

Gateshead Council

Whickham 2

Inspection report

9 Bowness Road
Whickham
Newcastle Upon Tyne
NE16 4EZ

Tel: 01914889957
Website: www.gateshead.gov.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

Whickham 2 is a 'supported living' service which provides people with personal care within their own home. At the time of inspection three people were using the service. Staff support people in their own home and they have their own tenancies. Each person has their own bedroom and people share a kitchen, dining room, living room, garden and lounge.

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

People were supported by a dedicated staff team who knew them very well. People told us, "Staff are nice" and "I really like them." We observed positive interactions between staff and people during the inspection.

People told us about the fun activities they had carried out with staff support, which included baking, volunteering and accessing the local community. During the pandemic staff had supported people to stay active by joining in with street exercises, which was featured on the local news, and going for walks.

Detailed assessments were used to create individual care plans for people, which reflected their own choices and support needs. People were encouraged to be independent and carry out activities that interested them. Risk assessments were in place for staff to follow to keep people safe. People received their medicines from qualified staff members.

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.

People had a regular staff team who had all of the required knowledge and experience to provide a consistent level of person-centred care. Staff were safely recruited by the provider and had access to on-going training and support from the registered manager.

The registered manager and provider completed a comprehensive range of audits and checks to make sure the service was providing a safe and consistently good level of care. The staff team was well established and there was a positive staff culture.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Staff provided choices to people and asked regularly what they wanted to achieve.

People were the decision-makers in their care and worked with staff to create personalised care plans which met their needs. The staff team were invested in the people they supported and put them at the heart of everything they did.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 6 August 2019 and this is the first inspection. The last rating for the service at the previous premises was requires improvement, published on 19 March 2019.

Why we inspected

This was a planned inspection based on the date of registration.

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.

Whickham 2

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

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the provider about serious injuries or events. We used the information the provider sent us in the 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 sought feedback from the local authority contracts monitoring and safeguarding adults' teams and

reviewed the information they provided. We contacted the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff including support staff and the registered manager. We reviewed a range of records. This included one person's care records and multiple medication records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We looked at two 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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to reduce the risk of any potential abuse. Information was available in easy read format for people around keeping safe and what action to take if they observed any form of potential abuse.
- Staff had completed training around safeguarding people and identifying potential abuse.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people, which clearly identified and mitigated any risk they may face. Risk assessments were detailed, reflected the individual and were regularly reviewed.
- Staff encouraged positive risk taking and created individual assessments to support the person. One staff member said, "We have risk assessments for their independence and what is in their best interest. We have the risk assessments for outside for positive risk taking."
- People told us they felt safe with the support provided by staff and told us about the positive risk assessments they had in place. A person said, "I can go out by myself now with the 'everybody system', so I'm safe when I'm out."

Staffing and recruitment

- Staff were safely recruited by the provider and there were enough staff to safely support people.
- People were supported by a consistent staff team who had worked at the service for over 10 years.

Using medicines safely

- Medicines were safely managed. Quality and assurance systems in place checked medicines levels, administration records and other associated records.
- Staff had their competencies assessed regularly to make sure they administered medicines safely. Staff received on-going training from the provider around safe medicines management.
- People were happy with how they received their medicines. One person commented, "Staff give me meds and they are in charge of them, so I don't do it wrong or forget."

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 in accordance with the current guidance.

Learning lessons when things go wrong

- Lessons were learned from incidents. The registered manager recorded and shared reflections with staff from accidents and incidents to help prevent similar incidents occurring.
- Full investigations were carried out by the registered manager into any accident or incident. Outcomes from these were used to improve the service and were shared with staff and people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were in place which detailed every aspect of support people needed and wanted. These were used to create bespoke care plans which reflected best practice guidance and encouraged independence. One person told us, "We talk about what I want."
- People's choices were clearly detailed and documented. A staff member said, "We do support plans at the beginning with the ladies, so the plans contain their choices."

Staff support: induction, training, skills and experience

- Staff received support from the registered manager and received all relevant training from the provider.
- Staff received on-going training and could access additional training from the provider. One staff member commented, "All training is up to date. COVID-19 and testing training have been added and everything is up to date."

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

- People were supported to maintain a balanced diet. Staff supported people with meal choices and to prepare their food. People told us the different types of food they liked to make and meals they had enjoyed together.
- For people at risk of malnutrition there were detailed risk assessments in place and regular weight monitoring by staff. A staff member told us, "We support people to eat and drink and have training for malnutrition risk assessing but we don't need it at the minute."

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

- People were supported to access other health care services and staff worked closely with other professionals to deliver a consistent level of care. A staff member said, "We link in with the GP for the reviews and anyone else involved in the care."
- Records showed involvement from other health care professionals. One person told us, "The nurse visits me at home."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's care was delivered in line with MCA and best practice guidance. Staff had received training around MCA. One staff member said, "Best interest decisions and mental capacity assessments are all in place."
- People were provided with choices for every aspect of their lives. Care plans were created between people and staff, they detailed an individual's goals and what they wanted to achieve.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were treated as individuals and were supported by a dedicated, kind and caring staff team. One person said, "I really like living here. Staff are really nice and I'm really enjoying it."
- Equality and diversity policies were in place to make sure everyone was treated fairly, regardless of their age, sex, race, disability or religious belief.
- Staff spoke fondly about the people they supported. One staff member commented, "They all have their own personalities and I'm lucky to work with them."
- Staff interacted positively with people. One person and a staff member were singing and listening to music together. The staff member knew what to do to make the person laugh and smile.

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

- People were supported to make decisions around their care. One person told us, "Staff talk to me about what I want to do and need."
- Records showed people were included in every part of care planning and included involvement from relatives and advocates. A staff member said whilst discussing care planning, "We speak to families and advocates too to make sure it's all what the ladies want."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff and they encouraged their independence. One staff member told us, "We ask them to do as much as they can. [Person] couldn't cook when they first came here but with staff support, they can make meals for themselves."
- People told us they had their own areas and staff respected their privacy. One person commented, "I've got my own space and private room upstairs so I can have time alone or listen to music and dance."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care plans were person-centred, detailed people's personal needs, choices and goals, and were created in partnership between people and staff. Staff told us that care plans were updated and created to reflect people's changing needs. A staff member commented, "They make choices as they go and we update to reflect that."
- There were regular reviews of people's needs and plans in place. One person said, "We talk through everything in my folder."

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 had their communication needs assessed as part of their initial assessments and these were regularly reviewed.
- People could access information in different languages, easy read format and in large print if needed.
- Records showed people had access to guidance, information and documents in easy read format and signed to say they had fully understood.

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 supported people to attend activities in the local community and maintain relationships with relatives and friends. One person said, "I stay in touch with my aunty on the phone."
- During the pandemic people had been involved in street exercise classes with staff and the community. One staff member told us, "We find out what the person likes or what they would like to do. We then go and find them taster sessions at places to see if it's for them."
- One person liked to volunteer and had supported local charities through their volunteer work, and another liked to go on trips. A person said, "We go on trips to places. I really liked Light Water Valley, it was fun."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints policy was available in easy read format and no complaints had been received at the service.
- If any complaints were received the registered manager would investigate these thoroughly and use

outcomes to improve the quality of care provided.

End of life care and support

- Staff had received training around delivering end of life support and there was a policy to support this.
- At the time of the inspection no one was receiving end of life support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were at the heart of the service and due to the positive staff culture, this provided positive outcomes for people. One staff member told us, "It's a needs-led service and not about business, it's about the people."
- Staff praised the support provided by the registered manager. A staff member said, "I've learned a lot from the manager and I'm confident in her."
- People were happy with the support provided by staff and the staff team. Staff were very complimentary of each other. One staff member commented, "We work together very good and all are flexible and help each other out, we support each other."

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 provider understood their responsibility to be open and honest when something goes wrong. Apologies were given to people and lessons were learnt.
- Results from audits, investigations, feedback sessions and surveys were used to improve the quality of care at the service.

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

- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to CQC for significant events that had occurred at the service, for example accidents and incidents.
- The quality and assurance systems allowed the registered manager to effectively monitor the quality of care provided to people.

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

- People, staff and relatives were engaged to provide feedback on the service. People were asked to complete easy read format surveys on the care they received.
- Staff could provide feedback at any time. One staff member said, "We've got staff meetings and can make suggestions or feedback whenever. We have regular supervisions so can do this then if we wanted."

Working in partnership with others

- Staff worked in partnership with others. Records showed people had involvement from health care professionals and the local community.