

Mr & Mrs J H Macey

The Wedge Residential Home

Inspection report

8 Park Road
Hayling Island
Hampshire
PO11 0HU

Tel: 02392465225
Website: www.haylingwedge.co.uk

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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 Wedge Residential Home is a residential care home providing accommodation and personal care for up to 21 people, some of whom may be living with dementia or have a physical disability. Accommodation is arranged over two floors with lift and stair lift access to the second floor. At the time of our inspection 21 people lived at the home, one of whom moved into the home during the inspection.

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

People were safe and supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service mostly supported this practice. We have made a recommendation about the electronic recording in relation to best interest decisions.

People and their relatives told us that they thought the home was well led and spoke positively about the registered manager. The registered manager carried out numerous audits to ensure the service was effective. However, these were not always effective. We have made a recommendation in relation to the provider's quality assurance systems.

The home had a consistent staff team who understood the needs of people well. We saw staff upheld and promoted people's rights relating to equality and diversity. Safe recruitment procedures were mostly followed.

We saw evidence of people's and their relative's involvement in care assessments. Risks to people were recorded in their care plans and staff demonstrated they had a good knowledge of people. People received their medicines safely.

People and their relatives were very positive about the food. People were encouraged to maintain a healthy, balanced diet, based on their individual needs and had access to food and drink whenever they wanted.

People and their relatives were positive about the quality of care and support people received. Staff identified what was important to people and endeavoured to provide meaningful experiences and lasting happy memories.

The registered manager was proactive in ensuring they had a visible presence within the home and operated an open-door policy ensuring that any low-level concerns were dealt with promptly preventing escalation.

The service was well-led by a management team whose passion and drive to deliver a good service, leading by example, was evident.

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 20 April 2017).

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Wedge Residential Home

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

This inspection was carried out by one inspector.

Service and service type

The Wedge Residential Home 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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and eight relatives about their experience of the care provided. We spoke with two professionals who regularly visit the home and we spoke with seven members of staff including the registered manager, deputy manager, assistant deputy manager, head of care, senior care worker, care worker and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at eight 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 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.

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 and relatives told us people felt safe. Comments included, "Oh yes, perfectly safe", "Yes of course" and "100% yes".
- There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. Staff told us, "I'd basically go to the manager straight away or speak to someone higher than me" and "if I feel if there is anything wrong report back to my manager or deputy manager and if they didn't do anything could report to you (the Care Quality Commission)."
- There were appropriate policies and systems in place to protect people from abuse. Safeguarding information and signposting were displayed in the office.

Assessing risk, safety monitoring and management

- Risks to people were mostly recorded in their care. However, care plans and risk assessments relating to falls risks did not always contain sufficient information to enable staff to carry out support safely following a fall. This was raised with the registered manager and resolved promptly during the inspection. The risk was mitigated as the management team were responsive to any falls and had provided advice and guidance to staff during incidents.
- Health and safety audits identified when maintenance work was required, and the provider ensured that work was completed in a timely way.
- Equipment was maintained and had been regularly tested to monitor effectiveness and safety.
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.
- Staff held practice fire drills to check any risks to people from an emergency evacuation. Each person had been assessed for their evacuation risk and were identified as a low, medium or high priority for their assistance needs in the event of an evacuation. It included detail on what support each person required to evacuate.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment

- There were sufficient staff to meet people's needs and keep them safe. People and relatives told us, "I think so, when I buzz someone comes", "Oh yes enough. All the staff here know [person's name] and they don't use agency", "We visit usually once a week, sometimes during the week sometimes at weekends and there is never a problem" and "Oh plenty of staff".
- Staffing levels were based on the needs of the people living at the service. We saw evidence of staffing levels being adjusted in response to people's changing needs. For example, the registered manager had

increased the evening staffing levels in response to an identified need.

- Safe recruitment procedures were mostly followed. However, we found for some of the recruitment files reviewed that there were gaps in the employment histories. We raised this with the registered manager during the inspection and they promptly gathered, and provided, the missing information following the inspection.
- Staff files contained the information required to aid safe recruitment decisions such as references and a Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Using medicines safely

- People's medicines were stored and managed so that they received them safely. The provider had a strong ethos of the home being people's own home and this was reflected in each person having their own medicines stored securely in their individual bedrooms.
- We observed staff involving people in the administration of their medicines; taking the medicines packaging and the medication administration record over to the person, showing them what they were doing, and checking the person was happy with the medicine administration.
- Up to date records were kept of the receipt and administration of medicines. There were individual support plans in relation to people's medicines, including any associated risks. Guidelines were in place for when prescribed 'as required' (PRN) medicines should be given and staff demonstrated their knowledge of these.
- Staff received training and completed competency assessments before supporting people with their medicines.

Preventing and controlling infection

- Staff completed training in infection control. Staff told us they had access to personal protective equipment (PPE) and waste was disposed of correctly. One relative told us, "Yes, very much so. They live with gloves on."
- The home was clean, tidy and odour free. People and relatives told us, "Pretty clean", " Yes. Immaculate, never get any smells" and "Whenever we've come in it is always clean and tidy".

Learning lessons when things go wrong

- Where an incident or accident had occurred, the registered manager saw all documentation and had procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence. We saw some incidents were responded to by updating people's risk assessments.
- We saw evidence of trend analysis of incidents taking place and the registered manager showed us the falls analysis system they had in place at the time of the inspection.
- Staff were informed of any accidents and incidents and these were discussed and analysed during handovers between shifts and at staff meetings.

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.

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 ensured that these authorisations had been applied for where necessary and these were reviewed when required.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the provider's policies and systems mostly supported this practice.
- People had mental capacity assessments that were decision specific and a consultation had followed to enable a shared decision to be made about what was in the person's best interest. However, we found that some of the electronic records referencing mental capacity were not always clear. We spoke to the registered manager about this who explained it was due to the way the electronic system had been set up. They confirmed that they would change the system to ensure these records were clear.

We recommend the provider improve the electronic recording of best interest decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs. We saw evidence of people's and relative's involvement in care assessments.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's

individual characteristics.

- The provider ensured staff had access to best practice guidance to support good outcomes for people.

Staff support: induction, training, skills and experience

- People and relatives felt staff were well trained. Comments included, "Trained? Yes, I think so", "Without a doubt. They've been very well trained I think" and "Oh yes, very much trained. Sometimes they have training sessions here as well."
- There was an emphasis on the importance of training and induction. Staff new to care were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to.
- All new staff received a range of face to face training and a period of shadowing to help ensure they had the necessary knowledge and skills to do their jobs. One relative told us, "a lot of them have been here a long time and you can tell by the way the younger or newer staff look to the more established ones for reassurance from time to time."
- Training was regularly refreshed and updated, for example there was mandatory oral healthcare training scheduled to take place the week of the inspection.
- Staff were supported with regular observational checks and in-house competencies. However, we found that the competencies did not always contain enough detail as to what had been observed. For example, annual medicines competencies. We raised this with the registered manager during inspection and they promptly began implementing changes to their competency documentation to rectify this.
- Staff received regular supervisions including face to face meetings, observational supervisions and appraisals. They told us they were well supported.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support;

- Staff involved people, and where appropriate their relatives, to ensure people received effective health care support. One person told us, "If unwell or I want to see the doctor they'll call someone ... they are very good about that". A relative told us, " She sees the doctor when she needs it, if they think she is unwell it is straight to the doctor and phone straight away and then let me know, don't have to ask, they do it straight away if they think she is under the weather."
- The home worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. Records showed people had been seen by a range of healthcare professionals including GP's, community registered nurses, dentists, dieticians and Chiropodists.
- People had oral healthcare assessments and detailed information about how to support them with their oral healthcare needs. Staff were knowledgeable about people's oral healthcare needs, how to support them and the potential indicators and symptoms that would require appropriate professional advice and guidance.
- People had health care plans which contained essential information, including information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.

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

- People told us that the food was good. Comments included, "Today had a very good lunch, an unusual starter and an apple crumble", "It was tasty", "Food is excellent" and "If you say you don't want something they'll suggest something else."

- We observed the lunch time experience. The tables were set with tablecloths and napkins with cutlery, jugs of squash and condiments. We observed people being offered a choice of drinks with their meal.
- People were encouraged to maintain a healthy, balanced diet, based on their individual needs and could access food and drink when they wanted to. The home used a summer and winter menu and the content of this was discussed with people. The senior chef told us, "if they don't like what is on the menu then we offer an alternative. At resident's meetings we discuss the food and take off anything they didn't like."
- We saw people being offered drinks and food throughout the day and were supported by staff who had received food hygiene training. A selection of drinks and fruit were on display in communal areas for people to help themselves.
- Information on people's weight was kept up to date in their care records and was monitored. The registered manager told us how they would ensure people who were losing or gaining weight would be referred to the most appropriate healthcare professionals for appropriate support if required. This was supported by the information in people's care plans and staff awareness.

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

- We saw the environment was designed to support people to move around safely; it was spacious with a lift and accessible grounds and gardens. However, there was required maintenance that when completed would enhance the environment, specifically the replacement bathroom suite upstairs. The registered manager explained that this was in process of being updated and replaced.
- People's rooms we looked at had been personalised to each person's preferences.
- Specialist equipment was available when needed to deliver better care and support.

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

- People and their relatives were positive about the quality of care and support people received. People told us, "The staff here help you", and, "Very kind and helpful." Relatives told us, "they'll hold her hand, sit with her and talk to her. Very, very caring", and, "I think they are all really nice, all very, very sweet."
- A visiting professional told us, "They know their patients really well and by their individual characteristics, can't speak more highly of them."
- Visitors stayed for long periods and spent meaningful time with their loved ones. People told us that their families could visit when they wanted them to and relatives confirmed that they felt welcomed into the home.
- We saw a warm and caring approach by staff with positive and kind interactions between staff and people. For example, we saw staff sitting with people and spending time chatting with them.
- Staff spoke about people with genuine interest and affection. There was a real emphasis on getting to know people. Staff told us, "they have great stories to tell [the people]. They are all so unique", "I try and sit down and talk to them and get an inkling of their sense of humour and their life stories. I always try and respect them and treat them as I would my own parents" and "I tend to do fingernails and chat to them when soaking their hands. It's a good opportunity to go back in the past, find out what they used to do as a child and what was their job."

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

- Feedback from people and their relatives about people's involvement in making decisions about their care was positive. Comments included, "We discuss it definitely", "Yes I think she made it very well known what she expected and was acceptable to her" and " They consult us on anything like that."
- There was evidence of risk assessments and care planning to meet people's specific needs. Care plans were updated regularly and reflected the actions identified from the risk assessments.
- People had access to advocacy services if they needed guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We saw they were discreet when people needed assistance with personal care. Staff ensured doors were closed and protected people's privacy and dignity when they supported them.

- People were supported to observe their faith and staff acknowledged and supported people in their spiritual well-being. A person told us, "Have a service on Friday mornings in the lounge."
- Independence was actively promoted and maintained for people. One person told us, "I like to empty my own commode." A relative told us, "Yeah, she is very independent ... The staff support her to do things herself, washes herself, dresses herself, might need some support." A staff member told us, "Asking them what they'd like to be done and giving them the flannels and ask if they like to wash their face ... We always try and encourage them to do it themselves."
- People's private information was kept confidential. Records were held securely.

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; 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

- The Wedge Residential Home provided a range of activities enabling people to live fulfilled lives. Such as, theatrical groups who put on performances for people at the home, musical live acts, arts and crafts, reminiscing talks, Tai Chi, quizzes, music, board games such as scrabble and local walks.
- People and their relatives were positive about the activities available. Comments included, "I like to go for walks, it's my favourite activity", "I like going out in the garden" and "I think there is quite a lot going on here".
- The home had an activities organiser and the home accommodated requests from people who wanted to access the local community, arranging staff to support them.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. One relative told us, "They asked [person's name] her likes and dislikes and she said she's into her fruit. When she arrived, there was a big bowl of grapes in her room."
- The home has a strong emphasis on being people's home and there is a pet dog in the home during the day that people can take for a walk if they want to. Relatives told us how positive this was for people, especially for people who had pets they were missing.

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.

- People's communication needs were fully considered during the initial assessment and as part of the ongoing care planning process so that information was given in line with their needs. For example, two people were supported by the home to access talking books. Another person was supported to have additional lighting in key places in their room and on their chair to aid them being able to read.

Improving care quality in response to complaints or concerns

- The registered manager was pro-active in ensuring they were visible within the home and operated an open-door policy. They ensured that any low-level concerns were dealt with promptly preventing escalation. We observed people and relatives being greeted by name by the registered manager and it was evident that they were known to people and their relatives. One relative told us, "[Registered manager's name] is totally approachable, I don't think anyone would be intimidated of going to her. She is very supportive of me and

my mum."

- People and relatives knew how to complain if they needed to and felt they would be listened to. People told us, "I'd speak to [registered manager's name]" and "I've got no reason to not like it at all. I am very settled here". A relative told us, "Everything that needs to be done is done, everything we wanted was immediately dealt with, never had a single case in all that time where we needed to complain about something."

- A complaints procedure was in place to make sure any concerns or complaints were brought to the registered manager's attention. This was because they were keen to rectify any issues and improve the quality of the service.

End of life care and support

- At the time of the inspection no one living at the home was receiving end of life care.

- Care records demonstrated that discussions had taken place with people and their relatives about their end of life wishes, and these were clearly recorded. People and relatives told us they were confident that the home would respect people's wishes.

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.

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

- There was a quality assurance system in place to monitor and improve the quality of the home. However, some of the quality assurance audits were not consistently effective in monitoring the quality of care provided. For example, there were monthly care plan audits being consistently completed but which had no detailed information recorded on them or whether any actions had been identified and actioned.

We recommend the provider review their quality assurance system in line with best practice.

- The service was well-led by a management team whose passion and drive to deliver a good service, leading by example, was evident.
- The feedback about the registered manager was positive. Staff comments included "[Registered manager's name] is supportive. If there was a problem I'd go to [Registered manager's name]", "You can talk to [registered manager's name] at any time", and, "[Registered manager's name] is a good manager."
- There was a stable and consistent staff team who were skilled and motivated.
- The registered manager was clear about the legal responsibilities in line with their registration with the CQC. They were open and transparent when accidents/incidents occurred.

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

- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available in the office and displayed on notice boards.
- The registered manager promoted an inclusive, value based and positive culture. They were committed to developing and valuing staff. For example, staff were supported to access further development training and career progression.
- The registered manager got to know staff and staff were encouraged to make suggestions and were listened to. A staff member told us, "I speak to [registered manager's name] all the time about certain things, this idea or that idea."
- People and relatives were positive about the registered manager. Their comments included, "[registered manager's name] is lovely, very caring but professional as well" and "I think she is very nice, she is approachable and sociable".

- The registered manager attended relevant forums to ensure their knowledge and practice remained current. Such as infection control forums and Hampshire Association forums.
- The Wedge Residential Home had signed up for a new initiative working with the NHS in relation to secure networks for sharing of information. The aim of which would be to improve communication and make sharing of information easier.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had developed links with external agencies ensuring successful partnership working. For example, they worked closely with their local GP surgery resulting in regular visits from the GP promoting consistency and better health outcomes for people. A visiting professional told us, "I think they are excellent I really do. I couldn't fault them...they dealt with a gentleman who didn't want his flu jab really respectfully".
- The home ensured they met people prior to admission and worked with other services to ensure the transition was as smooth as possible. A relative told us, "It was a surprisingly easy process and [Registered manager's name] came out twice. Very helpful and was always at the end of the phone. Very easy to get [relative's name] moved here".
- The home had responded, and embraced, people and their relative's preferences for informal opportunities to feedback, alongside regular meetings people and relatives were invited to attend. People and their relatives told us, "If you had a problem you would have a chat about it anytime" and "Very informal but very professional".
- People and relatives were invited by the home to be involved in events held at the home. The local hospice had held seasonal events at the home.