

Together for Mental Wellbeing

Wavelly House

Inspection report

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01 April 2019

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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:

- Wavelly House is a care home for people with mental health needs who may also be living with a learning disability or acquired brain injury.
- At the time of our inspection there were six people living at Wavelly House.

People's experience of using this service:

- People received a service that was safe, effective, caring, responsive and well led.
- The service had the characteristics of a good service in all areas.
- People's care and support took into account their individual needs, preferences and goals.
- There was a friendly, welcoming atmosphere in a comfortable and well-maintained environment.
- Staff involved people in decisions about their support and the service they received.
- Staff had developed lasting, caring relationships with people they supported.

Rating at last inspection:

- At the last inspection (published 2 September 2016) we rated the service good.

Why we inspected:

- This was a planned inspection to check the service remained good.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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

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 remained safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our well-led findings below.

Wavelly 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- One inspector carried out this inspection.

Service and service type:

- Wavelly House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- Wavelly House is registered to accommodate up to six people with mental health needs in an adapted house in a residential area of Basingstoke close to the town centre.
- At the time of our inspection the service did not have a manager registered with us. A registered manager is legally responsible with the provider for how the service is run and for the quality and safety of the care provided. The manager in post had started the process of applying to register.

Notice of inspection:

- Our inspection visit was unannounced.
- Inspection activity started on 27 March 2019. We returned on 1 April 2019 to speak with people who had been enjoying a group walk in the New Forest on the first day of the inspection.

What we did:

Before the inspection we looked at information we held about the service:

- We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return. This information helps support our inspections.
- The law requires providers to notify us of certain events that happen during the running of a service. We

reviewed notifications received since the last inspection.

- We reviewed the previous inspection report.

During the inspection:

- We spoke with three people who used the service and one family member.
- We spoke with the manager and two staff members.
- We looked at the care records of two people and the medication records of four people.
- We looked at other records to do with the running of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were consistently safe and protected from the risks of avoidable harm and abuse.
- Everyone we spoke with said they felt safe in the home.
- One person told us, "There is someone here 24/7 if you need them."
- Staff training in safeguarding was up to date.
- Staff were aware of the risk of abuse, signs to look out for, and how to report any concerns. They were confident the provider would manage any safeguarding concerns effectively.
- If concerns were raised about people's safety the provider worked with the local authority safeguarding team and the police where appropriate.

Assessing risk, safety monitoring and management:

- People were involved in identifying, assessing and managing risks to their safety and well-being.
- The provider had an effective process to identify individual risks with the person. The provider took care to have these discussions in a place and at a time when the person was happy to talk about risks. People could record their own comments on their personal risk records.
- People's individual risk assessments included the risk of neglect, exploitation by others, sight impairment, physical and medical risks. Risk assessments were detailed, individual to the person, and considered advice from other agencies involved in their support.
- Where people might need support and reassurance to manage certain behaviours, there were "crisis plans" in place with guidance for staff on triggers to avoid, warning signs, steps to follow to manage the critical event and contacts for help.
- The provider had general risk assessments in place including the use of tools, control of substances hazardous to health (COSHH), gardening, use of the shared barbecue and food hygiene. These were reviewed yearly.
- There were records of regular checks on fire safety equipment. There had been a recent fire risk assessment, and all recommended actions had been completed.
- The provider had arrangements in place to alert people living with a sensory impairment when the fire alarm sounded by means of vibrating and visual warnings.
- The provider managed risks to keep people safe in ways that meant they had the most freedom possible.

Staffing and recruitment:

- There were sufficient numbers of suitable staff to make sure people had a safe, consistent and reliable service.
- People told us there were always staff available if needed.
- We saw staff could go about their duties in a calm, professional way.
- On-call support was available for when staff worked alone.

- The provider's recruitment process included the necessary checks that candidates were suitable to work in the care sector.
- New staff did not start work until the necessary checks were complete and required records were in place.
- People could be reassured staff had been checked for their suitability to work with people in their own homes.

Using medicines safely:

- Staff managed medicines consistently and safely, and kept accurate records.
- People who received support with medicines told us this was done according to their needs and wishes. Other people looked after their own medicines.
- People received their medicines from trained staff who had their competency checked yearly.
- Records relating to medicines were accurate, complete and up to date. There was a process in place for people who chose to take their medicines out of the home, if they were going to be away when they took them.
- The provider stored medicines securely and at the correct temperature.
- Processes were in place to make sure people received their medicines as prescribed and in line with their wishes.

Preventing and controlling infection:

- There were processes in place to reduce the risk of the spread of infection.
- Staff received training in infection control and food hygiene.
- People had a rota for keeping the shared areas of the home clean and hygienic. Staff had a rota for periodic deep cleaning.
- Staff checks included fridge temperatures and checking for out of date food, which staff disposed of with the owner's permission.
- There had been no recent incidents of infectious disease.
- The provider took steps to protect people from the risk of infection.

Learning lessons when things go wrong:

- There was a process in place to record and follow up incidents, accidents and near misses.
- Staff were aware of their responsibility to report incidents honestly and felt supported to reflect and identify lessons to learn.
- The provider analysed incident reports and recommended actions to prevent recurrence, such as changes to policies and procedures.
- Where necessary the provider made changes in people's care plans to promote people's safety.

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

Good: 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:

- Comprehensive assessments and care planning led to good outcomes for people.
- People we spoke with told us their care and support met their needs and took their choices into account.
- One person told us they were happy how everything was done. They said, "I get what I want."
- The manager assessed people's care and support needs following the provider's principle of "compassionate enquiry" to find out all they could about the person. Care plans were detailed and individual to the person.
- People's care and support assessments reflected guidance and input from other organisations and agencies involved in their support and welfare.
- Staff told us care plans contained the information they needed to support people according to their needs and choices.

Staff support: induction, training, skills and experience:

- Staff had the right skills, knowledge and experience to carry out their roles.
- People were satisfied that their care workers were properly trained and had the skills and knowledge to support them effectively.
- Staff were satisfied with the training they received, and told us their training had prepared them for situations they might meet while supporting people.
- Training included how to deal with behaviour staff might find challenging and professional boundaries.
- The manager monitored that staff training and competency checks were up to date.

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

- People who used the service were independent in their choices of what they ate and drank.
- Staff supported people by prompting and encouraging them to eat a healthy, balanced diet.
- On Sundays people could share in the preparation of a traditional roast lunch.
- Where there were concerns a person was at risk of not eating or drinking enough, staff kept records of their intake at mealtimes. Arrangements were in place to prompt action if necessary to make sure people ate enough.

Staff working with other agencies to provide consistent, effective, timely care:

- Staff worked in cooperation with other agencies to understand and meet people's needs.
- The provider worked with other healthcare professionals, such as the community mental health team, psychologist, psychiatrists and GPs to understand and meet people's mental health needs.
- The provider worked with other agencies such as social services and multi-agency teams to make sure people's support was designed to keep them and others safe.

- People's care and support reflected guidance and input from other relevant organisations and agencies.

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

- People were involved in decisions about the premises and had access to varied inside and outside spaces.
- The enclosed rear garden had a barbecue, smoking shelter and other areas for sitting out.
- Inside there were dining and recreational areas and a quiet lounge with TV. There was a private room where people could have their medicines administered.
- The provider consulted with people about decoration and furnishings. During our inspection new furniture arrived which would allow people to sit at smaller tables in a "bistro" style rather than at one large dining table.
- People told us the home was comfortable and they could use their individual rooms for quiet, private space.

Supporting people to live healthier lives, access healthcare services and support:

- People experienced positive outcomes regarding their health and wellbeing.
- Staff supported people according to their needs and wishes to attend healthcare appointments.
- Staff supported people to make regular checks on their own health where they were living with certain medical conditions, such as diabetes.
- The service supported people to take part in exercise, such as regular group walks with gradually increasing targets for how far they went.
- There was information available to people about how to have a healthier lifestyle, for instance by giving up cigarettes.
- Staff had encouraged people with an interest in gardening to grow vegetables, some of which were then used for the regular group Sunday lunch.
- People had encouragement and opportunity to choose more healthy lifestyles.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 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. We checked whether the service was working within the principles of the Act.

- Staff received training in the Mental Capacity Act 2005 and were aware of the principles of the Act and its associated code of practice. Records of mental capacity assessments showed the correct process was followed according to the code of practice.
- Nobody supported by the service at the time of our inspection had been assessed as lacking capacity.
- Records showed people had consented to their care plans and other arrangements.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through application procedures called the Deprivation of Liberty Safeguards. We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There were no deprivation of liberty authorisations required at the time of this inspection because nobody lacked capacity to consent to living at Wavelly House.

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

Good: 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 had positive relationships with staff who treated them with dignity, respect and kindness.
 - People told us they "got on well" with staff and felt supported by them.
 - One person said staff were like "gold dust", and a family member described staff as "excellent" and "very supportive".
 - Another person said they "felt respected as a person".
 - Staff respected people's equality by advocating for their human rights in discussions with other agencies.
- Staff supported people to renew and develop family contacts and other relationships.
- Staff were sensitive to times when people might need emotional support, for instance while they had medical tests and received the results.

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

- The provider supported people to be involved in decisions about the service.
- Records showed people were involved in their care plan assessments, reviews and risk assessments. The provider's forms contained space for the person to make their own comments on these records.
- People told us staff listened to them, and they had enough opportunities to express their views.
- The manager worked to make residents meetings as inclusive as possible, finding ways to engage people who were initially reluctant to take part.
- Where appropriate, the manager sought independent advocates for people to make sure their views and interests were included in discussions about their care.
- People were supported to be involved in decisions about their care in ways that respected their individual needs.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with all said they felt staff respected their independence, privacy and dignity.
- One person said they were able to "live the life they wanted to lead".
- Staff respected the privacy of people's rooms, only entering them with the person's permission. People had their own keys to their room.
- Arrangements were in place to let a person with a sensory impairment know staff were at their door.
- Arrangements were in place to protect confidential information about people, including their medication records.
- If people were at risk of neglecting their personal appearance, staff encouraged them to dress and care for themselves in a way that promoted their dignity both inside and outside the home.
- The provider both respected and promoted people's privacy, dignity and independence, taking into account any protected characteristics under the Equality Act.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff supported people according to care plans which reflected their needs, preferences and risks involved in their care.
- People had individual recovery plans which were goal based and reflected their ambitions, for instance to move into accommodation where they would have more independence.
- One person told us they were happy with the care and support they received. They said they could follow their own routine.
- Another person said they were a "satisfied customer", and found the staff were supportive in giving them the information they needed to make choices.
- People were able to pursue their interests in the home. Part of the garden had been adapted so people could grow vegetables.
- Staff supported people to pursue interests in the community. One person attended a "men's shed" where they could maintain their DIY skills. Another person attended a preparation for work course.
- The manager had invited local councillors to talk with people about the coming local elections so people would be able to make informed choices and exercise their right to vote.
- The service identified and assessed people's information and communication needs. Staff understood the Accessible Information Standard, which defines best practice in meeting people's individual communication needs. People's communication needs were identified and recorded in care plans.
- People's communication plans reflected any needs associated with sensory impairment or learning disability. The provider could present information in an easy to read format for people.
- One person told us staff helped them with information they received in the post.
- People with individual communication needs had choice and control because these needs were identified and met in the service.

Improving care quality in response to complaints or concerns:

- The provider had a process for dealing with complaints. People knew how to complain if they needed to.
- People told us they had no complaints about the service they received and there were no records of recent complaints.
- The manager dealt promptly with concerns raised informally.

End of life care and support:

- The service was not set up to provide end of life care and support.
- Where people wanted to, staff had discussed with them how they would wish to be supported at the end of their life, and their preferences for funeral and other arrangements.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The service was well led and had a positive, person-centred culture.
- The manager and staff put into practice the provider's values of "seeing the whole individual, compassionate enquiry, doing things together and planning for the future".
- People told us they thought the service was well managed and they had opportunities to state their views and any concerns.
- The manager promoted fairness and equality in their workforce. Staff told us there was flexibility in how rotas were managed, which meant they could provide mutual cover when colleagues needed adjustments for personal, social or religious reasons.
- The registered manager was aware of their responsibility to be open in communications with people and others involved in their care.

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

- There was a clear and effective management system.
- There was no registered manager in post at the time of inspection. Providers are required to ensure managers of care homes are registered with us. Day to day management of the service was carried out by an acting manager, who was in the process of applying to register with us.
- The manager was aware of the regulatory responsibilities of a registered manager and was supported by their line manager and a peer manager in the organisation. The ratings from our last inspection were clearly displayed in the service and on the provider's website.
- Staff were clear about their responsibilities and described the service as well organised. They said they had access to the information they needed to do their job and that the service respected people's human rights.
- Staff were aware of risks associated with people's care and support, and were confident risk assessments allowed them to identify, prevent and manage people's risks.
- There was a system of quality assurance checks and audits, which included managers in the provider's organisation auditing each other's services. They spoke with staff and people using the service, and made observations about the quality of service people received.
- The provider notified us of certain events as required by regulations.

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

- The provider used a range of methods to engage with people, staff and the wider community.

- There was a yearly quality survey carried out by the provider.
- The provider also engaged with people by means of care plan and risk assessment reviews and residents meetings.
- Engagement with staff was through a regular programme of supervision, appraisal, and team meetings. These were opportunities for two-way conversations.
- The service worked with and shared information from local charities and voluntary organisations to help meet people's goals and needs.
- There had been a recent open day at the home to which neighbours and community leaders were invited.
- The service reached out to the wider community to improve and broaden people's experiences.

Continuous learning and improving care:

- The service put people at the centre of plans to improve the service they received.
- Possible improvements were identified from sources such as the annual quality survey and monthly quality assurance audits, comments from people who used the service, and staff.
- The manager arranged for suggestions for improvements to be discussed at staff and residents meetings.
- When budget was available to carry out suggested improvements, people were involved in the process, for instance by helping to put together new flat pack furniture for the dining area.
- The provider had updated policies and procedures to reflect changes in data protection legislation.

Working in partnership with others:

- The service worked collaboratively to deliver joined-up care and make sure any legal requirements relevant to people's support were met.
- There were good working relationships with multi-agency teams, social services, and where appropriate the probation service to make sure people's support plans were fit for purpose, and all associated risks were identified.
- The service had good relationships with other healthcare providers, including GPs, community nursing team and professionals from other healthcare disciplines to support people's health and welfare.