

Is the service safe?

Our findings

People and relatives we spoke with told us they felt the service was safe. Comments from people included, "After 30 years I know what safe feels like and what it should be and trust me this is a safe as it gets", "I am not safe anywhere because of my condition but this place is my 'safe haven' I know I can be here and protection is all around me." Relatives commented, "I didn't think there was a place like this for my relative especially as it is near to me and I thank the people who run this home and care for my relative every single day", "The people who run this home opened their house to my relative and others to be a 'home' for them. It is one big family and if there was anything unsafe then we would all know about it-trust me."

Staff told us they make people feel safe by allowing them to make decisions by enabling rather than doing and encouraging and supporting so there is nothing that would make people feel they are being told what to do. One support worker told us, "Everyone here can go in and out at will, all residents have their own keys and space but we are here to catch them when they fall-that's feeling safe."

Policies and procedures for safeguarding and whistleblowing were accessible for people and staff which provided guidance on how to report concerns. Staff we spoke to had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised. One safeguarding alert had been raised since the last inspection. We found this had been managed appropriately by the registered manager.

The provider had not employed any staff since the last inspection. The provider had recruitment procedures in place which were thorough and covered necessary checks before new staff would be employed. For example, disclosure and barring service checks (DBS). These are carried out before potential staff are employed to confirm whether applicants have a criminal record and are barred from working with vulnerable people. We found the provider had recently refreshed staff's DBS checks.

Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. We found detailed risk assessments to demonstrate people's involvement in risk taking. Environmental risks were assessed to ensure safe working practices for staff, for example, kitchen safety.

People managed their own medicines. Self-administration assessments were in place for each person. Medicines were kept in people's rooms in locked cupboards. The registered manager told us, "If there are any queries about medicines we can ring the pharmacy for people or they can do it themselves." We found records to demonstrate the Optimisation Pharmacist had visited the service in January 2017. No concerns were found with the process the service was following for self-administration. An Optimisation Pharmacist aims to ensure a person-centred approach to safe and effective medicines use, enabling people to obtain the best possible outcomes from their medicines.

We found there were enough staff with the right experience and training to meet the needs of the people who used the service. We saw that the registered manager and two staff were on duty during the day and one staff member was on duty overnight.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home.

Is the service effective?

Our findings

People and relatives told us they felt support workers had the relevant skills and experience. Comments from people included, "They know how to help me manage my condition, I would fall apart if on my own but the tips and hints and techniques have all come from the staff here. For example, talking into my phone if I need to say something to remove anxiety if I am out on my own. No one knows if there is anyone at the other end do they?", "We all look after our own medication but the staff will always help if we need support or advice."

Comments from relatives included, "The staff are trained and up to date with all the latest knowledge and when my relative arrived and they could see there was a 'gap' in the specifics around his/her disability all the staff went on a training course. I mean all from the housekeeper to the handyman" and "My relative has improved so much since he has been here they support him and listen to him. They provide expertise, trust and someone in whom they can confide."

Support workers told us they were well supported in their role. One support worker told us, "I love working here, we are a team all working together." The registered manager had an annual planner in place for staff appraisal and bi monthly supervision. We found records to demonstrate staff received their appraisal and had supervision on a regular basis. Staff training was in place with plans to update MCA and Health and Safety.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that people who were using the service had the capacity to make their own decisions. We spoke to the registered manager who advised that this may not be the case in the future. Therefore staff had attended training in MCA and DoLS. Staff that we spoke with understood the principles of the MCA, deprivation of liberty and 'best interest' decisions.

We found people were offered a varied and nutritious diet. One person wanted to lose some weight, staff were supporting them with their diet and made sure there were always healthy snacks available. We ate our lunch with people and staff in the dining area and observed a relaxed environment with staff interacting with people throughout the meal. Fluids were readily available throughout the meal. Some people had facilities to make a hot drink in their rooms but often came downstairs to communal areas for a coffee or

tea.

Staff kept a record of what people ate at meal times. We asked why this was necessary. The senior support worker told us, "We do this as sometimes repetitive meals or increased or decreased diet can be an indication of a deterioration in mental health." This meant staff were aware of the signs and symptoms of deteriorating mental health.

Care records confirmed people had access to external health professionals when required. We spoke with one visiting health professional during our visit. The nurse told us, "The registered manager comes along to see [person] whilst I do the dressings, so she can monitor how things are doing. The staff ring if they need anything."

Adaptations were in place where necessary to support people. For example, a strobe light had been fitted in one person's bedroom to alert them if the fire alarm was activated.

Wordsley House was spacious with ample space for people. Communal areas were set out with easy chairs and televisions were available for people to watch/listen to. The choice of décor, furnishings and flooring had been discussed with people to ensure their choices were incorporated into their home.

Is the service caring?

Our findings

People and relatives gave us positive views about the care provided in the service and felt staff were kind and supportive. People's comments included, "Oh I just love them, they look after me so well," "Perfect just perfect it's a good place with nice people helping us", "Staff here care more than anyone, I feel loved and valued." Comments from relatives included, "I have got my life back because of the care and understanding and also expertise that is here in the home" and "It is awesome."

People were very independent and managed their time as they wished. We observed support workers showed respect throughout their interactions with people. They were friendly in their conversations with people maintaining eye contact, using gestures and touch to communicate. Staff were respectful of people's cultural and spiritual needs. We found a relaxed atmosphere which was warm and welcoming, there was lots of laughter and appropriate humour between people and staff. One support worker told us, "All the residents know that if they have a problem they can talk to anyone of us, we have a Pastor on site and he is always available to be a confidante or sounding board if the residents' become distressed."

People were supported by staff who knew their needs well. People were treated with dignity and respect. We saw one person often spent long periods of time in their room. One support worker told us, "We pop up and give a knock just as a welfare check to see if they want some food, or anything." Another told us, "When a resident becomes agitated or has had a bad night we will take all day if needed to support, guide and reassure."

People's rooms were well maintained and supported people's privacy and dignity. All bedrooms doors were lockable and people had a key. We were invited into people's rooms and found them to be comfortably furnished. People were able to personalise their bedrooms with pictures, ornaments and bedding. One person told us, "I cannot wait for my room to be decorated again and I want it a special way, I know they will say yes [laughing as they spoke with us]."

No one using the service required the support of advocacy services. Information was available to people about independent advocacy services. People were given a leaflet containing support and guidance if they felt they required support.

We discussed the up and coming general election with the registered manager who confirmed that people either had postal votes or had received their voting cards.

Is the service responsive?

Our findings

People and relatives told us they felt the service was responsive. One person said, "Whenever I need anything they are there, if I am not feeling well, they know how to help me understand." One relative told us, "My relative has improved so much since he has been here they support him and listen to him."

The people being supported at the service were living with mental health needs and needed support to understand their specific conditions. Staff had worked with people to identify triggers which may indicate a decline in their mental health. These were found in people's support plans, along with interventions for staff to try to support them. For example, the indicators of high and low blood glucose symptoms and how to manage these conditions. Staff used a recovery model for assisting people to develop these skills and how to support people to reflect on their specific needs. The registered manager told us, "I am looking at the recovery model documentation to see if we can adapt it to be more useful. I will be using a professional to support us with this."

Support plans were reviewed on a regular basis so staff had up to date guidance relating to people's specific needs and preferences. For example, one person's plans were being updated to support them with balancing day and night in order to promote their well-being.

We spoke to people to see if they were involved in planning their support. One person told us, "I know I have a care plan and I can be involved but as I trust everyone here I am not that involved." Another told us, "My social worker looks after my care plan and yes, they tell me about it but as long as I can stay here I am not bothered to be honest." A third said, "We talk about things and I have my plan it's there if I want it."

People were supported to maintain hobbies, interests and beliefs. We found people often spent time going out to the town, attending the local bingo hall and spending time with relatives. People also took part in the 'Hearing Voices Group' a support network for people with mental health needs. One person loved to bake, and told us they were supported in baking sessions for the whole house making cakes and biscuits, even completing a nutrition course with staff.

One person told us, "We used to go out as a family but because we all want different things and we are all grown up we tend to have 'at home days' where we all get together. It's expensive if we all go out for the day and some of us cannot afford it." People also attended prayer meetings that were held in the service. Comments from people included, "I enjoy the prayer meetings that are held every Sunday and there are a few of us that go regularly" and "I like being part of the Sunday service it's good to be able to help."

We found the provider had a process in place for people, relatives and visitors to complain. Everyone we spoke with said they felt they would be able to complain to support workers or the registered manager. One person told us, "I cannot imagine that I would need to complain after being here for years but yes, I know who I could call." There had been no complaints since the last inspection.

Is the service well-led?

Our findings

People and relatives we spoke to told us the service was well led. One person told us, "[Registered manager] is great, we live well here." One relative said, "Life is overwhelming for my [family member] and this is an oasis of calm but that is due to the management, [registered manager] really can calm troubled waters and find solutions where others have given up."

Staff we spoke with told us that this home was their second family. Comments included, "As we have all worked together for many years we know all the very good things that make us a team. This would not have happened without the manager and owner" and "[Registered manager] is inspirational, nothing else to say really about management they are like my second mum."

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

The registered manager was experienced in supporting people with mental health needs. They worked alongside staff which allowed them to observe the care and support that was provided. They told us, "As I am about most of the day I can see how they all are and how things are going." This showed us the registered manager led by example in her role and was not restricted to the administrative side of management.

We found a quality assurance process which included audits on areas such as care plans, health and safety checks, and infection control. The registered manager had a 'Plans for the Future' book which contained ideas and suggestions to improve the service. We found a quote had been sourced for a stair lift to support people with the stairs. Other improvements discussed were the redevelopment of the recovery model for support plans and training for staff using distance learning. Plans were also underway to look at enhancing some of the bedrooms to contain an en-suite facility.

A quality survey had been completed to capture the views of people, relatives and visitors. We found comments from health care professionals which read, "When visiting the home all staff are friendly and make you feel welcome" and "Professional, and have a good understanding of all residents." Relatives had commented, "Manager and staff are professional, kind and approachable", and "[Person] is very happy hear. Staff are kind and understanding. The manager is very helpful."

We found records of regular meetings held with people where issues and concerns were discussed along with any ideas for improvement. Staff meetings were held regularly and minutes were made available for anyone who could not attend. The registered manager told us, "I have regular meetings but anyone can speak to me at any time." We observed the manager was accessible speaking with people and relatives during the inspection.

The service had recently had a compliance visit from Hartlepool Commissioning team and had been awarded a Grade 1 which meant they were meeting the required standards set by the Council.

The provider submitted statutory notifications when necessary. People's records were held securely in line with the Data Protection Act.