Mrs Sara Gibson

Waverley

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 Waverley on 20 April 2016. This was an unannounced inspection. The service provides care and support for up to 14 people. When we undertook our inspection there were 13 people living at the home.

People living at the home were of mixed ages. Some people required more assistance either because of physical illnesses or because they were experiencing difficulties coping with everyday tasks.

There was a registered manager in post. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection there was no one subject to such an authorisation.

We found that there were sufficient staff to meet the needs of people using the service. The provider had taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

Staff had taken care in finding out what people wanted from their lives and had supported them in their choices. They had used family and friends as guides to obtain information and accessed a number of different resources within the community.

People had a choice of meals, snacks and drinks. And meals could be taken in a dining room, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that

required it. Some people helped with the preparation of meals and setting tables for meals.

The provider used safe systems when new staff were recruited. All new staff completed training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual.

People had been consulted about the development of the home and quality checks had been completed to ensure services met people's requirements. Since our last inspection the provider had updated and refurbished many parts of the home.

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.

Checks were made to ensure the home was a safe place to live.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse.

Medicines were stored safely. Record keeping and stock control of medicines was good.

Is the service effective?

Good

The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Is the service caring?

Good

The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Is the service responsive?

Good

The service was responsive.

People's care was planned and reviewed on a regular basis with

them.

Activities were planned into each day and people told us how staff helped them spend their time.

People knew how to make concerns known and felt assured anything raised would be investigated.

Is the service well-led?

Good

The service was well-led.

People were relaxed in the company of the registered manager and told us staff were approachable.

Audits were undertaken to measure the delivery of care, treatment and support given to people against current guidance.

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

Waverley

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.

This inspection took place on 20 April 2016 and was unannounced.

The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into consideration when making our judgement.

Before the inspection we reviewed other information that we held about the service such as notifications.These are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service.

During our inspection, we spoke with five people who lived at the service, two members of the care staff and the deputy manager. The registered manager was not available on the day of our inspection. We also observed how care and support was provided to people.

We looked at four people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, staff files, audit reports and questionnaires which had been sent to people who used the service and relatives.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I am happy living here. I chose to come here to feel safe." Another person said, "I feel safe with the staff."

Staff had received training in how to maintain the safety of people and were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the senior staff would take the right action to safeguard people. This ensured people could be safe living in the home.

Accidents and incidents were recorded in the care plans. The immediate action staff had taken was clearly written and any advice sought from health care professionals was recorded. There was a process in place for reviewing accidents, incidents and safeguarding concerns on a monthly basis. This ensured any changes to practice by staff or changes which had to be made to people's care plans was passed on to staff. Staff told us they were informed through shift handover periods when actions needed to be revised.

To ensure people's safety was maintained a number of risk assessments were completed and people had been supported to take positive risks. For example, where people had a history of falls. Staff had recorded when they had observed people walking at different times of the day and when they required more help to walk. Staff had ensured other health care professionals had been involved in the assessment of equipment to assist people to walk such as a walking stick. People had signed to say they had agreed to the course of actions described.

People told us if they felt safe in going out on their own or needed an escort. One person said, "I can go shopping in Mablethorpe. The shops are so close I don't' have to cross big roads." Another person said, "I don't think I'm safe on the bus any more, but staff are around to take me to where ever I want to go." Staff and people's records confirmed that assessments had taken place on the capability of people to visit the community either with an escort or on their own.

People had plans in place to support them in case of an emergency. These gave details of how people would respond to a fire alarm and what support they required. For example, ensuring people were not frightened when the fire alarm sounded or needed help with walking due to poor mobility. A plan identified to staff what they should do if utilities and other equipment failed. Staff knew how to access this document in the event of an emergency. We saw the fire policy had been reviewed in January 2016.

A lot of refurbishment of the environment had occurred since our last visit and areas looked clean and well maintained. We were invited into four people's bedrooms to see how they had been decorated. People told us of their involvement in the layout of the room and how they completed what they described as "household chores" to ensure the rooms were kept clean and safe. Such as no trailing leads from equipment and televisions standing on a firm base. One person said, "I hoovered my carpet today and I'm going to do my washing this afternoon."

People told us their needs were being met and there was sufficient staff available each day. One person said, "When I want to go swimming there is always someone to take me." Another person said, "There is always someone who can drive the car to take us out. It's brilliant."

Staff told us there were adequate staff on duty to meet people's needs. One member of staff said, "We all come to an arrangement if there is going to be a day where we are short because of sickness or holidays." Another staff member said, "People here are becoming more dependent as they get older. So I hope the staffing will be adjusted to meet those needs, especially at night. At the moment it is ok."

The deputy manager told us how they had calculated the numbers of staff required, which depended on people's needs and daily requirements. These had been discussed with the commissioners of services and reflected what had been agreed for each person, which was documented in care plans. Staff were aware of people's increasing health care needs as they got older and were happy to discuss the flexibility of staffing with the registered manager and deputy manager.

We looked at two personal files of staff. Checks had been made to ensure they were safe to work with people at this location. The files contained details of their initial interview and the job offered to them. The deputy manager explained they were fortunate in the long service of the majority of staff, but would recruit when necessary. There were no current staff vacancies.

People told us they received their medicines at the same time each day and understood why they had been prescribed them. This had been explained by GPs', hospital staff and staff within the home. This was recorded in people's care plans. Staff were observed giving advice to people about their medicines. Staff knew which medicines people had been prescribed and when they were due to be taken. A procedure was in place for people to take medicines out with them if they left the home. People told us medicines were handed to their family members if they went home, or to staff if they went on holiday or out for the day.

Medicines were kept in a locked area. There was good stock control. Records about people's medicines were accurately completed. Staff told us one person could take some of their medicines unsupervised. We saw the person had been assessed as being capable of doing this, which was reviewed regularly. Medicines audits we saw were completed regularly and any actions required had been signed as completed. The provider was currently in discussion with their local pharmacy supplier to ensure when requests were made the turnaround time for delivery was shorter. This was to ensure people did not run out of medicines which were prescribed to them.

We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed. Staff stayed with each person until they had taken their medicines. Staff who administered medicines had received training. Reference material was available in the medicines storage area and staff told us they also used the internet for more detailed information about particular medicines and how it affected people's conditions.

Good

Is the service effective?

Our findings

None of the staff we spoke with had been recently recruited. The retention level of staff was very good and the registered manager very rarely had to recruit new staff. However, a staff member told us about the introductory training process they had undertaken, but this had been a few years ago. This included assessments to test their skills in such tasks as manual handling and helping people with complex needs. They told us the programme had suited their particular needs. This provided the skills they needed to meet people's needs safely. Details of the induction process were in the staff training files. The deputy manager told us that all staff were starting the new care certificate as this would give everyone a new base line of information and training.

Staff said they had completed training in topics such as basic food hygiene and first aid. They told us training was always on offer and it helped them understand people's needs better. The training records supported their comments. Staff had completed training in particular topics such as dementia and challenging behaviour. This ensured the staff had the relevant training to meet people's specific needs at this time.

Staff told us a system was in place to test their competences and if required they would receive supervision. They told us that as this was a small staff group they could approach the managers at any time for advice and would receive help and supervision until they were competent in a task. The records showed when supervision sessions had taken place and there was a planner on display showing when the next formal sessions were due.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the MCA and to report on what we find. These safeguards are designed to protect people where they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had taken all of the necessary steps to ensure that people's rights were protected.

Staff told us that where appropriate capacity assessments had been completed with people to see whether they could make decisions for themselves. We saw these in the care plans of those that lacked capacity. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted. Staff had recorded the times best interest meetings had been held and assessments completed to test their mental capacity and ability.

People told us that the food was good and they could have drinks when they wanted them. One person said, "We choose our meals." Another person said, "I like the chicken pie. Staff will make drinks but I can make my own coffee and I get enough to eat." Another person said, "I enjoy my food here. Last night I had pasta and

meat balls, salad and coleslaw." People told us that sometimes a group of them went to a local restaurant to eat and they enjoyed choosing their own meals. They also told us that there was the opportunity to order take-away meals such as fish and chips and Chinese food. One person said, "We live at the seaside so there are lots of fish and chip shops. I love them."

The staff we talked with knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people's dietary needs in the care plans such as when a person required a special diet. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs. People's likes and dislikes had been recorded.

Staff had one to one meetings with people throughout the year to discuss their needs and menu planning. This was recorded in people's care plans. Menus were available and on display within the kitchen area, which people had access to all the time. This ensured people felt included in the menu planning and their specific needs were taken into consideration. We observed staff helping people with drinks throughout the day and asking for help to set the tables for the lunch time meal. People were making social conversation and commenting on the meal at lunchtime.

We observed staff attending to the needs of people throughout the day and testing out the effectiveness of treatment. For example, one person was being encouraged to walk during the day to help their mobility. We heard staff planning to speak with relatives about hospital appointments and home visits, after obtaining people's permission. This was to ensure those who looked after the interests of their family members' knew what arrangements had been made.

People told us staff obtained the advice of other health and social care professionals when required. In the care plans we looked at staff had recorded when they had responded to people's needs and the actions they had taken. For example, when people's behaviours had changed and when they required health checks such as mammograms. We also saw in record when people had visited the opticians and dentist. Several of the people had hospital appointments which they had attended. Staff had recorded outcomes of those visits. Staff told us they had a good rapport with other health professionals and felt supported by them when they required assistance.

Good

Is the service caring?

Our findings

People told us they liked the staff. They were confident staff would look after them and they liked living there. Staff were described as kind. One person said, "We all look after each other, staff and residents." Another person said, "My key worker [named staff member] is brilliant. I can talk to them about anything." Another person said, "My key worker takes me out, helps me plan my holidays and is a nice person."

The people we spoke with told us they were supported to make choices and their preferences were listened to. One person said, "They ask us what we want to do each day. I like going shopping, but don't always buy things. Staff help me manage my money." Another person said, "I like to go out, but sometimes I don't. Staff will ask me why I'm not going out. I think it's to make sure I'm not ill as I like going out so much."

People told us staff treated them with dignity and respect at all times. One person said, "Staff respect when I want my own space and I can come to a quiet area or my room." Another person said, "I can come to my room, as it's a nice place to be. Staff knock before coming in." Another person said, "My room is soon to be decorated. I've been choosing the colours and staff have told me I can have what I like."

People told us they had been involved in the refurbishment programme. They told us they had been asked about colours of the carpets and walls. One person said, "Staff always tell us when redecoration is going to happen and ask us what we would like."

People were given choices throughout the day if they wanted to prepare rounds of drinks and the meals. Some people joined in happily and readily. Others declined, but staff respected their choices on what they wanted to do.

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care could be supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local advocacy service on display. There were no local advocates being used by people at the moment.

All the staff approached people in a kindly manner. They were patient with people when they were attending to their needs. For example, one person was worried about a forth coming medical appointment. Staff gently talked through the visit with them and what could happen. The person then appeared more relaxed. Another person required assistance to walk. The person had to walk slowly due to a medical problem. Staff walked slowly with them and gave encouragement when necessary. Staff were observed

knocking on doors before entering people's bedrooms and waited for an answer before opening the door.

People told us they could have visitors whenever they wished. We saw several signatures in the visitors' book of when people had arrived at the home. Staff told us some sets of families visited on a regular basis and they were offered refreshment and opportunity to speak with staff. This was recorded in the care plans. This ensured people could still have contact with their own families and they in turn had information about their family member. People told us staff would telephone their family members when they wanted to speak with them. One person told us, "I had a visit from my mum. She lives a long way away so it was nice to see her."

Good

Is the service responsive?

Our findings

The people we spoke with told us staff responded to their needs quickly and appropriately. One person said, "When I've been poorly they have got a doctor." Another person said, "Sometimes I have to go and see a special nurse. Staff take me as I don't always understand what the nurse is saying, so staff then know and can tell me later." Another person told us of the allergies they suffer from and said, "A staff member took me to [named hospital] and I saw the nurse who gave me some tests. We are waiting for the results."

People told us staff had talked with them about their specific needs. This was in reviews about their care and questionnaires. They told us they were aware staff kept notes about them. People told us they were involved in the care plan process, but if they could not read their notes staff would do this for them. This was confirmed in the care notes we reviewed. One person said, "My key worker will always read the notes to me." Staff knew the people they were caring for and supporting. They told us about people's likes and dislikes. For example, when they liked to go to community activities and people's specific medical needs. This was confirmed in the care plans.

Staff also received a verbal handover of each person's needs each shift change so they could continue to monitor people's care. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten.

People told us staff had the skills and understanding to look after them and knew about their social and cultural diversity, values and beliefs. People told us that staff knew them well and how their beliefs could influence their decisions to receive care, treatment and support. Staff knew about people's preferences and made suggestions with additional ideas and support. This means people have a sense of wellbeing and quality of life. Staff had used local resources in health and social care, plus the internet and local libraries to ensure messages were received by people about health matters and local events.

People told us how their problems sometime prevented them from socialising in the community. People told us staff never put them in a situation they could not cope with each day. One person said, "I feel confident to go out on my own. I never used to, but staff helped me do short trips with them and now I can go out on my own." Others told us of the support they had with staff in helping them in a variety of social settings, especially when they went on holiday. To help with people's socialisation in the community the registered manager had purchased a static caravan in a local holiday park, which had a café, bar and outside pursuits on the site to take part in. This was just beginning to be used and people were excited about going there. One person said, "I've visited it. It's lovely." People were able to tell us that local council elections were soon to take place and what they would be required to do. We saw the voting cards for those capable of making such decisions.

People's care and support was planned proactively in partnership with them. Staff used different ways of involving people so they felt consulted, empowered and listened to. People told us that staff took time each day to discuss their care and treatment, as well as the opportunity to speak with other health professionals. We saw that some records had been adapted to use pictures as well as words, for those having difficulty

reading.

Professionals' who visited the service told us that it was focused on providing person-centred care. On-going improvement was seen as essential and lessons learnt from any part of the service which may have fallen short at any time. Social care professionals we had contact with before the inspection told us staff informed them quickly of any issues. They were confident staff had the knowledge to follow instructions and did so.

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. Arrangements were made for social activities, and where appropriate education and work to meet people's individual needs. For example, one person had an interest in knitting and showed us work they had completed and some in progress to make articles for a local charity. They told us, "I feel I am helping them and they certainly keep me occupied." Another person said, "I like pets. We don't have any here, but I visit the local animal sanctuaries and keep an eye on certain animals I like. The people there tell me how they look after them and I come back and find out more about them by going on the computer and reading."

People were encouraged and supported to engage with services and events outside of the service. Input from other services was encouraged. Links had been made with the local leisure centre to encourage people to have a healthy exercise programme. People told us they had been consulted about what they would like to do by staff. This included swimming and gym membership.

People told us about their holidays. Some people told us they went on holiday with their families, but others preferred going on holiday with people they lived alongside of at the home. People became very animated when talking about holidays such as trips to Blackpool to see the illuminations, to Whitby to see the harbour and to Weymouth for a sea-side holiday. People who did not like going so far away talked to us about visits to local castles, garden centres and shopping in some of the larger local towns.

People were actively encouraged to give their views and raise concerns or complaints. People's feedback was valued and concerns discussed in an open and transparent way. People told us they were happy to make a complaint if necessary and felt their views would be respected. Each person knew how to make a complaint. No-one we spoke with had made a formal complaint since their admission. People told us they felt any complaint to the home would be thoroughly investigated and the records confirmed this. We saw the complaints procedure on display, which was in word and picture format.

The complaints log detailed the formal complaints the manager had dealt with since our last visit. It recorded the details of the investigations and the outcomes for the complainant. Lessons learnt from the case had been passed to staff at their meetings in 2015.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People told us they were well looked after, could express their views to the registered manager and felt their opinions were valued in the running of the home. One person said, "I can talk to the manager any time." Another person said, "There is always someone senior around but we can talk to any of the staff."

People who lived at the home and their relatives completed questionnaires about the quality of service being received. People told us they had completed questionnaires. The last questionnaire had been in 2015 for people who used the service. All but one person had completed the questionnaire and records showed they had declined. Any actions had been passed to the relevant staff, through staff meetings. Staff confirmed these had occurred. However, each part of the questionnaire had positive outcomes. People told us infrequent house meetings were held to discuss major topics such as the refurbishment programme and holidays. This was confirmed in the records.

Staff told us they worked well as a team. One staff member said, "I love working with these residents." Another staff member said, "I really enjoy it here." Another staff member said, "I'm pleased to still work here." Staff told us they supported each other, but were also supported by the registered manager, deputy manager and other staff. They said the registered manager talked to everyone and helped with every task required within the home.

Staff were aware of the whistle-blowing policy and felt confident any issues would be addressed by the registered manager or deputy manager. They told us any concerns raised had been considered, in discussion with them, and reasons given for decisions made.

Staff told us staff meetings were held occasionally. They said the meetings were used to keep them informed of the plans for the home and new ways of working. We saw the minutes of the staff meeting for March 2016. The meeting had a variety of topics which staff had discussed, such as; rotas, staffing and the purchase of a new caravan. This ensured staff were kept up to date with events. Staff told us they felt included in the running of the home. This was reflected in records seen.

The deputy manager was seen walking around the home during our inspection. They talked with people who used the service and visitors. They could immediately recall items of information about each person. They gave support to staff when asked and checked on people's needs. When necessary they escorted people to events outside the home such as a local coffee morning.

There was sufficient evidence to show the registered manager had completed audits to test the quality of the service. These included medicines, care plans and equipment. Where actions were required these had been clearly identified and signed when completed. Any changes of practice required by staff were highlighted in staff meetings and shift handovers so staff were aware if lessons had to be learnt. A complete policy review had taken place in January 2016 to ensure staff had the most up to date information to work with and refer to. The deputy manager understood their responsibilities and knew of other resources they

could use for advice, such as the internet and local multi-agencies.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.