

Brighton and Hove City Council

Brighton & Hove City Council - Wayfield Avenue Resource Centre

Inspection report

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Hove
East Sussex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

About the service

Wayfield Avenue Resource Centre is a residential care home providing personal and nursing care for people aged 40 and over who have a range of functional mental health needs. The service is run directly by Brighton and Hove City Council. The service can support up to 24 people and was providing long term and respite care to 19 people at the time of inspection.

Wayfield Avenue Resource Centre is in a purpose-built building over three floors. People's bedrooms are located on the first and second floor and there is a short-term admissions unit. There were no people staying in the admissions unit at the time of inspection. Dining areas, kitchenettes and lounges are available on each floor and ground floor communal areas are shared by everyone. The service has gardens and a patio area to the rear of the building.

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

We found that medicines were not always managed safely throughout the home. Fridge temperatures for medicine storage were monitored but the range of high and low temperatures were not recorded. Medicine stock checks were carried out but were not always accurately recorded. During and following our visit the manager reviewed the issues we found and took steps to improve how medicines were stored and checked by staff. We have made a recommendation about the management of medicines.

People told us they felt safe from harm and well cared for by staff who understood their needs and were kind and supportive. People were involved in their assessment of needs and risks and knew the staff and managers supporting them. We observed staff speaking respectfully with people and to promote their independence by offering choices and seeking their views.

Infection prevention and control measures were in place to limit risks of infection and transmission around the building. A self-contained admissions unit had been created for people to stay in when they initially moved in. This followed current government guidance about supporting people to self-isolate on admission to care homes.

People had options to manage their own food and drink or have meals prepared for them by the service. Staff consulted people about menu planning and most people felt happy with the menu options. People knew about resident meetings and how to contact staff and managers if they had questions, requests or concerns. Some people wanted more opportunities to give feedback to the service.

People were supported to maintain important relationships and have contact with the health and social care professionals in their lives. People felt staff were good at communicating with other professionals. Feedback from staff and visiting professionals confirmed that there was effective and timely communication about changes in people's needs and about their progress.

Staff were recruited safely and received supervision, training and support to carry out their roles with confidence. Incidents and accidents were reported by staff and investigated by managers to find ways to reduce incidents occurring again.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 (10 April 2018).

Why we inspected

We received concerns in relation to the medicine management and administration. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements to how medicines are managed. Please see the safe section of this full report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Brighton & Hove City Council - Wayfield Avenue Resource Centre

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and a member of the medicines team.

Service and service type

Wayfield Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We reviewed information we had received about the service since the last 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 contacted the local authority for their feedback about the service.

During the inspection

During our visit we spoke with two people who used the service about their experience of care. We spoke with six members of staff including the registered manager, assistant manager and care staff. We observed administration of medicines at lunchtime as well as how people spent their time through the day. We spoke with a visiting professional.

We reviewed a range of records. This included 19 people's medicine records and eight care records. We looked at five 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 registered manager to validate evidence found and reviewed further documents sent to us. We looked at training data and quality assurance records. We spoke by telephone with two people who use the service and we received written feedback from one person. We received feedback from two professionals who regularly visit the service.



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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We looked at medicines in two of the three medicine administration zones of the home and found medicines were not always stored or recorded safely.
- Most care plans stated when staff would need to seek professional advice, however, one record we checked lacked information about when blood sugar levels were a risk.
- The temperature records for the medicine fridges and medicine storage rooms only contained the current temperature and not the highest and lowest temperature range. The records for one fridge indicated the temperature had been outside of the recommended temperature range for over two months and no action had been taken. This meant we were not assured the medicines remained safe and effective.

The registered manager responded during and after the inspection to review the medicine processes and staff training in place. At the time of inspection, the registered manager had recently increased staff involvement with medicine administration and management. The new processes and paperwork were improved following the inspection and staff received further advice and training in record keeping.

We recommend the service regularly reviews their record keeping processes and staff training for medicines audits.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to protect people from the risk of harm and abuse.
- Staff received training in understanding and reporting abuse and knew how to raise concerns. Staff told us they understood how to recognise safeguarding concerns and were confident to raise these according to the service policy.
- The service had a clear policy and process for recording accidents and incidents. Staff understood how to report and record incidents and told us these would be followed up by managers to understand how the incidents happened and to reduce risks.
- People told us they felt safe staying at the service. One person told us, "Yes, I definitely feel safe. Everything is managed efficiently, and I would definitely feel happy speaking with any staff or manager if I had any concerns." Another person told us, "I've never felt unsafe. There is the element of someone always being there. I feel safe inside, there is nothing to be afraid of from residents or staff."

Assessing risk, safety monitoring and management

- Risks and safety measures for people and the environment were assessed and monitored, people's risk assessments were regularly reviewed and building maintenance checks were up to date.

- People's individual aspects of risk were assessed with them prior to moving in and were regularly reviewed with them. For example, care plans stated planned responses to people going missing and actions plans for people's individual mental health. People's mobility and physical health risks were clearly identified with guidance to staff on how to manage risks with people.
- Environmental health and safety checks were carried out when required. Regulatory compliance certificates to show current gas safety and lift servicing were in place.
- One person told us, "They didn't just sit me down and ask me what my problems were, they found out about me over time. I think they got to know me, all of me, and worked out with me what was risky with my physical health as well as my mental health. It's been very helpful."

Staffing and recruitment

- Staff were recruited safely to the service and staff numbers were regularly reviewed.
- Staff files showed background checks and references were sought for all staff including Disclosure and Barring Service (DBS) checks. This confirmed if potential staff were known to police and suitable to carry out support with people living at the home.
- People's needs and risk levels were reviewed weekly to calculate safe staff numbers, staff rotas reflected this.
- We observed there to be enough staff to support people during our visit. People appeared to be relaxed approaching staff who spent time talking with people, providing advice and assistance. One person told us, "They are really wonderful here, you can always find someone to talk to."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- People we spoke with all told us the building was kept very clean and they felt protected from COVID-19.

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.

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

- People had options for meals and the provision of food and drinks, specific nutritional needs were identified and supported when required.
- Menu's were set daily according to requests and feedback from people. People we spoke with knew there was a menu of the day and that they had a choice of food and drinks. People appeared to be enjoying their meals at lunch time. One person told us, "Food is prepared on the premises to a very high standard."
- There was a kitchenette and dining area on each floor which people could use to prepare and store their own food and drinks.
- People with dietary requirements, such as requiring a diabetic diet, had details clearly recorded in their care plans. Records noted whether people required support from staff or managed this independently. A visiting mental health professional told us the service had "A good close working relationship" with the local mental health service dietician.

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

- People were involved in their assessments and reviews, these were holistic and included personal preferences, their aims and objectives. People had written about specific diets, how they wanted to spend their time and increase their independence in their care plans.
- Support plans were tailored to people's individual mental health diagnoses and experiences. They guided staff on what was important to people, how to support particular mental health needs and what people wanted to achieve from their support plans.
- People's physical needs were recognised and supported by Occupational Therapy assessments, diabetes assessments and the provision of mobility equipment.
- Several people told us they experienced support which was prompt and looked after all of their needs. One person said, "My physical needs are sometimes more changeable than my mental health needs. Staff always ask and check my physical health, they make suggestions about helping me. I have a care plan, it's what I want." Another person told us, "The staff work well together as a team and show themselves well able to cater for individual needs."

Staff support: induction, training, skills and experience

- The provider had ensured there were processes to train and support staff to carry out their roles effectively.
- New staff experienced a two-week induction to the service, shadowed more experienced staff and received the provider's mandatory training. Staff's competency, knowledge and skills were assessed and monitored by managers.

- Supervision and appraisals took place regularly to support staff development and wellbeing. The provider had supported employees to undertake recognised National Vocational Qualifications (NVQ) to increase their knowledge and skills.
- People experienced caring and efficient staff and managers. One person told us, "You feel [staff] are looking out for you, things are done quickly. They are very good at looking after residents."

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

- People received support and care which was planned and coordinated with other professionals and services.
- Most people at Wayfield Place Resource Centre were receiving a short-term service in preparation for longer term arrangements. Staff and management were familiar with people's care, plans and the key professionals supporting them from health services.
- Visiting professionals were impressed with the support, knowledge and holistic care provided by the service. Several visiting mental health professionals told us, "[Staff have] thorough knowledge and awareness of patient's cases.", and, "There is really good partnership work with us and other services. There is trust that [Wayfield Avenue Resource Centre] is effective in working with people's needs and risks. They really understand people's mental health needs and I always feel confident that risk is shared with relevant professionals and services."
- People praised the service for how staff worked with other services and professionals in their lives. One person said, "They work well with others in my professional network, they do everything well, they're helpful and caring." Another person told us, "I have access to my Social Worker, Occupational Therapist and Mental Health worker when I need them. It's coordinated really well."

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

- The purpose-built building provided a range of different spaces and places which met a variety of needs and levels of independence. We saw seating people making use of these different areas through the day. One person liked to walk around the building and talk with different staff, they told us, "I like the space, I can go and find any staff or just be by myself, lots of choice."
- The service provided facilities for people to maintain or develop independence with meals and laundry. Kitchenettes had cooking facilities, fridges and food storage areas with dining tables and chairs. A laundry room was available to people who wished to manage their own laundry.
- There were large communal areas and places for private meetings on the ground floor and smaller spaces upstairs to sit, socialise and access the internet. People had places to share music, games and television as well as quiet places to be alone. There were lifts to all floors.
- The service had conducted feedback surveys to find people's preferences for improving social contact and events. The COVID-19 pandemic had put plans on hold, however the manager was keen to resume plans when possible.
- At the time of our visit the registered manager was actively making plans to update flooring and décor. People had completed a survey to share their views and preferences about improving the comfort of the home. The manager had collated survey responses to develop plans of improvements for the building and gardens.
- People told us they were happy with their rooms, one person said, "Rooms are nice, well maintained and cleaned regularly, garden is nice. Another person told us, "I have a very comfortable room, there is space in which to move from place to place and there are a lot of comfortable chairs, even a massage chair. I have chronic pain, so a friendly and comfortable environment is important to me."

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 understood the DoLS application process and how people should be supported to raise an objection. They were well informed about the progress of formal objections were supportive of people being represented to have their rights upheld.
- People's mental capacity was assessed and recorded appropriately, decisions were reviewed when necessary.
- People told us they were always asked for consent and agreement before being supported and that staff respected their decisions when they declined. One person told us, "I was asked what I wanted to happen with support when I moved in. I've put in my care plan what I like and want to happen, so staff have that. They do ask and check with me about my tablets and things they help with."

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; Continuous learning and improving care

- The registered manager had recently increased staff responsibility for medicines administration to improve flexibility of the service. During our visit the registered manager told us staff needed further training for medicines management. Staff had undertaken medicines administration training and competency assessment and needed further support to understand their new roles. Following our visit, new forms were introduced for staff to check when risks should be raised to managers and new medicine storage temperature charts were introduced.
- There were processes and policies in place to ensure that people were told when things went wrong and what would happen to put things right. Staff and managers understood the duty of candour, their responsibility to let people know about mistakes and to make changes and improvements.
- Feedback surveys were carried out with people to understand and improve their experience of the service. Survey responses showed that people felt very safe, comfortable and were supported to make the choices they wanted. People said they would like the garden furniture and space to be improved, the registered manager was working with the provider to improve the garden maintenance.
- Call bell response times were monitored and audited to ensure people received timely support when they needed it. There was a new call bell system which improved the way audits and data was available to the management team. This showed good response times when people called for support.
- Reviews were carried out when accidents and incidents happened, the registered manager investigated concerns and escalated these to the safeguarding team and senior managers if required.

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

- The service delivered individualised support which people told us was caring, met their needs and helped them feel safe.
- People told us staff asked how they wanted things done and respected their choices, they felt able to ask for support the way they wanted it. One person told us, "The manager and staff are very approachable, the staff are happy and there are not problems." Another person told us, "When you come in you see what's real, it's not put on. It's run well."
- We observed staff interacting and communicating respectfully and in a friendly and relaxed way with people. During our visit we observed people to approach staff confidently with questions and conversations.
- Visiting professionals told us they experienced good teamwork and communication and had consistently good feedback from people about their stay at Wayfield Avenue Resource Centre.

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

- Staff and managers understood their responsibilities for recording and reporting concerns and taking part in staff meetings, supervision and training.
- Staff reported concerns to managers, and these were recorded and investigated according to the provider's policies for safeguarding people and managing risks.
- There were regular team meetings and supervision meetings where staff felt confident to raise concerns, questions or seek support.
- Staff told us they were confident to raise concerns and suggest improvements, they found the management team approachable and interested in ideas and solutions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were invited to provide feedback to the service about their experiences of care and support and what they thought could be improved.
- Resident meetings were held for people to ask questions, raise concerns and make suggestions about how the service was delivered. People told us they had attended these and given feedback.
- A resident survey was carried out in 2020 to find out what social events and activities people wanted to be organised and made available. COVID-19 restrictions placed a hold on some suggestions being implemented.

Working in partnership with others

- The registered manager valued having good working relationships with other services and professionals and supported staff to work collaboratively with people's professional networks.
- Visiting health professionals spoke with high praise of the registered manager and staff in ensuring a smooth transition for people moving to the service. One mental health professional told us, "[Regarding] admission and discharge arrangements, I'm impressed with how they understand and plan these with people and us. They get the process right for people." Another mental health professional said, "[Staff have] good working relationships with our inpatient ward and community teams."