

The Wansbeck Limited







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	

Overall summary

Wansbeck House is a service which is registered to provide accommodation for 12 people with a mental health condition. The registered providers are The Wansbeck Limited. Accommodation for people was provided over three floors and there was a stair lift available to access the first floor. There were a total of seven members of staff plus two managers who provided support for people. On the day of our visit 11 people lived at the home.

The last inspection was carried out in December 2013 and no issues were identified. This inspection was carried out on 5 November 2014.

The service had two registered managers who shared the management responsibilities. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

Summary of findings

People felt safe with the home's staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Care records contained risk assessments to protect people from any identified risks and help keep them safe. These gave information for staff on the identified risk and gave guidance on reduction measures. There were risk assessments in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely. People told us there were always enough staff on duty and staff also confirmed this.

People told us the food at the home was good. They were involved in planning meals and staff provided support to help ensure meals were balanced and encouraged healthy choices.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to DoLS, we found the managers understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. There were no restrictions imposed on people and they were able to make individual decisions for themselves. The manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

Each person had a plan of care which provided the information staff needed to provide effective support to people. Staff received training to help them meet

people's needs. Staff received an induction and there was regular supervision including monitoring of staff performance. Staff were supported to develop their skills by means of additional training and all staff had completed training to a minimum of National Vocational Qualification (NVQ) level two or equivalent. People said they were well supported and relatives said staff were knowledgeable.

People's privacy and dignity were respected. Staff had a caring attitude towards people. Each person was allocated a key worker for the provision of additional support. (A key worker is a person who has responsibilities for working with certain individuals so they can build up a relationship with them. They help and support them in their day to day lives and give reassurance to feel safe and cared for). We saw staff smiling and laughing with people and offering support. There was a good rapport between people and staff.

The managers operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who said that communication in the home was good and they always felt able to make suggestions. They confirmed management were open and approachable.

A health care professional told us that the managers and staff were very approachable and had good communication skills; they said the home was open and transparent and worked well with them to meet people's needs.

There was a policy and procedure for quality assurance. The manager completed weekly and monthly checks to monitor the quality of the service provided to ensure the delivery of high quality care.

People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular meetings with staff and people took place. These meetings enabled the manager and provider to monitor if people's needs were being met.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People felt safe. There were always enough staff to meet people's needs safely. Robust recruitment procedures helped to ensure only suitable people with the right skills were employed.

People were protected from abuse and avoidable harm. Staff had received training in how to recognise and report abuse.

Risk assessments were in place to help keep people safe. Where risks had been identified there were risk reduction measures in place for staff to follow.

Medicines were stored and administered safely by staff who had received appropriate training and had been assessed as competent.

Good



Is the service effective?

The service was effective. People told us staff were skilled and knew how they wanted to be supported. People and relatives said communication between them and staff was good.

People had access to health and social care professionals to make sure they received effective care and treatment.

Staff were provided with the training and support they needed to carry out their work effectively.

The provider, managers and staff understood and demonstrated their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink. They were involved with the planning of menus. Staff supported people to maintain a healthy diet.

Good



Is the service caring?

The service is caring. Relatives of people said the staff were caring and respectful in how they treated people. Staff supported people to maintain regular contact with their families.

We saw that staff showed patience and understanding when interacting with people and the atmosphere was positive.

People were able to make choices about their day to day lives and had a key to their own rooms and to the front door if they wished. People could exercise their independence and come and go as they pleased.

People were supported by staff who were kind, caring and respectful of their right to privacy.

Good



Is the service responsive?

The service is responsive. People received care and support that was personalised and responsive to their individual needs and interests.

Care plans gave staff information to provide support for people in the way they preferred. Plans were regularly reviewed and updated to reflect people's changing preferences and needs.

Good



Summary of findings

People were supported to participate in activities of their choice.

Is the service well-led?

The service is well-led. There were two registered managers in post who were approachable and communicated well with people, staff and outside professionals.

The service was open and shared information with people. There were leaflets and guidance for people and staff on a range of subjects to ensure they could access independent advice and support.

Managers monitored incidents and risks to make sure the care provided was safe and effective. Staff were supported by the home's management. There were systems in place to monitor the service offered and plan on-going improvements.

Good



Wansbeck House

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 checked 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.

This inspection took place on 5 November 2014 and was unannounced, which meant the staff and provider did not know we would be visiting. One inspector carried out the inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and previous inspection reports before the inspection. We looked at notifications sent to us by the provider (a notification is information about important events which the service is

required to tell us about by law) and spoke with health and social care professionals to obtain their views on the service and the quality of care people received. This helped us to identify and address potential areas of concern.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at plans of care, risk assessments, incident records and medicines records for two people. We looked at training and recruitment records for two members of staff. We also looked at a range of records relating to the management of the service such as complaints, records, quality audits and policies and procedures.

We spoke with four people and two relatives to ask them their views of the service provided. We spoke to one of the registered managers and two members of staff. We also contacted two social workers from the community mental health team and a health care professional who visited the service to gather information about the home.

The last inspection of this home was in December 2013 where no concerns were identified.

Is the service safe?

Our findings

People felt safe at the home. They confirmed there was always enough staff to provide support. One person said “I don’t need much support but I know if I need any help there is always someone around”. Relatives said they were confident the management and staff would deal with any safeguarding concerns appropriately. One relative said “It gives me peace of mind to know my relative is safe”.

The provider had a copy of the local authority safeguarding procedures. There were information leaflets on the notice board to inform people of what they should do if they felt they were not being treated well. The manager knew what actions to take in the event any safeguarding concerns were brought to their attention. They said there had been no instances that required the involvement of the local authority. Staff had undertaken training in safeguarding to keep people safe. Staff were able to describe the types of abuse they may witness or be told of. They knew how to report any safeguarding concerns within or outside the service.

Risk assessments were kept in people’s plans of care. These gave staff the guidance they needed to help keep people safe. People went out independently and the risk assessments gave staff information on what action they should take if a person failed to return home after a period of time. The home had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood. A healthcare professional told us the home had a good insight into risks which helped to make a safe environment.

Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, application form and Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks. CRB and DBS checks were carried out to ascertain if the staff were suitable to work with people at risk. Staff did not start work until all recruitment checks had been completed.

The manager told us about the staffing levels at the home. There were a minimum of two members of staff on duty at all times. In the mornings an additional member of staff was on duty to help with household duties. At night two members of staff were on duty who could sleep between 10:30 pm and 7am. The homes staffing rota for the previous two weeks confirmed these staffing levels were maintained. Additional staff were organised as and when required to support people with appointments or for social events. Staff said there were enough staff on duty to meet people’s needs. Relatives said whenever they visited the home there were always enough staff on duty.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. No controlled drugs were currently being held at the home; however storage arrangements were in accordance with the misuse of drugs safe custody regulations and in line with the Royal Pharmaceutical Society guidelines. Medicines Administration Records (MAR) were up to date with no gaps or errors. Medicines were administered as prescribed. All staff had completed training in the safe administration of medicines and staff confirmed this. Two members of staff were involved in administering medicines. One person acted as an observer to help ensure safe practice.

People were prescribed when required (PRN) medicines and there were clear protocols for their use. MAR’s showed these were not used excessively and the dosage given and time they were administered were clearly recorded. There were some homely remedies such as cough medicines and hot lemon drinks kept at the home. These were purchased over the counter and had been approved by the pharmacist. We saw the pharmacist had advised staff that certain individuals were not able to take these medicines because they may conflict with prescribed medicines. This helped to keep people safe.

Is the service effective?

Our findings

People got on well with staff and the care they received met their individual needs. They said the staff arranged healthcare appointments for them and supported them to attend appointments if they asked them to. Relatives said people were supported by staff who were trained and knew what they were doing. One relative told us: “My relative has been in other homes and the staff here know their stuff” All the staff were knowledgeable and friendly.

A training and development plan enabled staff and management to identify their training needs and skills development and monitor their progress. Training was provided through a number of different formats including; distance learning, on line training, classroom based training and practical training. This helped staff to obtain the skills and knowledge required to support people effectively. Following training a certificate was awarded to evidence that the training had taken place. The manager told us they worked alongside staff and were able to observe staff practice so they could be confident that staff had the skills and knowledge to support people effectively.

The manager had a training plan which was on display in the office and this showed what training each staff member had completed, the dates for future training and the dates when any refresher training was required. Staff had completed training in the following areas: First aid, manual handling, nutrition, safe handling of medicines, mental capacity awareness, care practices and understanding mental health. This training helped staff to develop their skills and staff confirmed the training provided was good and helped them to give people the support they needed. Staff knew how people liked to be supported and were aware of people's care needs.

All new staff members completed an induction workbook within the first three months of starting work. The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of seven staff plus the two managers. All staff had completed or were undertaking additional qualifications such as NVQ or care diplomas (These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard). Staff confirmed they

were encouraged and supported to obtain further qualifications. One staff member said “If I identified a training course that would be beneficial to people who live here I am sure the provider would enable me to attend so I could support people more effectively”.

Social workers who had worked with staff to advise on best practice and offer support and guidance told us they worked well with them and were pro-active in asking for advice and support if it was required. One of them told us ‘staff were very good in all areas of service delivery they communicated very well and took advice and followed it through’. They confirmed staff had worked hard with a particular person to build therapeutic boundaries that had enabled them to build their confidence and settle in the home.

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew that if a person lacked capacity, relevant people needed to be involved and meetings held to help ensure decisions were made in the persons best interests. There were posters and information on the noticeboard explaining people's rights under the MCA which included contact details for independent advice and support. The manager told us all people at the home had capacity to make their own decisions and these decisions were respected by staff. Members of staff confirmed they had received training and it helped them to ensure they acted in accordance with the legal requirements. People were free to choose how to spend their time and were able to have a key to the front door so they could come and go as they pleased

People's healthcare needs were met. People were registered with a GP of their choice and the home arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians. A healthcare professional said whenever they visited the home staff always answered the door promptly and provided them with a clean, private and quiet area in which to work. Staff said appointments with other health care professions were arranged through referrals from their GP. For example one person was having some mobility difficulties and an appointment with a physiotherapist had been arranged to help the person exercise and maintain their mobility. One relative told us ‘My relative had several health problems

Is the service effective?

that all required regular visits to health care professionals. The staff organised and accompanied them to these appointments because they were unable to attend on their own. This helped them to stay healthy'.

People said they enjoyed the food and always had enough to eat and drink. There was an area in the dining room where hot water, tea, coffee, packet soups, snacks and fresh fruit were available for people to help themselves. People said there was always something to eat and drink available and there were no restrictions. People were asked about their food preferences during one to one discussions

with staff. The manager said that people's choices were incorporated in to the menu. There was a four weekly rolling menu that was changed seasonally. On the day of our visit the choice for lunch was liver and bacon, however three people did not want this and the cook told us they had made five different meals at lunchtime to allow people to have choice in what they wanted to eat. One person was vegetarian and the manager said they discussed with them what they would like to eat each day and purchased food accordingly. People were provided with suitable and nutritious food and drink.

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they were well looked after and said all the staff were kind and caring. Comments from people included “I am very happy here, I have lived in a few different homes but this is by far the best”, “I can come and go as I please but there is always someone around if you need any help or support” and “I can’t fault this place, the staff are really nice and do not judge you”. Relatives said they were happy with the care and support provided to people and were complimentary about how the staff cared for their family member. Comments included “I could not be happier, the staff are brilliant” and “Since my relative has been here I visit whenever I can and the staff are always cheerful and laughing and joking with people, the atmosphere is always positive”

Each person had an individual plan of care. These plans guided staff on how to ensure people were involved and supported in the planning and delivery of their care. There was information about the support people needed and what each person could do for themselves. The manager and staff told us people were able to make decisions about their own care and these were respected. Staff said people did not need support with personal care tasks apart from verbal prompts and reminders. They said people were quite independent but needed support with certain tasks and needed emotional support and reassurance. We observed staff providing support in communal areas and they were knowledgeable and understood people’s needs.

Staff respected people’s privacy and dignity. They knocked on people’s doors and waited for a response before entering. People were addressed by their preferred name. When staff approached people, staff would say ‘hello’ and check if they needed any support. Staff chatted and

engaged with people and took time to listen, showing people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. Staff said they enjoyed supporting the people living in the home. There was a good rapport between staff and people and throughout our visit there was good interaction between staff and people and there was a relaxed atmosphere. People were confident to approach staff and any requests for support were responded to quickly and appropriately.

A health care professional told us there were significant barriers to finding a suitable placement for one person who wanted to have their pets with them. The manager and staff worked hard to accommodate this, which showed how people focussed and how caring they were. Another health care professional said they had no concerns about the care provided by the home and said the atmosphere whenever they visited was always one of warmth, care and friendliness.

Staff understood the need to respect people’s confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private or put in each individual’s care notes. This helped to ensure only people who had a need to know were aware of people’s personal information.

People had regular meetings to discuss any issues they had and these gave people the opportunity to be involved in how their care was delivered. Minutes of these meetings, which were facilitated by a member of staff, showed people were involved in planning activities, meals and decoration of the home.

Is the service responsive?

Our findings

People knew they had a plan of care and were aware of its contents. One person said “My plan tells staff what help and support I need”. Another said “My plan has information about my health needs and how to keep me well”. Relatives said they were invited to reviews and said staff kept them updated on any issues they needed to be aware of. People enjoyed a range of activities. One person told us, “I like to keep myself to myself but can get involved if I feel like it”. Another person told us, “I go out into the town when I want and I always walk down to the shops to get my paper each morning”.

People were supported to maintain relationships with their family. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file. People told us staff helped them to keep in contact with their friends and relatives. On the day of our visit one person was going home with their brother for two weeks. Relatives confirmed they had regular contact with people and said they were kept up to date about their family member and were welcomed in the home whenever they visited.

People were given appropriate information and support regarding their care or support. Plans of care contained a brief history of the person which included their previous employment and hobbies and interests. This was information that staff needed to be aware of so they could respond and interact with people. Care plans also contained information on their medical history, mobility, domestic skills and essential care needs including: sleep routines, personal care, communication, continence, care in the mornings, care at night, diet and nutrition, mobility and socialisation.

Care plans were personalised and had information on the support people needed together with information on what the person could do for themselves. For example the care plan for one person explained that the person was fully independent with their personal care needs but staff needed to provide gentle reminders for certain tasks.

Daily records compiled by staff detailed the support people had received throughout the day. Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. We saw changes had been made to people's plans of care as required. For

example one person's health needs had changed and the care plan had been amended to reflect this. It provided staff with updated information about the support needed to maintain this person's health.

Staff received a handover at the start of each shift, this was a verbal handover and any appointments made for the day were recorded on a calendar that was kept securely to maintain confidentiality. The manager did not have a communication book or system to record information other than verbal handovers. They agreed it was possible important information could be missed and told us that they would introduce a system so that information and confidential messages could be recorded.

People were able to come and go as they wished. They also spent time in their own rooms, in the communal lounge and dining area. Two people told us they preferred their own company and did not like to take part in organised activities. The managers organised activities for people and on occasions arranged a pub lunch which was normally well supported. There was wireless internet connection throughout the home and people were supported to use the home's computer. There was also two laptop computers that people could borrow to browse the internet. A member of a local mental health team said the home supported people to attend appointments when required and actively encouraged individuals to attend community activities.

People were asked for their views about their care and treatment through surveys which were sent to them. The managers told us they looked at these and took appropriate actions to address any issues raised. For example one person was having difficulty climbing the stairs to access their room. When the person raised this in a questionnaire, the home sourced and installed a stair lift, which made getting upstairs to their room easier for them. This enabled the person to remain in the room they liked.

The service responded to people's changing circumstances. One person said they had been well supported when they moved to the home from another home in the area. They said staff explained everything to them, helped them with paperwork and took time to be with them to help them settle into the home.

There was an effective complaints system available and any complaints were recorded in a complaints log. There was a clear procedure to follow should a concern be raised.

Is the service responsive?

Complaints were fully investigated and the results discussed with the complainant. One person had complained about the noise due to doors banging at night. As a result the provider had installed door retainers to help prevent this from happening. The person was satisfied about how the manager had dealt with their concerns. Staff said they knew how to respond to complaints and would support any one to make a

complaint. Relatives said they felt able to raise concerns or complaints with staff and were confident they would be acted upon. One person said, "I have never had to make a complaint, when I had a problem I spoke with the manager who quickly sorted things out". The provider's complaints policy and procedure helped ensure comments and complaints were responded to appropriately.

Is the service well-led?

Our findings

People said the manager was good and they could talk with them at any time. Relatives confirmed the managers were approachable and said they could raise any issues with a member of staff or with the managers. They told us they were consulted about how the home was run by completing a questionnaire. One relative said “They send you a questionnaire from time to time, but I talk with the manager over the phone and can meet with the manager whenever I want. The managers and staff are completely open”

The provider aimed to ensure people were listened to and were treated fairly. The managers told us they operated an open door policy and welcomed feedback on any aspect of the service. They encouraged open communication and supported staff to question practice and bring attention to any problems. The managers said they would make changes if necessary to benefit people. They said they had a good staff team and felt confident staff would talk with them if they had any concerns. Staff confirmed this and said the managers were open and approachable and said they would be comfortable discussing any issues with them. Staff said that communication was good and they always felt able to make suggestions. A health care professional told us that the managers and staff were very approachable and had good communication skills, they said they were open and transparent and worked well with them.

There were a range of information leaflets displayed on notice boards for people and staff. There was ‘A charter of rights’ for people, explaining what they should expect from the service. Other leaflets included information about advocacy services, a mental health service user’s forum, a department of health leaflet regarding the right to consent, a whistle blowing helpline and easy read leaflets for MCA and DoLS. These enabled people and staff to access independent advice guidance and support.

We saw the managers had introduced a ‘learning from’ file to help drive improvement. They encouraged staff to write in the file any learning they had done. For example, one staff member had an incident where they were carrying keys on a chain around their neck. Someone grabbed the chain and this was a potential choking risk to the person.

From this incident the manager sent out a memorandum to staff reminding them of the potential problems of wearing chains. The manager said the ‘learning file’ would build into a useful tool so that everyone could learn from incidents.

The provider was able to demonstrate good management and leadership. Regular meetings took place with staff and people. There were also one to one keyworker meetings and staff received regular supervision. These enabled them to influence the running of the service and make comments and suggestions about any changes. Staff and people confirmed this and said this enabled them to discuss issues openly with the managers. Staff said both managers were good leaders and they knew they could speak with them at any time. Staff confirmed they received regular one to one supervision and had an annual appraisal. The managers said they regularly worked alongside staff so were able to observe them carrying out their role. It enabled them to identify good practice or areas that may need to be improved. They were supported by the provider who they were able to contact at any time for advice and support.

The managers said they were looking at ways to get people more involved in the day to day running of the home. They were trying to organise ‘in house’ committees to look at different aspects of the way the home was run. The managers were piloting a committee to look at decoration and to get people’s views on colour and style. These committee would be able to influence the running of the service and make comments and suggestions about any changes and help the managers and provider to monitor how the home was meeting people’s needs

The provider had a policy and procedure for quality assurance. The quality assurance procedures that were carried out helped the provider and managers to ensure the service they provided was of a good standard. They helped to identify areas where the service could be improved. The managers carried out weekly and monthly checks. Checks and audits that took place included; medication, food hygiene, health and safety, fire alarm system, fire evacuation procedures and care plan monitoring. Audits of medicines were conducted daily and an annual check was carried out by the supplying pharmacist.