

MCCH

# Wadeville

## 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

Wadeville provides accommodation for persons who require nursing or personal care for up to 13 adults who have a range of needs including learning disabilities. There were nine people receiving personal care and support at the time of our inspection.

At our last comprehensive inspection on 27 and 28 August 2015, we found several breaches of legal requirements. Staff were not supported through regular supervision and yearly appraisal in line with the provider's policy, and some sections of people's care plans did not reflect their current needs. We asked the provider for an action plan to address the breaches identified. The provider sent us an action plan telling us how they would address this issue and when they would complete the action needed to remedy the concern.

This unannounced comprehensive inspection took place on 21 and 22 September 2016. At this inspection we found the service provided an induction and training, and supported staff through regular supervision and annual appraisal to help them undertake their role. Staff prepared, reviewed, and updated care plans for every person. The care plans were person centred and reflected people's current needs. The provider was now compliant with the regulations following improvements made in the areas we identified at our last inspection.

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.

People who used the service and their relatives told us they felt safe and that staff and the registered manager treated them well. The service had clear procedures to support staff to recognise and respond to abuse. The registered manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service which were up to date and included detailed guidance for staff to reduce risks. There was an effective system to manage accidents and incidents, and to prevent them happening again. The service had arrangements in place to deal with emergencies. The service carried out comprehensive background checks of staff before they started working and there were enough staff on duty to support to people when required. Staff supported people so that they took their medicines safely.

The provider had taken action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Staff assessed people's nutritional needs and supported them to have a balanced diet. Staff supported people to access the healthcare services they required and monitored their healthcare appointments.

People and their relatives where appropriate, were involved in the assessment, planning and review of their

care. Staff considered people's choices, health and social care needs, and their general wellbeing.

Staff supported people in a way which was kind, respectful and encouraged them to maintain their independence. Staff also protected people's privacy and dignity, and human rights.

The service supported people to take part in a range of activities in support of their need for social interaction and stimulation. The service had a clear policy and procedure about managing complaints. People knew how to complain and told us they would do so if necessary.

There was a positive culture at the home where people felt included and consulted. People and their relatives commented positively about staff and the registered manager. Staff felt supported by the registered manager.

The service sought the views of people who used the services to help drive improvements. The provider had effective systems in place to assess and monitor the quality of services people received, and to make improvements where required. Staff used the results of audits to identify how improvements could be made to the service. However, we found that the provider had not notified the Care Quality Commission (CQC) of the authorisations of Deprivation of Liberty Safeguards (DoLS) as required. As a result of the inspection feedback, the provider then notified the CQC. We saw there was no negative impact on the people who used the services.

## 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.

People and their relatives told us they felt safe and that staff and the registered manager treated them well. The service had a policy and procedure for safeguarding adults from abuse, which the staff understood.

Staff completed risk assessments for every person who used the service. Risk assessments were up to date and included guidance for staff on how to reduce identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks before they started working.

Staff kept the premises clean and safe. They administered medicines to people safely and stored them securely.

### Is the service effective?

Good ●

The service was effective.

The service supported all staff through training, supervision and annual appraisal in line with the provider's policy.

Staff assessed people's nutritional needs and supported them to have a balanced diet.

Relatives commented positively about staff and told us they were satisfied with the way their loved ones were looked after.

The registered manager and staff knew the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and acted according to this legislation.

Staff supported people to access the healthcare services they needed.

### Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives told us they were happy with the service. They said staff were kind and treated them with respect.

People were involved in making day to day decisions about the care and support they received.

Staff respected people's choices, preferences, privacy, dignity, and showed an understanding of equality and diversity.

### Is the service responsive?

Good ●

The service was responsive.

Staff assessed people's needs and developed care plans which included details of people's views and preferences. Care plans were regularly reviewed and up to date. Staff completed daily care records to show what support and care they provided to each person.

Staff met people's need for stimulation and social interaction.

People and their relatives knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

### Is the service well-led?

Good ●

The service was well-led.

People who used the service and their relatives commented positively about the registered manager and staff.

The service had a positive culture. People and staff felt the service cared about their opinions and included them in decisions about making improvements to the service.

Staff held monthly meetings with people who used the service to enable them share their experiences which helped staff to support them.

The service had effective systems and processes to assess and monitor the quality of the care people received. Staff used learning from audits to identify areas in which the service could improve.

# Wadeville

## **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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We also contacted health and social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

This inspection took place on 21 and 22 September 2016 and was unannounced. The service was inspected by one adult social care inspector and an expert by experience on 21 September 2016. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The adult social care inspector returned to the service 22 September 2016 to complete the inspection.

We spoke with one person who used the service, eight relatives, five staff, and the senior operations manager. We looked at four people's care records and seven staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, safeguarding, Deprivation of Liberty Safeguards, health and safety, and quality assurance and monitoring.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe and that staff and the registered manager treated them well. One person told us, "I like it here." A relative told us, "All is well with the care. He [relative] visits the home [relative's] happy, contented and feels supported." People appeared comfortable with staff and those who could, approached them when they needed something.

The service had a policy and procedure for safeguarding adults from abuse. Staff understood the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC). Staff we spoke with told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to. The senior operations manager told us there had been no safeguarding concerns since the previous inspection of the service in August 2015.

Staff completed risk assessments for every person who used the service. These covered areas including manual handling, falls, eating and drinking, transport, risk of choking, and behaviour. We reviewed four people's risk assessments and all were up to date with detailed guidance for staff on how to reduce identified risks. For example, where one person had been identified as being at risk of falls, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the level of risk. In another example, we saw staff guidance was in place telling how to support one person where their swallowing difficulty had been identified as a risk of choking.

The service had a system to manage accidents and incidents to reduce the risk of them happening again. Staff completed accidents and incidents records. These included details of the action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. We saw examples of changes having been made by staff after incidents occurred to improve safety. For example, we noted staff were given additional training in the least restrictive and positive behaviour support practice following a recent incident. Records also showed that actions to reduce future risks were also discussed in staff meetings.

The service had enough staff to support people safely in a timely manner. One relative told us, "There is staff available at all times and at nights. This is something I value, as I would not accept care where staff were not always available. This provides me with peace of mind." The registered manager carried out a dependency assessment to identify staffing levels required to meet the needs of people using the service. The dependency assessment was kept under regular review to determine if the service needed to change staffing levels to meet people's needs. The staff rota showed that staffing levels were consistently maintained to meet the assessed needs of people and that staffing levels increased in line with changes in people's needs where required. For example, when people needed extra support to help them to access community or healthcare appointments, they arranged additional staff cover. During the inspection we saw the provider increased staff numbers to support people's healthcare appointments.

The service carried out comprehensive background checks of staff before they started work. These checks included details about applicants' qualifications and experience, their employment history and reasons for any gaps in employment, references, a criminal records check, health declaration, and proof of identification. This meant people only received care from staff who were suitable for their roles.

Staff kept the premises clean and safe. The provider had procedures in place in relation to infection control and the cleaning of the home and these were followed by staff. Staff were clear about the infection control procedure in place at the home and explained how they cleaned each bedroom and communal areas to maintain cleanliness standards. Staff and external agencies where necessary, carried out safety checks for environmental and equipment hazards including safety of gas appliances.

The service had arrangements to deal with emergencies. Staff completed personal emergency evacuation plans (PEEP) for every person who used the service. These included contact numbers for emergency services and provided advice for staff on what to do in a range of possible emergency situations. Staff received first aid and fire awareness training so that they could support people safely in an emergency.

Staff supported people to take their medicines safely. The provider trained and assessed the competency of staff responsible for the administration of people's medicines. People's Medicines Administration Records (MAR) were up to date and accurate. They showed that people had received their medicines as prescribed and remaining medicine stocks were reflective of the information recorded. The service had up to date PRN, (when required), medicines protocols. These advised staff when and under what circumstances individuals should receive their PRN medicine. Staff had a clear understanding of these protocols. Medicines were stored securely. For example, staff monitored fridge and room temperatures. Staff carried out medicine checks for each shift handover to ensure people received their medicines safely. The registered manager conducted monthly medicine management audits and analysed the findings from the audits and shared any learning outcomes with staff to ensure people received their medicines safely.



# Is the service effective?

## Our findings

At our inspection on 27 and 28 August 2015, we found that staff were not supported through regular supervision and yearly appraisal in line with the provider's policy. The provider sent us an action plan telling us how they would address this issue and when they would complete the action needed to remedy the concern.

At this inspection we checked to see if these actions had been completed. We found that staff were supported through supervision and annual appraisals in line with the provider's policy. Records seen confirmed this and at these supervisions sessions staff discussed topics including progress in their role and any issues relating to the people they supported. Annual appraisals were completed for staff that had completed one year in service. Staff told us they felt supported and able to approach their line manager or the registered manager, at any time for support.

People were supported by staff who had the skills and knowledge to meet their needs. One relative told us, "Staff are very good at managing people's behaviour and prompting. This is something I see, when encouraging people to take medicine and supporting self-care." Another relative said, "There were issues where they [my relative] didn't want to go to hospital appointments, due to being scared of what they mean. The staff have really worked well and supported through care, so isn't a problem. They [staff] have offered distractions and incentives to ensure this is supported and nurtured in terms of choice. And to be honest, now this is not an issue which is really good progress."

Staff completed training relevant to their roles and responsibilities. Staff told us they completed comprehensive induction training in line with the Care Certificate Framework; the recognised qualification set for the induction of new social care workers, when they started work. Staff completed mandatory training, these trainings covered areas from food hygiene, infection control, equality and diversity, health and safety, safeguarding, to moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us the training programmes enabled them to deliver the care and support people needed. One member of staff said, "I am up to date with all my mandatory training." The service provided refresher training to staff. Staff training records we saw confirmed this.

Staff asked for people's consent, when they had the capacity to consent to their care. Records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that people's mental capacity had been assessed relating to specific decisions about the support they received where staff suspected they may not have capacity to make the decision for themselves. Assessments had been completed in accordance with the requirements of the MCA. Where people had been assessed as lacking capacity we saw that the relevant decision had been made in their best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate.

The provider knew the conditions under which an application may be required to deprive a person of their liberty in their best interests under DoLS. Records showed that appropriate referrals had been made, and authorisations granted by the relevant 'Supervisory Body' to ensure people's freedoms were not unduly restricted. The provider had completed the monitoring forms for the 'Supervisory Body' in line with the conditions they had placed on people's DoLS authorisations.

Staff assessed people's nutritional needs and supported them to have a balanced diet. One person told us, "I enjoy dinners and on Friday, we like having curry." One relative said, "The meals are good and of ample size and are like what you would make at home. There is always an alternative." Another relative told us, "There are always sizeable meals and biscuits and cakes available for people." Staff recorded people's dietary needs in their care plan to ensure people received the right kind of diet in line with their preferences and needs. We saw a range of dietary needs were met by the service. For example, we noted that staff sought advice from the Speech and Language Team (SALT) where a person had been identified as having swallowing difficulties.

Staff supported people to access healthcare services. One relative told us, "There are GP appointments made and good access to hospital care." Another relative said, "The staff are very good with me, they keep me updated with information and prompt at making GP appointments." We saw the contact details of external healthcare professionals, such as GP, dentist, district nurses and podiatry in every person's care record. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. Staff completed hospital passports for every person who used the service, which outlined their health needs for healthcare professionals to know when they attended the hospital. The staff attended healthcare appointments with people to support them where needed. During the inspection we saw a member of staff went with a person for a hospital appointment and on their return completed the healthcare monitoring record.

## Is the service caring?

### Our findings

People and their relatives told us they were happy with the service and that staff were kind and treated them with respect. One person told us, "I like the staff, they are good." One relative told us, "The staff are accessible and they have the interests of people at their heart." Another relative said, "The communication is clear, I feel I can talk to the staff openly."

Staff treated people with respect and kindness. We saw staff used enabling and positive language when talking with or supporting people who used the service. This included meal times, administration of medicines, and when people returned to the service from shopping or healthcare appointments.

Staff involved people or their relatives where appropriate in the assessment, planning and review of their care. One relative told us, "We are involved in care choices and encouraged to support during planning. In all she [my daughter] is looked after well." Another relative said, "We are meeting to discuss planning for a long-term progressive diagnosis. This is something we knew has been happening for a while."

Staff respected people's choices and preferences. For example where people preferred to spend time in their own rooms, lounge, garden, and walk about in the home we observed this happening. We saw that staff regularly checked on people's wellbeing and comfort. Staff could tell us people had preferred forms of address and how some people requested staff use their preferred first name. These names were recorded in their care plans and used by staff. Relatives told us there were no restrictions on visitor times and that all were made welcome. One relative told us, "We are welcome to see care information and visit to ask questions." Another relative said, "Choices are made, we all like to go shopping together and we choose bed linen, decorations and furniture. The service supports people in making choices, but with all involved."

Staff respected people's privacy and dignity. We saw staff knocked and waited for a response before entering people's rooms, and they kept people's information confidential. Staff told us people's bedroom doors were closed when they delivered personal care. People were well presented and we saw how staff helped people to adjust clothing to maintain their dignity. Records showed staff received training in maintaining people's privacy and dignity.

Staff encouraged people to maintain their independence. Staff prompted people where necessary to maintain their personal hygiene, dress and undress, eat and drink, keep their rooms clean, and participate in washing and laundry." We saw care records confirmed this.

Staff showed an understanding of equality and diversity. Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Staff confirmed that people were supported with their spiritual needs where requested. Records we saw showed that staff supported people to attend local places of worship.

## Is the service responsive?

### Our findings

At our inspection on 27 and 28 August 2015, we found that some sections of people's support plans did not reflect their current needs. The provider sent us an action plan telling us how they would address this issue and when they would complete the action needed to remedy the concern.

At this inspection we checked to see if these actions had been completed. We found that staff carried out a pre-admission assessment of each person to see if the service was suitable to meet their assessed needs. Where appropriate staff involved relatives in this assessment. Staff used this information as a basis for developing tailored care plans to meet each person's needs. These contained information about their personal life and social history, their physical and mental health needs, allergies, family and friends, preferred activities and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. The registered manager updated care plans when people's needs changed and included clear guidance for staff. We saw four care plans and all were up to date.

Staff completed daily care records to show what support and care they provided to each person. Staff discussed any changes to people's needs during the daily shift handover meeting, to ensure continuity of care. They used a communication log to record key events such as health and safety, maintenance of the premises, and healthcare appointments for people.

People and their relatives told us they received care and support that met their needs. One person said the staff was supportive to their needs. One relative told us, "I feel staff totally support the decisions made at my relatives meeting. They have supported the moving of a bedroom to be nearer the toilet and also to plan for future adaptation."

Staff supported people to follow their interests and take part in activities they enjoyed. One person told us, "On Friday we are going to a disco." One member of staff told us "We do ask residents what they would like to do and build a programme to suit them." Each person had an activity planner, which included day care centre, visiting places of worship, accessing community, meeting family and friends, shopping and household chores. Staff maintained a daily activity record for each person to demonstrate what activity they participated in. Staff told us they kept the activity planner under review because people changed their mind quite often about their interests and choice of activity.

People and their relatives told us they knew how to complain and would do so if necessary. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. The senior operations manager told us they had not received any complaints since the previous inspection in August 2015 and the records we saw confirmed this.

## Is the service well-led?

### Our findings

Relatives of people who used the service commented positively about staff and the service. They told us how accessibility of communication was a key aspect of the service offering timely care which was well led. One relative said, "There are clear points of communication. To me that is important, whenever we go, we are always valued and there is consistent telephone contact. No one [staff] forgets to call us back if a message has been taken." Another relative said, "They [staff] make sure that care information about my relative is available and there is always a point of contact at the service." We saw meaningful interactions between staff and people and the atmosphere in the home was calm and friendly.

We saw the senior operational manager and shift leader interacted with staff in a positive and supportive manner. Staff described the leadership of the service positively. One member of staff told us, "The manager is very approachable, if you have any doubt ask, she is very easy to speak to." Another member of staff said, "The manager is very supportive." A third member of staff said, "The manager is very knowledgeable, if you have got any questions, you can ask anytime."

Staff held monthly meetings with people who use the service, where people shared their experiences of receiving care at the service. Records of the meetings included discussions of any changes in people's needs and how staff supported them to meet their needs. For example, change of a bed room for a person and activities people would like to do.

The service worked effectively with health and social care professionals and commissioners. We saw the service had made improvements following recommendations from these professionals and had received positive feedback from them. Feedback from social care professionals also stated that the standards and quality of care delivered by the service to people was good.

The service had an effective system and process to assess and monitor the quality of the care people received. This included audits covering areas such as the administration of medicine, health and safety, accidents and incidents, house maintenance, care plans, risk assessments, food and nutrition, infection control, and staff training. We noted that improvements had been made in response to audit findings. These included the review of risk assessments, medicine storage improved and staff completed additional training as required.

We found that the provider had not notified to the Care Quality Commission (CQC) as required, the authorisations of Deprivation of Liberty Safeguards (DoLS) because some people required continuous supervision by staff. When asked, the senior operations manager told us this has been an oversight, and in future they would notify CQC in a timely manner. However, the provider notified CQC during the inspection. The senior operations manager told us they would review their quality assurance systems and procedures to ensure people's DoLS authorisations notifications to CQC were complied with and we will monitor progress with this at our next inspection. We saw there was no negative impact on the people who used the services.

The service had a positive culture, where people and staff felt the service cared about their opinions and

included them in decisions. We observed that people were comfortable approaching the staff and their conversations were friendly and open.

Relatives completed satisfaction surveys about service improvements. We looked at six completed survey forms. The areas covered in these surveys included leadership, quality of the care provision and delivery, dietary needs and choice of food, content and quality of activities, and the quality of staff interactions with people and their relatives. All the responses were positive, one relative said, "The staff are excellent and all my relative's needs are being met." Another relative commented, "My relative is very happy at Wadeville. I am confident that she receives excellent care and support from the staff at all times."