

Ferguson Care Limited

The Wheelhouse

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

This inspection took place on 20 and 24 October 2016 and was announced.

The Wheelhouse provides accommodation and personal care for a maximum of four adults with learning disabilities and autistic spectrum disorders. At this inspection four people were living there.

A registered manager was in post and was present throughout this inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People had individual assessments of risk associated with their care and support. Staff members had access to people's risk assessments and were aware of how to protect people from harm.

The provider followed safe recruitment practices with staff before they started work to ensure they were safe to work with people. People received help with their medicines from staff who were trained to safely administer these. People had their medicine when they needed it.

People received care and support from staff that had the skills and knowledge to meet their needs. Staff members attended training that was relevant to the people they supported. Staff received support and guidance from a management team who they found approachable.

People had their rights upheld by staff members who knew the appropriate legislation which directed their roles.

People were involved in decisions about their care and had information they needed in a way they understood. When people could not make decisions for themselves staff understood the steps they needed to follow to ensure people's rights were upheld.

People had access to healthcare when needed and staff responded to any changes in their need promptly and consistently. People were supported to maintain a healthy diet and regular exercise which promoted well-being.

People's likes and dislikes were known by staff who supported them in a way which was personal to them. People had positive relationships with the staff members who supported them. People had their privacy and dignity respected and information personal to them was treated with confidence.

People and staff members felt able to express their views and felt their opinions mattered. The provider and registered manager undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback.

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.

People were protected from the risks of abuse as staff were trained and knew how to recognise and respond to concerns. Risks associated with people's care had been assessed and actions taken to minimise the risk of harm. People received assistance with their medicines by trained and competent staff members.

Is the service effective?

Good ●

The service was effective.

People were supported by trained staff members who had the skills to meet their needs. People's rights were upheld by staff members who were aware of guidance informing their practice. People had access to healthcare when they needed.

Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with those who supported them. People had their privacy and dignity maintained. People's personal information was kept confidential by staff members supporting them. Information was shared with people in a way they understood.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their own care and support. The provider responded to people's changing needs. People were able to raise any concerns and were confident any issues would be addressed to their satisfaction.

Is the service well-led?

Good ●

The service was well led.

The management team was accessible to those they supported. The provider and staff members had shared values regarding the support they provided. The provider had systems in place to monitor the quality of service provided and made changes when needed.

The Wheelhouse

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 was planned to check 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 20 and 24 October 2016 and was announced.

The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our 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, what the service does well and improvements they plan to make. We used this information to assist in our planning of the inspection.

During the inspection we were not able to talk with people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, one relative and three staff members. We looked at the care and support plans for two people and records of quality checks, incidents and accidents, medicines and details relating to staff recruitment.

Is the service safe?

Our findings

We looked at how people were kept safe from abuse. One relative told us their family member was "absolutely safe" at the Wheelhouse. Staff members we spoke with told us that they had received training on how to identify signs of abuse and how to report any concerns. One staff member said, "If I suspected anything at all was wrong I would report it straight away to [registered manager]." We saw information was displayed informing staff members on how to raise concerns including relevant contact numbers. This information was also displayed in communal areas and in an easy to read format with pictures for people living at the Wheelhouse to access. We saw the provider had made referrals to the local authority in order to keep people safe and had taken action to prevent abuse. For example, after the provider identified the potential for financial abuse, assessments had been amended and measures completed to safeguard people's finances.

People were kept safe from the risks of harm associated with their care. People had individual assessments of risk and the provider had taken action to reduce the potential for harm. These assessments included mobility, medicines and eating and swallowing. We saw staff members supporting people in their home whilst following the guidance in people's assessments. We saw people helped with the lunch preparation in a way that enabled them to actively take part whilst still keeping safe.

People had individual personal emergency evacuation plans in place in case of emergency. These plans were adapted to people's individual strengths and needs. For example there were specific instructions on how to support someone to leave the house which included how to reduce any anxiety for the person. Staff members we spoke with could tell us what support each person would need in such a situation.

People were supported by staff members who knew how to report any incidents or accidents. Any accidents were recorded and analysed on a monthly basis by the registered manager. They did this with the guidance of the provider's health and safety team. This was so that any trends or patterns could be identified and actions taken to minimise the potential for harm. For example, following the reporting of incidents regarding people extra training was provided for staff members to prevent reoccurrence.

Risks to people regarding their environment was minimised as a regular maintenance checks of their home and equipment was completed. One relative told us, "I know that The Wheelhouse provides a safe environment for my family member." At this inspection we saw maintenance was being completed as part of an action plan devised by the registered manager. Staff members we spoke with told us any maintenance was completed promptly. One staff member said, "Someone broke a toilet seat and this needed replacing. Someone came straight over and replaced the seat that very morning." This meant any disruption for people was minimal whilst waiting for the repair.

People were supported by enough staff members to meet their needs. At this inspection we saw people being supported by staff on a one on one basis. This meant people could take part in activities in and outside of their home. If they chose to stay at home staff were available to support them as they needed. The registered manager told us if anyone needed any additional support this would be provided.

Staff members told us before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied they could start work. We looked at staff recruitment records which showed us appropriate checks had been completed.

We looked at how people were supported with their medicines. We saw one person being supported to take their medicines by staff members who had been assessed as competent by the registered manager. People were informed what their medicines were and asked if they would like to take them. People were supported to take their medicines by staff members who stayed with them to make sure they were taken safely. Staff members told us before they could support anyone with their medicines they had to complete their safe handling of medicines training. After this they were assessed by the registered manager as competent. The registered manager completed regular checks of medicines to ensure they were given safely and to identify any potential issues. Following the identification of one error an investigation into the circumstances had been completed. No harm occurred to the individual but additional training was provided to the staff member to minimise the risk of reoccurrence.

Is the service effective?

Our findings

People were supported by a staff team that had the skills and training to assist them. One relative told us they believed the staff members had the knowledge and training to support their family member. Staff members told us when they first started training they were provided with an initial training programme which equipped them with the skills to fulfil their role.

One staff member said, "When I first started I spent time with another staff member. I got to know people and was able to read all about them so I knew how to support them." Another staff member told us that people were gradually introduced to new staff as sudden change can be disruptive. This allows people the time to develop relationships at a pace they are comfortable with.

Staff members also accessed additional training relevant to those they supported. Staff members we spoke with told us they had recently completed training to assist people manage any anxieties they may experience. One staff member said, "I use this training to see what can cause someone to feel anxious. This was so I can help prevent it from occurring in the first place."

Staff members told us they felt supported in their role and that they always had the opportunity to seek advice and support. One staff member said, "We have regular one on one sessions with [registered manager's name]. We can talk about anything that we want during these session and they are always very positive." One staff member told us they made suggestions for additional training from a specialist training provider during their one on one session. They told us this training was then provided and they gained a greater understanding of the needs of those they supported. Staff members told us they could seek advice and guidance at any time from their colleagues or the registered manager.

We saw staff shared information appropriately between people they supported and other staff members. This included people's experiences of the activities they had completed and anything that other staff members needed to follow-up. This included any medical advice that needed to be gained to ensure people received appropriate support.

People were supported to make their own decisions and were given choice. We saw people were given the opportunity to make decisions about what they wanted to do, wear and eat at this inspection. People were given time and space to make a decision and were not rushed by staff. We saw one person start to become a little anxious about making a decision. The staff member recognised this and allowed them some time. We later saw this person making a positive choice about what they wanted.

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. We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with had a clear understanding about the process to follow if someone could not make a decision. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision making. We saw details of a best interest decision which had been made for someone regarding their financial management. The decision was made for the person so that their finances were managed appropriately and safely. The best interest process was followed and a decision made.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications and followed the guidance provided. The provider had taken action to ensure the least restrictive measure were in place for those they supported. They had systems in place to monitor the time scales for reviews, or a repeat application if necessary, to ensure people's rights were maintained.

People were supported to have enough to eat and drink and to maintain a healthy diet. One relative told us, "They (staff) always ensure [relative's name] has a healthy diet and does regular exercise." We saw one person deciding what they wanted to eat after being given several options by a staff member. People ate their meals with the support of adapted cutlery and crockery. This helped them to eat what they wanted and also to remain independent. Staff members were aware of people's individual needs when eating. For example, providing food which was in small bite size pieces and at the correct temperature for people to aid their swallowing. People had their weight monitored when needed to identify any loss which may be an indication of ill health. Where a person chose not to have their weight checked staff were aware of other indicators of weight loss. These included loose clothing. If staff members were concerned they sought medical advice.

People had access to healthcare services and were supported to maintain good health. These included doctors, district nurses and dentists when needed. We saw records of visits and treatments prescribed. Staff we spoke with knew recent changes in people's health and what advice to follow.

Is the service caring?

Our findings

People were supported by a staff team with whom they had a positive and caring relationship. One relative said, "I feel like the staff at the Wheelhouse are extremely caring and attentive to [relative's name] needs." We saw at this inspection people were treated with kindness, warmth and respect. We saw staff members involved people in light hearted conversation and were attentive to people's needs. For example, staff recognised that one person was struggling to do something. They helped this person to relax and take their time. We saw this person was supported at a pace they wanted and not pressured into doing what they wanted. When the person had succeeded in completing what they wanted they received praise from those supporting them. People were treated as if they mattered to those supporting them.

We saw people were supported at times of upset and distress. One person started to show signs of anxiety and upset. The staff member supporting them recognised the emerging emotions and took steps to comfort them. This included removing what they believed to be the cause of the anxiety for this person. The staff member then allowed the person time and space to relax. The staff member then continued to support the person as they wished to be supported. The actions of this staff member helped to prevent further escalation in this person's anxiety.

People received support from staff members who had the skills to effectively communicate with them and to understand what they were being told. We saw staff members using a number of communication techniques with people which included speech, signs, gestures and picture prompts. We saw people using "now and next cards" which explained what people were doing and they would be doing next. This helped people to understand and have choice in what they wanted to do. Staff members told us that changes to people's activities could cause anxiety for them. Changes could be as a result of weather conditions which prevent some outdoor events from occurring. When staff members suspected this could happen they took time to prepare people for the potential changes so that they became accustomed to the idea of change. People would then be supported to take part in an alternative activity.

People were involved in making decisions about their own care and support. At this inspection we saw people making decisions about how they wanted assistance with their personal care. For example, people instructed staff members when they wanted a bath and also how long they wished to relax in the bath. Staff members were attentive to people's decisions and revisited them to ensure they were alright and when they wanted assistance.

People had access to advocacy services at the Wheelhouse. We saw information was available to people informing them of the advocacy service in pictorial format which they could access. We saw regular advocacy visits took place to support people. Staff members told us that it was sometimes difficult to truly understand what people wanted as their ability to make basic decisions was often restricted. They used the support of advocacy services when more complex decisions needed to be made. For example the management of finances and large purchases on behalf of people.

We saw people were encouraged to have visitors at the Wheelhouse and to maintain contact with those that

mattered to them. A separate area was available for people to meet with friends and families that allowed private space for them. We also saw that internet calling was also available to assist people maintain long distance relationships. However, the practicalities of this method of communication were problematic and the registered manager was identifying alternatives.

People were encouraged to be as independent as they could. We saw people being involved in small achievable activities like taking a plate into their kitchen. One staff member said, "You don't overwhelm someone by making something too complicated. You breakdown the task into small achievable steps. This way the person stays motivated as they achieve rather than fail."

We saw people were treated with respect and their dignity was maintained. We saw staff members knocking on doors and announcing themselves when entering people's rooms. People were asked their permission before any personal care was undertaken with them which was then completed in private. We saw people were supported to do what they could for themselves whilst receiving support and encouragement from staff members. One staff member told us, "We are not here to do things for people but to help them do it for themselves. This helps someone to maintain their dignity and build on the skills they already have." Staff members had a clear understanding of confidentiality. Records personal to individuals were kept securely and accessed only by those with authority to do so.

Is the service responsive?

Our findings

People had care and support plans which were personal to them and reflected their individual needs. Relatives we spoke with told us they were invited to be involved in the development of people's care and support plans. People and families had provided personal information that contributed towards a life history for people which helped staff to get to know those they would be supporting. One staff member told us the individual plans of care had been developed over the many years that each person had lived at the Wheelhouse.

There was a keyworker system in place at the Wheelhouse. This was a named staff member who would assist people with their day to day needs but who would also involve them in regular reviews of their care. One staff member told us they would sit down once a month with the person they were keyworker for. During this session they could look at what has gone well and what they could do differently. We saw that following one keyworker session there were slight changes to one person's personal routine which was agreed with the person. This included step by step instructions for staff members to encourage the person's independence when assisting with their personal care. We saw that continuity of care was maintained as all staff members we spoke with were aware of these changes.

Staff members we spoke with had a detailed knowledge of each of the people they supported. This included individual likes and dislikes, things that make them happy and things that potentially could cause anxiety. One relative told us that staff members were always attentive to their family member's fear of a certain type of domestic animal. They said that staff members were always pro-active in diverting their relative from any foreseeable situations which could lead to upset.

At this inspection we saw a range of activities taking place. These included meal preparation, shopping, reading and bowling. One relative told us, "Upon learning that [relative's name] loved music, they began taking them to Karaoke weekly." We also saw people had the opportunity to set their own pace throughout the day and staff were attentive to this. For example, when someone didn't feel ready to take part in an activity they had time and opportunity to relax and then instigate the activity themselves. We saw there was also the opportunity for each person to have some quiet time throughout their day. There was a separate room available for people to go to if they wished. This enabled people to take part in as much or as little as they wanted. Staff members were responsive to the changing desires of people and adapted activities to suit individual preferences. For example, one staff told us, [person's name] used to really enjoy horse riding. However, over time it became apparent that they no longer gained any benefit from this activity. They then supported this person to identify something else they enjoyed to replace this.

People had information on how to raise a concern or a complaint in an easy to read format. However, one staff member told us this was sometimes difficult as people could not always articulate how they felt about something owing to difficulties with their communication. They said we (staff) have to be responsive to how people are. For example, if someone appeared unhappy or withdrawn the staff member assisting them looked through the last 24 hours with them. This was to try and identify anything which may have changed which the person would be unhappy about. On one such occasion the staff member identified that an

activity had been cancelled owing to the weather. They confirmed with the person that this was why they were unhappy and the person indicated it was. The staff member then worked with the person to identify alternatives to prevent such a situation from occurring again. We saw that the registered manager and the provider encouraged people, families and advocates to raise any concerns. We saw that the registered manager had systems in place to investigate and feedback to the person in order to resolve complaints to their satisfaction.

Is the service well-led?

Our findings

We saw that people knew who the registered manager was and that they had regular contact with them. We saw that the registered manager frequently worked alongside people and staff and had a good working knowledge of the day to day culture at the Wheelhouse. People were involved in the developments in their own home. We saw the staff member completing maintenance jobs spoke to people informing them what they were doing and talking about painting and the colours people like. One staff member told us people recently decided what wall paper they wanted in their living room. Several people went out and picked some samples which were then presented to everyone. Each person in turn identified what they would like. At this inspection we saw people going out to purchase other items to decorate their communal area.

People and staff were involved in, and kept informed about, changes in the provider's organisation. Regular "voice meetings" were held and attended by people living at the Wheelhouse. It was during these meetings that people could take part in discussions and hear about any changes. The registered manager also held regular in house meetings for those living at the Wheelhouse. During these sessions everyone could take part in more local decision making affecting them on a day to day basis. Recent discussion included menus and what people would like to eat. People and staff members also received regular newsletters from the provider. This informed them about what was happening at other locations and keeping them up to date about any developments of news they might be interested in.

Everyone we spoke with believed the provider created a culture that was open and transparent. One staff member told us, "We have regular team meeting which we can all contribute towards. We use them as opportunities for 'stepping stone' ideas which everyone can build on." Staff members told us they felt their contributions were valued by the registered manager and the provider. At this inspection we saw the provider response to a recent staff survey. Staff had suggested more information for front line staff about the organisation. We saw that this had been provided in regular communications from the provider which also invited further feedback from staff.

Staff members told us there were appropriate policies in place to guide their practice including a whistleblowing policy. Staff understood the whistleblowing process and felt they would be supported by the provider should they ever need to raise a concern. Staff understood what was expected of them and were supported to complete their role. Staff told us they felt the management team was supportive and approachable for advice and guidance when they needed.

We asked staff members about the values the provider demonstrated. One staff member told us, "It is all about increasing people's individual skills. To be equal within society and to be part of their local community. Most importantly for people to enjoy life." At this inspection we saw people undertaking personal skill building activities and taking part in activities in the local area. This demonstrated the values staff members told us about.

At this inspection there was a registered manager in post. The registered manager maintained their personal and professional development by attending regular training and support sessions appropriate to their role.

Any learning or changes to practice were cascaded to staff members through regular team meetings or one to one sessions. The management team understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example, following recent quality checks they identified several areas of redecoration were needed. At this inspection we saw an action plan had been developed by the registered manager which identified high and low priorities. Was also saw a staff member engaged in redecorating areas of the Wheelhouse in accordance with the action plan.