

Canterbury Oast Trust

Watchbell 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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected Watchbell House on 23 and 25 August 2016. Watchbell House provides accommodation and support for up to six people. Accommodation is provided from a listed building in a residential area.

The age range of people living at the service is 23 – 52. The service provides care and support to six people living with a range of learning disabilities. There were six people living at the service on the day of our inspection.

We last inspected Watchbell House on 6 February 2014 where we found it to be compliant with all areas inspected.

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

Although there were established systems to monitor the quality of service the documentation being used did not consistently afford senior staff with clear oversight of all areas of the service.

People appeared happy and relaxed with staff. There were sufficient staff to support them. Checks were undertaken to ensure staff were suitable to work within the care sector. Staff were knowledgeable and trained in safeguarding and knew what action they should take if they suspected abuse was taking place. A wide range of training was provided to ensure staff were confident to meet people's needs.

It was clear staff had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for a wide range of daily living needs. People consistently received the care they required, and staff members were clear on people's individual needs. Care was provided with kindness and compassion. Staff members were responsive to people's changing support needs. People's health and wellbeing carefully monitored and staff regularly liaised with a range of healthcare professionals for advice and guidance.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines in use were stored, administered, and disposed of appropriately.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one. Where people lacked the mental capacity to make specific decisions the home was guided by the

principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in people's best interests.

People were provided with opportunities to take part in a range of activities and hobbies and to regularly access the local and wider area. People were supported to take an active role in decision making regarding their own routines and those of the home.

The registered manager felt well supported by the provider and staff spoke positively about working at Watchbell House and about the support they received from senior staff.

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.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Risks associated with people's daily living were well managed

Incidents and accidents were reported, investigated and managed.

Staffing levels were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good ●

The service was effective.

Mental capacity assessments were undertaken for people if required and their freedom was not unlawfully restricted.

People were had enough food and drink and to supported to make healthy choices. They were encouraged to be involved in choosing and cooking meals.

People had access and were supported to health care professional appointments for regular check-ups as needed.

Staff had undertaken essential training as well as additional training specific to the needs of people. They had regular supervisions with their manager.

Is the service caring?

Good ●

The service was caring.

Staff provided people with support in a caring manner. People were treated with kindness and compassion.

People were supported to make decisions about their care. People's needs were understood by staff and they were met in a caring way.

People's care records were maintained safely and people's information kept confidentially.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in a range of activities which were chosen in line with their preferences.

People and their relatives were asked for their views about the service through questionnaires and surveys. There were systems in place to respond to comments and complaints.

Support plans detailed how people had chosen to receive care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There were a range of effective systems to assess the quality of the service however these did not always provide clear oversight of the service.

Staff felt supported by management, said they were listened to, and understood what was expected of them.

The provider had established effective links with the local community which afforded people both work and social opportunities.

Watchbell House

Detailed findings

Background to this inspection

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

We inspected the service on the 23 and 25 August 2016. This was an unannounced inspection which was undertaken by one inspector.

We looked in detail at care plans and examined records which related to the running of the service. We looked at four support plans and three staff files, staff training records and quality assurance documentation to support our findings. We looked at records that related to how the home was managed. We also 'pathway tracked' people living at Watchbell House. This is when we look at care documentation in depth and obtain views on how people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at all areas of the service, including people's bedrooms, bathrooms, and lounge and dining area. During our inspection we spoke with five people who live at the service, four support staff and the registered manager.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered information which had been shared with us by the local authority, members of the public, relatives and healthcare professionals. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

Is the service safe?

Our findings

People living at Watchbell House were supported to remain safe and protected from avoidable harm. Staff had a clear understanding of the different types of abuse and what action they would take if they believed people were at risk. Risks were managed well and assessments completed and regularly reviewed. Staff told us when an incident occurred they informed senior staff who would report, if appropriate, to the local authority. Incident and accident forms had been completed in detail and provided clear descriptors of actions taken at the time and the follow up actions implemented to reduce risk. A member of staff told us, "Any incidents are carefully reviewed and followed up and if necessary support plans changed to minimise any new risks." We saw a person's risk had recently elevated as a result of an incident in a public area and their support plan reflected these additional risks whilst they were in crowded areas.

People's support plans contained comprehensive risk assessments for a wide range of daily living, behavioural and health care needs. For example, trips away from the service, cooking and bathing. Risk assessments included appropriate measures to protect people and to also promote people's independence. For example one person regularly walked independently to a nearby workplace, staff telephoned the workplace when they left and in return the work place returned the call once the person had arrived.

Medicines were administered, recorded and disposed of safely. Although storage arrangements were safe for the medicines people were taking at the time of our inspection, the provider did not have suitable storage facilities for medicines which are classified as controlled if they were prescribed. The registered manager committed to liaise with the provider to resolve this. There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines. The temperature at which medicines were stored was checked and recorded daily. On the day of our inspection staff were seen taking additional measures to cool the room due to hot weather. An up-to-date copy of sample staff signatures was available which provided clear accountability of which staff member administered medicines. People's creams were dated when opened to ensure expiry dates were monitored. People were supported to have their medicines routinely reviewed with the appropriate health care professional. We looked at a sample of medication administration records (MAR) and found them competently completed. Staff were knowledgeable about people's medicines and had appropriate information available to guide them. On the day of our inspection two staff were involved in reviewing the home's local medicines procedures as the service had recently changed pharmacy provider. A staff member said, "It has been a positive change but we are just making sure we have considered all aspects that a new pharmacy may have on us." People who were using 'homely remedies' had documentation in place to confirm their GP had authorised its use.

There were enough skilled and experienced staff to ensure the safety of people who lived at the service. People did not have to wait for support; staffing levels were sufficient to allow people to be assisted when needed. Staff were relaxed and unrushed and allowed people to move at their own pace. One person requested support with their computer and a staff member responded immediately. The registered manager had a clear rationale for when staffing levels may need to be increased if a person's support needs increased or a planned event required additional staff. We saw staff giving people the time they needed throughout the inspection, for example when supporting people to hang out washing. All staff spoken with

said that they felt the home was sufficiently staffed.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. A range of regular fire checks were completed and had been recorded; staff knew what action to take in the event of a fire. Contracts had been established to safeguard equipment such as boilers and electrics. Maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT) had been routinely undertaken. Staff were clear on how to raise issues regarding maintenance. One member of staff told us, "Important things don't get left; if something is broken we report it and will get it sorted." On the day of our inspection the provider facilities manager was at the home overseeing ongoing external maintenance and improvement works.

Risks related to emergency evacuation had been assessed and people had personal emergency evacuation plans (PEEP). Staff had been trained in fire safety and could identify their role within an emergency. Records indicated that staff had completed 'mock evacuation' drills which were scheduled through the year. Contingency plans had been established should people be unable to return to the service in the event of an unplanned event.

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People received effective care from staff who were appropriately trained and supported. The provider had ensured staff received timely and relevant training to support them to be effective in their roles. All staff told us a strength to the service provided was the well-established and stable staff team. One staff member said, "Most of us have been working here a long time which helps so much when you do get a new member of staff." Staff undertook training in areas such as safeguarding, fire safety and moving and handling. Additional training was completed to enable staff to support specific needs of people living at the service. These included autism awareness, conflict resolution and positive ageing. Staff told us they felt the training they received helped them to feel confident to support people. One told us, "The training is almost all face to face and you get the chance to ask questions and check your understanding." Staff received regular supervision which was booked in advance; staff told us they were able to request extra supervision if they required further support. All staff spoke positively of the registered manager. A staff member told us "I feel well supported and never hesitate seeing the manager if I have a query or problem."

Staff had a good understanding of the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow these in their daily care routines. Mental capacity assessments had been completed where a significant intervention had been considered for a health related issue. Where people had been deemed to lack capacity for a specific decision of daily living there was limited documented evidence of best interest discussions. However the registered manager was able to demonstrate these were in the process of being developed and had a clear understanding of the areas they would progress. Support staff were aware decisions made for people who lacked capacity had to be in their best interests. During the inspection we heard staff routinely ask people for their consent and agreement to care. Staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training, one staff member told us, "I will always involve people as much as possible when making any day to day choice or decision."

The CQC is required by law to monitor the operation of DoLS. Although no one the service was living under a DoLS authorisation we saw the registered manager had worked with people's social workers where clarification regarding people's freedoms had been required.

People were supported to maintain good health. Each person had a health section within their support plan which provided detailed information on people's health care history and support needs. It was evident a wide range of health care professionals were regularly involved to support people to maintain good health such as occupational therapists and physiotherapists. Routine appointments were scheduled with, podiatrists, opticians and dentists. On the day of our inspection one person attended a dentist appointment. One staff member told us, "It helps that we know our residents so well as when there are subtle changes we can pick up on these quickly. People's body weight was routinely recorded; staff told us this was used as an indicator of potential changes in health and wellbeing. During our inspection we heard staff liaising with various health care professionals to seek clarification and book appointments.

People told us they enjoyed the food and their mealtimes at Watchbell House. Meals were planned and alternated in line with people's choices and preferences. The kitchen was clean and organised and systems

were in place to ensure regular checks such as cooked food temperatures and fridge temperatures were recorded. People told us they made their own breakfast and lunch with support and assisted with the preparation of evening meals. On the day of our inspection one person spent time preparing home-made soup for their lunch. Staff told us that those people who enjoyed cooking were encouraged to be involved as much as possible. Meals times were relaxed and calm, music was playing and people sat in their preferred place and chatted with other people and staff. There was also fresh fruit available in a communal area which we saw people help themselves to during our inspection.

Is the service caring?

Our findings

People were supported by friendly and caring staff. There was a welcoming atmosphere in the home and people were happy and relaxed in their surroundings. Staffs interactions with people were kind and caring. One person said, "I really like living here, it's my home." Another said, "The staff are lovely."

It was clear staff had established strong bonds and had good rapport with people which was underpinned by their detailed understanding of people's individual needs. One staff member said, "I really enjoy being here and supporting the residents; it's my second home. There is such a nice calm feel to the place." Staff spoke about people with genuine warmth. Another staff member said, "This is their home and they are involved in all aspects of it." For example people were encouraged to engage with the flow and daily routines of the service such as assisting with laundry and meal preparation.

Staff took time and were patient when explaining routine tasks or planned events for the day. Staff were proactive in ensuring people's privacy was respected. For example knocking on people's doors before entering and ensuring doors were closed whilst people were being supported with daily aspects of personal care. We saw multiple examples of staff protecting and promoting people's dignity within the service, such as by discreetly reminding and supporting people to use the toilet facilities. We heard laughter and good natured exchanges between staff and people throughout our inspection. We saw one person escorted a staff member to the front door when their shift had finished and exhibited genuine affection to them as they left. The provider employed fulltime maintenance staff who were undertaking repairs during our inspection, they interacted with people in a caring and positive way and it was evident they knew people well.

People's individual preferences and differences were respected. We looked at all areas of the home, including people's bedrooms. A person told us they had been involved in the planning and choice of their décor when their room had recently been redecorated. Other likes and preferences were clearly documented throughout care plans. For example, types of music, clothing and favourite foods. Staff told us information held in support plans was helpful when planning goals and activities with people. One person took real pleasure in showing the inspector communal photographs of themselves engaging in a range of activities and celebrations.

People had individual timetables for each day, however they were supported and encouraged to make choices and be flexible within the timetables. One person had recently had the number of hours they volunteered reduced due to staff noticing they were becoming fatigued. Care documentation identified that although they were initially disappointed by this staff had taken time to explain the rationale. We saw this person return from their morning volunteering duties; they appeared tired and told staff they wanted to rest in their room for a while. A staff member said, "We picked up they were struggling with the longer days and have explained and they are happy with things."

Care documentation clearly demonstrated staff had taken time to involve people in the design and review of their support plans. Staff told us that the regular 'talk time' session where people sat with their key worker to discuss any aspects of their care and lives was a very helpful tool to develop relationships and trust. A staff

member said, "The sessions are relaxed and informal and can be useful for goal setting but also important for giving residents time and space."

Staff had a good understanding of the importance of confidentiality. Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff were seen to ensure all support plans and care documentation was return to a designated locked area once they have finished updating paperwork.

Is the service responsive?

Our findings

People's care plans clearly identified assessed support needs and reflected individual preferences for all aspects of daily living. Care documentation contained a personal profile and where available a background history. A member of staff said, "I find support plans helpful, they are a useful reference if an aspect of care has changed." Sections within support plans included; personal care, health care, social care needs and community living. Each area provided comprehensive guidance and prompts for staff on all aspects of daily living. For example, peoples' preferred routines in regard to bathing and night time choices. Support plans also provided staff with detail on how to support people living with communication difficulties for example by using Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Support plans were reviewed monthly, followed by a more comprehensive six monthly review involving family and/or advocates, social workers and the person's 'key worker'. A keyworker is a named member of staff with additional responsibilities for ensuring a person receives the care they need. These reviews were also used to establish and set longer term goals and targets for the following six months.

People were supported to do the things they enjoyed and were important to them. People's participation in their individual interests, activities and education were promoted by staff. We saw people referring to the communal daily planner and they spoke positively about the activities they had. The provider operates a farm and café in the local area where people chose to work. People spoke positively about the roles they undertook at these facilities. On the day of our inspection people were engaged in activities ranging from independently visiting a family member, volunteering at the provider's nearby café, to horse riding. Throughout our inspection we saw staff were proactive in encouraging people to leave the service and be involved in a range of outings. For example shopping trips and walks in the local area. One staff member said, "Most of our residents love being out and about, they really come to life." The provider had a dedicated vehicle for people living at the service. Most staff were able to drive the vehicle and we saw evidence that it was used regularly to transport people to a range of different events and activities.

Staff had a good understanding of people's individual needs and said they were given time to ensure care documentation was updated in a timely fashion. On the day of our inspection six support workers were at the service for a staff meeting. This lasted in excess of two hours. Staff told us a range of issues related to people and the running of the service were discussed. One staff member said, "The most helpful part of the meeting is each taking turns to talk about the residents we are keyworker for." Monthly meeting minutes evidenced that in-depth discussions took place regarding each person's individual support needs. Areas covered included people's changing health and upcoming health care appointments, conversations with people's family and people's new goals. Staff were able to talk with confidence about people's support needs including those that displayed behaviours that challenge. A staff member described in detail the specific physical mannerisms a person demonstrated as their anxiety levels increased and the associated strategies to de-escalate. Daily care records provided clear detailed descriptors of people's activities, moods and behaviours. Staff told us these were useful for reference if they had been off duty.

People, their relatives and stakeholders had been canvassed for their opinions to determine satisfaction

levels with the service provided. All the results from people were positive. Where relatives had made comments actions had been taken as a result, for example additional transport had been arranged We saw people were involved in making choices which impacted on the daily running of the service, for example staff told us meal planning was a popular area to discuss and plan as a community.

The PIR identified a complaints policy was available to people within the home. We found this was available in various formats, such as pictorially, to ensure its accessibility. People's support plans identified how, via peoples one to one 'talk time', staff covered the key information contained within the policy. At the time of our inspection there were no open or recent complaints.

Is the service well-led?

Our findings

People and staff spoke highly of the leadership at the service. Comments regarding the registered manager included they were knowledgeable, approachable, and positive. However we found some areas related to quality assurance required improvement. The registered manager monitored the running and effectiveness of the service via a 'manager's monthly checklist'. Areas which underwent checks included care plans, medicines, housekeeping, and health and safety. Either the registered manager or their deputy undertook these checks. Although the checklist identified what areas needed to be checked there was no guidance as to what specifics were to be looked at. For example, medicines were on the checklist but it was not clear what was being checked in regard to medicines. The checklist did not have additional sections for identifying if any shortfalls had been found and if they had what actions were to be taken to rectify them. The registered manager acknowledged another audit tool for infection control was not effective in providing clear oversight. For example the document made reference to 'patients and classrooms' and did not have areas where the person completing could identify additional concerns which were not included in the prescribed tick list. This meant it would be more difficult for the registered manager to have oversight of what issues their deputy may have found whilst undertaking these audits. The registered manager committed to reviewing these systems so as they could be assured both senior staff were auditing consistently..

When a new staff member started at the service the registered manager told us they were required to sign the home's environmental risk assessments to indicate they had read and understood the contents. We found the most recent member employed at the service had not completed this. We also found some generic risk assessment documentation had been in place for an extended period; for example one related to use of vehicles was dated 2005. The registered manager committed to review and refresh these to assure their contents remained up-to-date. The areas identified related to quality and assurance and documentation requires improvement.

The provider had established effective systems to ensure concerns related to the maintenance of the service were well managed. There were clear lines of accountability for both routine repairs and more significant works. We also found there were some robust quality assurance checks undertaken for example in relation to fire safety.

Staff meetings were held regularly. These meetings provided an opportunity for staff to raise and discuss issues and for senior staff to remind colleagues about key operational issues. Staff told us they found these meetings useful and provided an opportunity to share ideas and provide each other with updates on individual people. Staff who were unable to attend were provided with minutes of these meetings. One staff member said, "The communication between staff is really good, I have always felt fully involved."

Staff told us that a strength of the service was that they were part of the local community. One staff member told us, "So many locals and traders know our residents and will say hello." One person attended a local church where they were well known and an important part of the community. One person told us they enjoyed going for a 'pint' at the close by pub. Staff told us that staff and people had enjoyed their Christmas

meal there together. Staff told us the provider's ownership of other facilities such as the nearby café, where people worked, were a real asset to the service. These afforded people various opportunities to be part of the local community and also mix socially with people living at the providers other services.

The registered manager told us they felt well supported by the provider and their direct line manager and that communication between themselves and the head office was effective. During our inspection we overheard the registered manager liaising with the provider's head office support function for advice and guidance. The registered manager said, "When working for a larger organisation support is always at the end of the phone." They described the training and support events they had attended such as internal and external manager forums and workshops. The service received visits from trustees who sat on the provider's board. The most recent trustee 'visit form' identified how they had been involved in progressing an issue connected to the service having their own credit card. This meant the provider had responded positively to feedback from the trustees. Staff were positive about their roles, clear on their responsibilities and the lines of accountability. One staff member said, "I really enjoy and feel lucky to work here with our residents."