

The Percy Hedley Foundation Wansbeck House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Wansbeck House is a care home for up to eight younger adults who have a learning disability and complex physical care needs. It is a self-contained flat on the second floor of a building which is part of the Percy Hedley Foundation. People used Percy Hedley facilities on-site, including educational facilities, as well as the provider's nearby college. At the time of this visit there were six people using the service on a permanent basis and one person on a respite basis.

The service had been developed in line with the principles and values that underpin Registering the Right Support. The registered manager and new manager demonstrated a keen awareness of this and other best practice guidance, and ensured the service was in keeping with such guidance as was practicable given the setting of the service. They had reduced the maximum occupancy from ten to eight and converted bedrooms into a chill out room and a bathroom.

The principles of Registering the Right Support reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that was appropriate and inclusive for them. People were able to live as full a life as possible and achieve the best possible outcomes. The service was geared towards helping younger adults develop independence alongside completing full time education courses.

The home was personalised and relaxed, with good communal and private spaces. It had been developed to meet people's needs.

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

People interacted comfortably and in a trusting fashion with staff. Staff knew people's needs well and helped keep people safe. Staff understood their safeguarding responsibilities and practicalities as they supported people at home and to their daytime activities.

The premises were well maintained and clean throughout.

Risk assessments were detailed and focussed on what people could do with support, rather than what they couldn't do. People achieved good levels of independence and new experiences through this approach.

All relatives were confident in staff and their ability to keep people safe. Staffing levels were safe.

Meals were prepared and enjoyed communally. Staff helped people patiently and shared positive and jovial interactions where appropriate.

Staff worked well with a range of external healthcare professionals to ensure people's needs were met and

keep documentation up to date.

Staff received training regularly and to a high standard. They had been trained in a number of topics that enabled people to be more flexible with their time and activities. Staff were well supported through formal supervision and ad hoc support. Morale was high.

People's needs were comprehensively assessed and reviewed. Staff communicated clearly with people using detailed understanding of their needs and assistive technology.

Activities were flexible and planned based on people's interests. There was a balance of group and individual activities.

Relatives and staff felt the service was well-managed, with a smooth transition from the registered manager to the new manager. The registered manager had moved into a regional oversight role so still liaised regularly with the new manager.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The culture was in line with the provider's ethos of providing younger adults with the skills to be more independent and to enjoy the experiences of living with their peers and a supportive, encouraging staff team.

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 23 August 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Wansbeck House

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

One inspector carried out this inspection.

Service and service type

Wansbeck House 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 (CQC). 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. The registered manager had recently been appointed to a regional management role and was supporting the new manager. They planned to apply to register with CQC.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service, including notifications of changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams. We reviewed the service's previous inspection reports.

We used the information the provider sent us in the last provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person. People receiving personal care were unable to speak with us at length so we spoke with four relatives about their experience of the care provided. We spoke with six members of staff: the new manager, the registered manager, deputy manager, and three support workers. We observed interactions between staff and people who used the service.

We reviewed a range of records. This included three people's care records and medication records. We looked at staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including training, accidents, incidents, safeguarding, auditing, policies and procedures.

After the inspection

We contacted a further three health and social care professionals.

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.

Assessing risk, safety monitoring and management

- Risk assessments were detailed and focussed on what people were able to do, not what they couldn't. Staff helped people to feel safe and confident to try new things.
- Staff demonstrated a detailed understanding of people's needs and the risks they may face. This was recorded comprehensively in person-centred detail in people's files.
- Staff were experienced in monitoring people's needs using Positive Behaviour Support. They encouraged and enabled people to reduce anxieties through finding positive outlets.

Learning lessons when things go wrong

- Staff recorded incidents and accidents. These were all investigated and analysed to establish if wider lessons could be learned.
- The provider had strong oversight systems in place. Staff proactively reflected on their own practice and were supported to do so by senior staff.

Systems and processes to safeguard people from the risk of abuse

- People were safe. Relatives and staff demonstrated confidence and people interacted in a relaxed and trusting manner with staff. One relative told us, "We have no hesitations and have never had any concerns – I can't fault the staff in any way."
- There were appropriate safeguarding and whistleblowing policies in place. The culture was an open one in which concerns could be raised.
- Staff understood their safeguarding responsibilities well. Systems and policies had regard to the fact the service was part of a wider campus.

Staffing and recruitment

- There were sufficient staff to safely meet people's needs. Agency staff had been used extremely rarely so people and their relatives had confidence in people being supported by staff who knew them well. One relative said, "It gives us peace of mind and we can go away knowing they are safe and at home."
- The provider recruited new staff safely by undertaking a range of checks.

Using medicines safely

- Medicines were managed safely. Staff understood recent areas of best practice and each person's needs. Working relationships with local GPs, specialist nurses and the pharmacy were all strong, meaning the risks of medicines errors or maladministration were reduced.
- The provider has recently moved the medicines room and installed air conditioning. This meant it was

always suitably cool and there was also more space for staff to work in safely.

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.

Staff support: induction, training, skills and experience

- Staff were knowledgeable, dedicated and well supported. The majority had worked at the service for several years. All demonstrated a keen awareness of people's needs.
- The provider ensured staff had a range of updated training specific to people's needs. For instance, diabetes (including the use of insulin), Positive Behaviour Support, Tracheotomy management. These involved external professionals and meant people could be more flexible because they were supported by staff with a greater range of skills.
- Relatives had confidence in staff. One said, "They are great – I know the majority have had the additional training now which gives me a lot more confidence." Another said, "Since the training they can do more on a weekend, because there are always staff about who have the skills."
- Staff felt supported and described the training in excellent terms. Some fed back that the induction experience could have been more interactive. We fed this back to the registered manager who ensured they would review future inductions of new staff.

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

- People's needs were regularly and thoroughly reviewed by staff and by external clinicians where necessary.
- The registered manager and new manager were aware of a range of best practice, including recent updates in oral care. Each person had an oral health care plan in place.

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

- Staff supported people to be as independent as possible in choosing their meals. Menus formed one of the regular topics of conversation in the house meetings. They were also a means of encouraging independence – one person was leaving to go out for a meal with a relative and talked happily about their choices.
- The evening meal was a shared, fun event with people returning home from college. Staff helped them enjoy meals. They balanced sensitivity and patience with good humour.
- Care plans described in detail the support people needed.

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

- Staff worked closely with a range of external healthcare professionals to ensure people's needs could be met. One professional said, "They have always been very efficient and share information quickly."

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

- The premises were adapted to meet people's needs. The provider had recently reduced the number of bedrooms and installed a 'chill out' room and an additional shower room. The chill out room was regularly enjoyed by people and the bathroom meant people were more able to get out early to their respective activities on a morning.
- The registered manager and new manager demonstrated a keen understanding of how the premises could support the culture of younger adults developing independence.

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. We checked whether the service was working within the principles of the MCA.

- Staff worked clearly within the principles of the MCA, respecting individual choices and supporting people to exercise their rights.

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

- Staff members interacted affectionately and with evident respect for people. They recognised what was a good day for people and when people may be feeling more anxious. Detailed care plans described this information meaning any new staff had the same information. Staff also had 'one page profiles' in place and it was evident staff were matched appropriately with the people they supported.
- Relatives told us staff were respectful and positive in the way they encourage people. One relative said, "They are like their friends in a lot of ways and they love going out together. It's a great bunch, all together."
- Staff understood people's diverse interests and personalities. They had built a strong rapport with people in a culture that was focussed around encouraging and enabling young adults to build peer friendships and experiences. To support this the provider ensured the majority of staff were of a similar age range to people using the service. One relative said, "I like the studenty feel – it's as it should be at this stage in [person's] life."

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

- People were involved in decisions about their care and how the service was run. There were regular residents' meetings and relatives' meetings. People's inclusion and contribution was central to how the service was run. One relative said, "They always contact me and have fully involved me – I was involved in the recent training, so I know most of them really well. That makes a difference."

Respecting and promoting people's privacy, dignity and independence

- The service supported people to maintain family relationships in flexible ways that suited them. For instance, some people had regular days they would go and stay with family; some chose the nights they wanted to meet up with relatives to spend quality time with them. One relative said, "They are very at home there and when they've been to stay with us they are always keen to go back."
- Staff understood people's communication needs extremely well. They were attentive to people's verbal and non-verbal communications. Care plans set out in detail how people preferred to communicate and there were a range of systems in place to help. For instance, voice output communication aids, which helped people express themselves vocally.
- Staff treated people with dignity and respect. Most staff had been at the service for several years and people interacted comfortably with their keyworker, and all staff. Relatives felt the small nature of the service and people's shared interests contributed to the close-knit, communal feel. We found this to be the case during our inspection.

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

- Staff followed detailed care plans to ensure care was person-centred and informed by relevant information. Care plans were reviewed regularly. Information in them had regard to recent advice from specialists. Relatives confirmed they were always contacted if people's needs changed.
- Staff recognised that people's needs and interests could change quickly. They acted flexibly and anticipated change well. As with risk assessments, people's care plans were written from the perspective of what they could do, not what they may not be able to do. Goals and aspirations were encouraged and supported.

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

- Staff encouraged and empowered people to take part in a range of group and individual activities. The atmosphere in the service was vibrant and geared towards the interests of the people living there. When at home people chose between time to themselves, sometimes in the chill out room, and group meals and outings.
- Staff worked closely with external specialists to find ways to best support people to gain confidence. For instance, where one person had at times previously displayed anxieties when accessing the community, staff worked hard to understand these triggers and to work with the person so they could enjoy their independence more.
- Staff took time to understand people's preferences. For instance, one person loved football, another wrestling, and another libraries and books. Activities and interests reflected this, for instance trips to the local football ground and the pub to watch matches on television; trips to the library. One relative said, "It's great the focus on getting out – staff make a real effort and it's the norm that they're out on evenings or weekends."
- The management and staff worked proactively with the provider's other services to ensure people had access to a range of opportunities. For instance, they ensured people could use the provider's minibus at evenings and weekends, when available, as it was often not in use by the provider's educational establishments. One staff member had completed water testing training so they could ensure people could use the provider's swimming pool at shorter notice (rather than having to wait for maintenance staff).

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. 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.

- Staff were given the time to spend with people to ensure they understood information relevant to them in ways they could understand. There was a range of information available in easy read formats. Staff were supported to access training such as British Sign Language training to ensure they were as well prepared as possible to meet people's needs.

Improving care quality in response to complaints or concerns

- Relatives all confirmed they could raise any issues openly and had confidence in them being resolved. There were no complaints or concerns at the time of inspection.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture was empowering, inclusive and open. People were encouraged and practically supported to be the people they wanted to be. Staff helped people identify goals, aspirations and interests and play a part in the running of the service.
- Feedback about the management of the service was consistently positive. One relative said, "I have total confidence in all of them. The management and staff are fantastic." The registered manager had recently taken on a regional oversight role and was in the process of supporting the new manager at the time of inspection. This had been well planned with no impact on people or the running of the service.
- The registered manager had implemented 'staff forums' to replicate the provider's board discussions. One staff member then represented staff at board meetings, meaning there was more influence and feedback from those who worked directly with people. The registered manager hoped people who used the service would also soon attend board meetings.
- The registered manager had sent out surveys to family members but had yet to receive responses. Last year's surveys indicated high levels of satisfaction with the service. Relatives confirmed they were regularly asked for their feedback.

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

- Staff understood and were confident in their roles. They were given appropriate levels of delegated duties. This meant they increased their skills and ensured the service was not overly reliant on one or two members of staff. The new manager was in the process of reviewing a range of documents and processes to find ways to help continually improve the service. One staff member said, "I've had nothing but positives since [new manager] has come on board and it's really good to have [registered manager] in that role."
- The provider had a consistent approach to quality assurance. Delegated senior staff completed a range of checks and audits each month, with the new manager also completing monthly reports. The provider's regional quality assurance processes held them to account with regular visits and checks.
- The provider ensured registered managers from different services met monthly to share lessons learned and best practice. An experienced deputy manager was in place.

Working in partnership with others

- The registered manager had built a range of positive working relationships across the provider's services

which had a positive impact on people's wellbeing and ability to access a range of service. Staff ensured people had access to and felt comfortable visiting a range of local businesses.