

# 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

We inspected Wansbeck House on 25 July 2017 and spoke with relatives on 27 July and 2 August 2017. This was an unannounced inspection.

Wansbeck House is part of the Percy Hedley Foundation. On the college campus there is residential accommodation for a maximum number of 10 people who have a learning disability and complex physical care needs. People who used the service also accessed the college facilities during the week. At the time of our inspection there were five people using the service.

The service did not currently have a registered manager in place. 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 2008 and associated Regulations about how the service is run. The previous registered manager was still working for the provider and a new manager had been in post for four weeks and was applying to be registered with CQC.

At our last inspection on 16 December 2016, we rated the service as Requires Improvement. There was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this visit we found all regulations had been met and the service was rated as Good.

On our last visit we found there was not a robust quality assurance system in place. On this visit we saw staff did stock checks on medicines and counted to make sure medicines tallied through an audit process. We also saw a monthly management audit that checked staffing, care plans, health and safety and the environment.

The provider had undertaken quality surveys with people who used the service, their families and staff members as part of the quality improvement programme. We saw people were actively involved in choosing activities and menus.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met and nutritional screening was now in place.

People were supported to maintain good health and had access to healthcare professionals and services. People had hospital passports now in place and staff we spoke with were knowledgeable about people's health needs and how to seek medical assistance if needed. Hospital passports provide an easy reference guide to record people's health and communication needs that can go with them in case of emergency.

Staff demonstrated a good understanding of safeguarding and the provider's whistle blowing procedure. This included knowing how to report concerns.

Health and safety checks were completed regularly to help keep the building safe. Up to date procedures were in place to ensure people continued to be supported in emergency situations.

Staff told us they were well supported and trained appropriately.

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

People's needs had been assessed and personalised care plans developed. These were reviewed to accurately reflect people's current needs.

There was a clear complaints process in place.

We received positive feedback about the manager and staff said they were approachable. We also saw lots of positive feedback about the service from family members.

Staff were able to provide feedback about the service and people's care. For example, through attending staff meetings and one to one supervisions.

## 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.

Staffing levels were provided according to the needs of people using the service.

Medicines were safely administered and managed.

Staff recruitment was carried out safely and staff knew how to report any concerns.

### Is the service effective?

Good ●

The service was effective.

People were supported to make choices in relation to their food and drink and nutritional assessments were now in place.

People were supported to maintain good health and had access to healthcare professionals and services. People had hospital passports in place.

Staff received training and development, supervision and support from their registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

### Is the service caring?

Good ●

The service was caring.

We heard the staff had developed positive relationships with people and were extremely caring and kind.

People were supported by caring staff who respected their privacy and dignity.

Staff encouraged people to maintain their independence and offered support when people needed help to do so.

### Is the service responsive?

Good ●

The service was responsive.

People or their representatives, were involved in decisions about their care and support needs.

People also had opportunities to take part in activities of their choice inside and outside the service. There was a personalised activity programme to support people with their hobbies and interests.

There was a complaints procedure that was written in a clear easy read format with pictures which made it easily understandable to everyone who used the service.

**Is the service well-led?**

**Good** ●

The service was well led.

The service was well led.

A quality audit system was now in place and clear improvement actions were identified and addressed.

There was a new manager in post and the previous registered manager remained within the provider's organisation. The new manager was registering with CQC. Staff we spoke with told us the manager was approachable and they felt supported in their role.

Staff meetings took place regularly. Staff told us they felt listened to and they were encouraged to share their views.

# 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.

We inspected the service on 25 July 2017 and spoke with relatives on 28 July and 2 August 2017. This was an unannounced inspection. This meant the provider and staff did not know we were coming. The inspection team consisted of one social care inspector.

Before the inspection we reviewed all the information we held about the service. The provider had completed a provider information return (PIR) at our request in February 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist the planning of our inspection.

At the time of our inspection visit there were nine people who used the service. We spent time with all people who used the service in communal areas and observed staff interaction. After the inspection we spoke with the relatives of five people who used the service.

During the visit we spoke with the manager and five members of the support staff team.

During the inspection we reviewed a range of records. This included four people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

We took a walk around Wansbeck House to make sure the environment was clean and it was a safe place to live.

# Is the service safe?

## Our findings

At our inspection in January 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

We saw people appeared comfortable with staff who were providing them with support. One relative we spoke with told us, "Yes, I feel she is safe both physically and emotionally, she is supported by a team of staff who work together and she is supported all the time."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff had an understanding of the policies and how to follow them. Staff told us they were confident the manager would respond to any concerns raised. There had been no recent safeguarding concerns about people living at the service. We saw easy read information about keeping safe, aimed at people using the service, was displayed prominently on a notice board.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, Disclosure and Barring Service checks (DBS). These are carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. Records were also available to show applicants had been assessed following an interview process and had completed an induction programme when they started working at the service. Many staff had worked at the service for several years and there had been no new staff members in the last year. This meant people had a stable and consistent staff team.

Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. Risk assessments had been personalised to each individual and covered areas such as falls, choking, moving and handling and the use of equipment. This enabled staff to have the guidance they needed to help people to keep safe.

Arrangements were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that regular analysis was undertaken on all accidents and incidents in order to identify any patterns or trends and to put measures in place to avoid re-occurrence.

Relatives and staff we spoke with did not raise any concerns about staffing levels. We saw staff were always on hand to offer support and assistance when people needed it. Every person had 1:1 staffing and some people due to their needs had 2:1 staff to support them. We saw staff rotas which showed staffing levels were maintained and there was no use of agency staff. The manager told us the rota was flexible and could be changed to meet people's needs, for example if people were out in the community accessing activities.

There were procedures for staff to follow should an emergency arise, for example, if there was deterioration in a person's health. Staff were aware of what to do in case of emergencies. The service had an on call procedure in place, which meant staff could contact a senior person if they had any concerns. One relative

we spoke with told us, "They have been able to make quick decisions in response to my relation who had complex health needs, and they have managed emergencies exceptionally well."

At the previous inspection we had found checks on the safety of the service were carried out, with gas and electrical certificates available. At this inspection we found this continued to be the case. Fire safety checks were also undertaken on fire equipment such as extinguishers, alarms and emergency lighting. Other checks on equipment such as moving and handling items were also carried out by contractors and regularly visually inspected by the staff team.

Medicines were managed safely. People received their medicines from trained staff. One staff member told us, "I loved doing the medicines training, it was in depth and really useful." We viewed a range of medicines related records and found these were completed accurately. For example, medicines administration records (MARs) and records for the receipt and disposal of medicines. Medicines were stored securely in a locked cabinet. Appropriate arrangements were in place for medicines that needed to be stored in a fridge. Where people had items such as creams or eye-drops these were dated when opened and a note made of when they should be discarded.

We discussed with the manager and a senior care officer 'as and when required' medicine protocols and the method of stock checks as these were at first glance confusing. The senior care officer was able to clearly explain the process for signing medicines in and out and checking against stock levels and the manager agreed this process may be described more clearly for those not familiar with it. Immediately following the inspection the manager liaised with the nurse for the provider who explained the current system for seeking homely medication approval and instruction from the GP. The manager showed us they were implementing a new form that would more clearly set out 'as and when required' guidance for care staff to follow.

At the previous inspection we found the service was clean and tidy. At this inspection we found this continued to be the case. There were rotas in place to ensure communal areas and people's rooms were cleaned and tidied on a regular basis.



## Is the service effective?

### Our findings

At our inspection in January 2016 we rated this domain as "Requires Improvement." At this inspection we found the provider had met the requirements of this domain and was acting within the regulations related to this area.

At the previous inspection in January 2016 we had found the service had not undertaken nutritional screening with people and we saw this was now routinely in place. We saw the service worked with other healthcare professionals in relation to providing safe and effective nutritional support for example for people who were fed by a tube. One relative told us, "We have worked together to support my relation's nutritional needs as weight gain is a big concern and this has worked really well." We saw that other people with specific nutritional needs had clear plans in place to support them to eat well.

Nutritional support plans described what people could do for themselves. For example, be involved in menu planning, preparing shopping lists and preparing meals. Guidance was provided for staff on how to support people with their dietary needs. For example, one person had been identified as being at risk of choking due to not chewing their food for a sufficient length of time. The person's support plan described how staff were to support the person in this area. For example, be mindful of what foods were offered to the person, support the person to cut their food up into manageable pieces, ensure the person was never left alone when eating meals or snacks, and report any concerns or issues that arose. Appropriate guidance had been obtained from a speech and language therapist (SALT) to support the person and staff.

People were positive about the food. We observed the tea-time meal where people were well supported and offered choices in a calm and sociable atmosphere. Staff we spoke to told us that everyone met weekly to agree menus but that on a daily basis people were always asked their choice again in case they had changed their mind.

Staff told us they continued received supervision approximately every two months and an annual appraisal. Records we saw confirmed this and contained good detail about the range of issues and area discussed. Appraisals also covered future development actions and training needs.

Staff were required to complete essential training as part of their role. This included moving and handling, infection control, health and safety, medicines and safeguarding. Records confirmed supervisions, appraisals and training were up to date at the time of our inspection. New staff would complete a comprehensive induction and would be enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. One staff member told us, "The shadowing I did was really helpful, as I would have panicked otherwise. I was always supported to ask questions." Specific training in relation to people's needs such as autism, and training in relation to PEG feeding and competency in relation to this were also in place. A PEG is a Percutaneous Endoscopic Gastrostomy and is a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that appropriate assessments were undertaken to assess people's capacity and saw records of best interests' decisions which involved people's family and staff when the person lacked capacity to make certain decisions. Care plans were in place which described how people should be supported with communication and decision making. The manager told us they were exploring how the more regular use of respite care for people using the service impacted on meeting the principles of the MCA and DoLS. For example, those people who may come in for a night or several weeks. They told us they were looking at how they could make this work more efficiently in relation to DoLS assessments and authorisations and we advised them to speak with the DoLS authorising lead to gain advice which they agreed would be helpful.

People's well-being continued to be supported, with evidence of regular contact with people's families, carers and clinical lead nurse who worked on the college site for the provider. All relatives we spoke with confirmed they had no concerns in relation to how the service supported people to stay healthy and had confidence in the staff teams ability to manage people with complex healthcare needs. People now had hospital passports in place. These contain important information about the person, their health history and preferences that can be passed quickly to health staff if the person is admitted to hospital.

# Is the service caring?

## Our findings

At our inspection in January 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

During the inspection we observed people looked well cared for, had good relationships with staff and looked relaxed and happy in their company. Staff had a good understanding of people's needs and their particular personalities. All relatives we spoke with told us they were very happy with the care and support provided by staff at the service. Comments included, "They are amazing, I would shout if from the rooftops," and "I am really happy with everything. When you put your child into someone else's care you do worry but they have given her opportunities I never could."

When staff carried out tasks for people, they explained what they were doing as they assisted people and they met their needs in a sensitive manner. All staff told us they had training in communication and each interaction from staff was undertaken efficiently in a caring, focused manner which promoted the person's wellbeing. One relative told us, "They understand his needs and they are geared for the challenge. They are at his level and engage with him all the time."

People were supported by their key workers to participate in reviews of their care. Relatives told us they were kept up to date with any issues and involved in care decisions, as necessary. Relatives also said they got weekly updates via phone or email and that keyworkers kept them informed of what people had been doing and funny stories which they enjoyed. There was also a weekly meeting that took place. We saw people were encouraged to participate in deciding where they would like to go for trips and holidays and we saw two people were recently supported to go on holiday abroad with staff support. A range of documents, such as questionnaires, consent forms, and information leaflets about procedures were in easy read, or picture supported format, to assist people with understanding and participation in decisions. We spoke with the on-site catering manager who told us they wanted to put together an easy read cook book using pictures to help people create meals from recipes.

People were supported and encouraged to make choices about their care no matter what communication difficulties they may have. All staff told us they encouraged people to have as much choice as they could around their daily life from when they got up, to meals, activities, clothing choices, and bedtimes and also whether they actually wanted support from care staff. One relative we spoke with said, "They really support her to make choices, enabling her to use eye gaze and giving her plenty of time to respond."

At the previous inspection we had seen that people's privacy and dignity were actively supported. At this inspection we saw this continued to be the case, with people having access to their own personal rooms as well as communal areas. Staff were able to tell us how they carried out personal care in a way that promoted people's dignity whilst also encouraging them to be as independent as possible and care plans verified how people's independence was encouraged.

# Is the service responsive?

## Our findings

At our inspection in January 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the manager sought the views of people using the service on a regular basis and this was recorded. This included people who stayed at Wansbeck House as well as relatives. There had not been any formal complaints within the last 12 months. Relatives we spoke with said they had no complaints or concerns and would speak to staff if they did. Relatives we spoke with said, "I have no niggles and if I did I would ring them and talk with them about it."

The service had worked to make the environment and atmosphere more relaxed and homely. There were lots of activities within the service and staff told us that they tried to use community facilities such as local parks and shops as much as possible with people. We spent time in the service with people when they returned from a trip in to town and they were so excited beforehand and on return had clearly had a good time. Relatives we spoke to were very happy with activities carried out at the service. One relative said; "[Name] loves it, they enjoy going to stay there." The service also sought to help people access the community even if just going for an ice cream at a drive through. The service had worked to develop activities using photographs and pictures so they could communicate with people and help them make choices.

The manager and staff all explained that although some people only used the service for short breaks periodically, they had good communication with families so if anyone's needs had changed; this was shared with them before someone arrived for their stay. One relative told us, "They are excellent with communication and we are kept up to date about everything."

The care plans we looked at were person centred, by this we mean the individual needs of the person, their wishes and preferences, were identified. Thorough evaluations were carried out by keyworkers which linked to outcomes people wanted to achieve and there was a key background document or 'one page profile' that gave staff information that was most important about a person in a way that was meaningful to them. We saw an example of this, "I have indicated by using my eye-gaze communication aid that I dislike swimming." Daily records were also recorded against each care area, detailing matters such as people's moods, their dietary intake and what activities they had participated in.

The service focused on ensuring people had transitions that were smooth and positive. The manager told us that unfortunately due to funding arrangements transitions into the service were often rushed but that the service had worked to ensure that people moving on had graduated transitions to their new service. Staff also told us they were proud that the work they did in supporting people to be independent had led to some individuals moving into their own homes with support.

## Is the service well-led?

### Our findings

At our inspection in January 2016 we rated this domain as "Requires Improvement." At this inspection we found the provider had met the requirements of this domain and was acting within the regulations related to this area.

On our last visit to the service in January 2016 we found that arrangements in place for quality assurance and governance were not in place. This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this visit we saw that a range of audits had been put in place to check the quality and safety of the service.

Our observations were very positive. Staff all communicated in a kind and friendly manner and there was a welcoming and warm atmosphere within the service.

At the time of our inspection visit, the service did not have a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The previous registered manager had moved to a new role within the provider's organisation and a new manager had been in post for four weeks and was applying to be registered with the CQC. The manager told us about future plans for the service in terms of developing the staff team and improving communication regarding organisational change.

The provider had implemented a monthly management audit which fed up to the heads of department in the college network. This audit tool was used to monitor the environment, health and safety and care plans amongst other areas and we saw that from these checks a quality improvement plan had been developed.

Any accidents and incidents were monitored by the manager to ensure any trends were identified. The manager confirmed there were no identifiable trends or patterns in the last 12 months and also that they passed onto the Health and Safety team within the college where any serious accidents occurred for additional support or advice. This system helped to ensure any trends in accidents and incidents could be identified and action taken to reduce any identified risks.

There were opportunities for staff to give feedback and suggestions about the service and people's care. Minutes confirmed staff meetings were held consistently. The most recent meetings in June included updates from the provider, introduction from the new manager, and training.

People and parents were involved through on-going review of their care and education and a comprehensive annual review that was also undertaken with the staff from the wider college environment.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.

We saw the new manager had arranged 1:1 meetings with all staff to explore their strengths and areas for

development and arrange team meetings where staff would rotate the chairing role. Staff we spoke with were all positive about the manager and told us they found her 'approachable and supportive.' They also told us there was a good and longstanding staff team at the service that worked well together. Staff told us they enjoyed working at the service and found supporting the people who stayed there very rewarding.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received appropriate notifications from the service. We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The provider had displayed its CQC rating on their website and also it was on display at the service.