

# Together for Mental Wellbeing

## Wavelly 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

This unannounced inspection of Wavelly House took place on 26, 27 and 28 April 2016. Wavelly House is a residential care home without nursing. Wavelly House provides accommodation and support for up to six adults, who live with mental health illness, with associated physical and psychological support needs. The service provides 24 hour recovery support to enable people to regain and maintain their well-being and independence before moving to more independent living accommodation. At the time of the inspection the service was providing support to three people. A fourth person moved into the service during our inspection.

Wavelly House is a large detached house situated in a residential area close to Basingstoke town centre. The staff office and spacious communal areas are situated on the ground floor, together with a staff sleep in room. This is a bedroom used by the night staff who sleep at the house to provide 24 hour support. The communal areas and bathrooms have been redecorated and refurbished since our last inspection. There is a quiet lounge if people wish peace and quiet and an enclosed garden to the rear of the house.

The service had 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 and associated Regulations about how the service is run.

Without exception people told us they felt safe living at Wavelly House and were supported by staff to understand what keeping safe meant for them as individuals. Staff had completed the provider's required safeguarding training and were able to recognise the different types and signs of abuse. Staff understood their role and responsibility and knew how to report abuse and protect people from harm.

People were protected from harm because staff had identified risks and managed these to keep people safe. People had support plans which assessed specific areas of risk associated to their mental and physical health diagnoses and provided guidance to prevent or mitigate these risks. Staff worked alongside local mental health and social care services to build and promote people's independence, whilst protecting them from harm.

There were arrangements in place to address foreseeable emergencies, such as a fire or flooding, for example; people had individual evacuation plans, which were tested regularly to ensure people and staff knew what to do in the event of an emergency.

The registered manager completed a daily staffing needs analysis to ensure there were always sufficient numbers of staff with the necessary experience and skills to support people safely. Staff had undergone robust pre-employment checks as part of their recruitment. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider and people using the service.

People received their medicines safely, administered by staff who had completed safe management of

medicines training and had their competency assessed annually by the registered manager. We observed staff administer people's medicines safely in accordance with their medicine management plans.

Staff completed an induction course based on nationally recognised standards and spent time working with experienced staff. This ensured new staff had the appropriate knowledge and skills to support people effectively.

Records showed that the provider's required staff training was up to date. Staff also underwent further training specific to the needs of the people they supported, for example; in relation to supporting people's well-being and mental health needs.

People were supported effectively by staff who were enabled to do so by the provider's supervision processes. There were documented processes in place to supervise and appraise staff to ensure they were meeting the requirements of their role.

Staff had received training in relation to the Mental Capacity Act 2005 (MCA) and were able to explain the main principles. We observed people were supported to make their own decisions and choices. It had not been necessary for the registered manager to make any applications under the Deprivation of Liberty Safeguards (DoLS), but she was aware of her responsibilities under this legislation and understood the process if required. People's human rights were protected by staff who demonstrated a clear understanding of legislation and guidance relating to consent, mental capacity and deprivation of liberty safeguards.

People were supported to live independent lives and therefore chose to eat at different times to suit their daily lifestyle. We observed people were supported to consume sufficient nutritious food and drink to meet their needs.

People were able to manage their own healthcare needs with identified support from staff. Records showed that people had regular access to healthcare professionals to maintain their physical health and mental well-being.

We observed that people were relaxed and happy in the company of staff and chose to spend time with them. Staff were supportive and caring to people and had developed positive relationships with them based on mutual trust and understanding.

Support plans were detailed covering all aspect of a person's care and support. This ensured that people received care and support in accordance with their individual needs and wishes. Staff had responded promptly to people's health needs and this had led to positive outcomes for people.

People were comfortable speaking with all staff who knew them well, were caring in their approach and made sure their health and wellbeing needs were met. When people wished to discuss sensitive, personal matters with staff they did so in private.

People's support plans and assessments were person-centred, which means they were focussed on the individual, their needs and wishes. Support plans detailed people's personal goals they wished to achieve in the short term and long term with a view to being able to live independently in the community. Staff supported people to achieve their ambitions, to seek work opportunities and to participate in activities to help prevent them experiencing social isolation.

Feedback was encouraged from people and family in the form of regular discussion and communication.

The registered manager ensured that all complaints, accidents and incidents were investigated thoroughly and any required action identified was implemented promptly.

There was an open and transparent culture within the service where people, relatives and staff were able to raise any issues or concerns with the registered manager. The registered manager was highly visible within the home and provided clear and direct leadership. We observed staff support people with pride and passion, in accordance with the provider's values, during their delivery of people's day to day care. The registered manager effectively operated a system of regular audits to assess and monitor the quality of the service provided, to drive improvements and ensure staff delivered high quality care.

## 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 abuse. Staff had completed safeguarding training and understood the action they needed to take in response to suspicions and allegations of abuse.

Staff understood the risks to people and followed guidance in accordance with their support plans to keep them safe when delivering their care.

The registered manager completed a staffing needs analysis to ensure there were sufficient staff to meet people's needs safely. The provider completed relevant pre-employment checks to make sure people were cared for by suitable staff.

People received their medicines safely, administered by staff who had completed safe management of medicines training and been assessed to be competent to so do.

### Is the service effective?

Good 

The service was effective.

Staff received appropriate training to support people with mental health needs effectively. Regular supervision and training ensured staff retained and demonstrated the skills required to meet people's needs.

People were supported to make their own decisions and choices. People's human rights were protected by staff who demonstrated a clear understanding of legislation and guidance relating to consent, mental capacity and deprivation of liberty safeguards.

People were supported to prepare nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

People were supported by staff to maintain good physical and mental health, have access to healthcare services and receive on-going health care support.

### Is the service caring?

Good ●

The service was caring.

Staff engaged positively with people and encouraged them to make choices about their own care and how they wished to spend their time.

People and their relatives were actively involved in making decisions about their care. People were supported to keep in contact and remain involved with families and those who were important to them.

Staff had developed positive and caring relationships with people who were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive

People received personalised care that was tailored to their needs. The service was responsive and organised by the registered manager to meet people's changing health needs.

People and their relatives were listened to and were involved in the running of the service and development of their care plans.

The registered manager sought feedback from people, relatives and supporting health and social care professionals, which they acted upon.

People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. Complaints were acknowledged and resolved to the satisfaction of the complainant.

### Is the service well-led?

Good ●

The service was well-led.

Staff spoke with pride about their service and understood the provider's values, which they demonstrated in the delivery of people's care.

Staff felt they were able to raise concerns and issues with the registered manager who was always approachable and willing to listen. The management team provided feedback to staff in a constructive way which motivated them to take the action required.

The registered manager provided clear and direct leadership to staff, who understood their roles and responsibilities.

The provider had established quality assurance systems which the registered manager operated effectively to monitor the quality of the service and drive improvements.

# Wavelly 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 was planned to check whether the provider was 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 the 26, 27 and 28 April 2016 and was unannounced. The inspection was completed by one adult social care inspector. The registered manager had completed a Provider Information Return (PIR) at the time of our visit. A PIR 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.

Before this inspection we looked at the previous reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the agency is required to send us by law. We also looked at the provider's website to identify their published values and details of the care and services they provided.

During the inspection we spoke with four people using the service, two visiting relatives, the registered manager, three members of staff, the provider's psychologist and two visiting health and social care professionals. We reviewed three people's support plans and three medicines administration records (MARS). We looked at the transition plans of a person who had recently left the service and the transition plan for a person who moved into the service during our inspection.

We reviewed four staff recruitment files, the induction process for new staff, training and supervision records and quality assurance audits. We also looked at the provider's policies and procedures, maintenance records, staff rotas between February and April 2016 and complaints records. During the inspection we spent time observing staff interactions with people.

Following the inspection we spoke with another health and social care professional.

This service was last inspected on 22 April 2014 when no concerns were identified.



# Is the service safe?

## Our findings

Without exception people told us they felt safe living at Wavelly house and were supported by staff who they trusted. One person told us, "Sometimes people try to take advantage of me and they (staff) look out for me." This person told us how staff supported them effectively to ensure they were protected from abuse, while maintaining and promoting their independence. A visiting health professional told us, "The staff here are very good at raising concerns about (person using the service) well-being and whether more support is required." A visiting relative told us, "For the first time in a long time I feel (their loved one) is in a safe place surrounded by staff who will look after him and protect him. I feel so relieved that he is now getting the right support."

Staff had completed the provider's required safeguarding training and were able to recognise the different types and signs of abuse. Staff understood their role and responsibility and knew how to report abuse and protect people from harm. The provider ensured staff had access to their safeguarding policy and local authority and government guidance about preventing abuse, recognising signs of abuse and how to report concerns in a timely manner. Staff knew the external agencies from which they could seek support when reporting and discussing safeguarding concerns. People were protected from the risks of abuse because staff were trained and understood the actions required to keep people safe.

Since our last inspection there had been two incidents which had been referred to the local safeguarding authority. These incidents had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance. The registered manager had reviewed and updated people's risk management plans to prevent or minimise the potential of a future recurrence.

People were supported to understand what keeping safe meant for them as individuals. Staff told us how they spent time explaining to people how to keep themselves safe. Safeguarding was discussed regularly during staff meetings and house meetings, which records confirmed.

The registered manager ensured that staff knew about and understood the provider's whistleblowing policy. Staff were confident they would be able to whistle-blow, if necessary, without fear of reprisal and that they would be fully supported by the registered manager and provider.

People were protected from harm because staff had identified risks and managed these to keep people safe. People had support plans which assessed specific areas of risk associated to their mental and physical health diagnoses and provided guidance to prevent or mitigate the risk, for example; risk assessments included detailed information about people's escalating behaviours which may challenge others or hurt themselves. Records identified known triggers to such behaviour and early warning signs to indicate when the risk to the person and others was increasing. Crisis management plans provided detailed guidance to staff about how to support people safely, while minimising risks. Staff understood the risks associated with people's individual diagnoses and knew how to support them safely.

When accidents and incidents occurred these were documented and people's risk assessments were

amended where required to prevent further occurrence, for example; we observed one person who was able to mobilise independently trip and fall to their knees. Staff immediately provided appropriate support and reassurance to ensure the person was unhurt. The person declined further medical support and was observed by staff throughout the day. We noted this incident had been reported in accordance with the provider's accident recording policy. The person's risk assessment in relation to their mobility and visual impairment had been updated to reduce the risk of a future occurrence. This incident was also recorded in the daily communication book so other staff coming on duty were made aware of the incident and change in the person's risk management plan. Staff available to support people at the time completed a reflective account of the incident to identify what they could have done differently to prevent the incident, which was shared with other staff, to reduce the risk of further incidents.

Where required, people were supported to manage their finances and protected from the risk of financial abuse. We observed transactions where staff adhered to the provider's financial management and recording processes. Each person had a record detailing evidence of all of their financial transactions, including relevant receipts, witnessed by two members of staff. People could access their money at any time and were supported by staff to ensure they were not subject to financial abuse.

There were arrangements in place to address foreseeable emergencies, such as a fire or flooding, for example; people had individual evacuation plans, which were tested regularly to ensure people and staff knew what to do in the event of an emergency. The provider had completed a business plan to make sure essential care was still delivered to people during such emergencies.

Fire drills were completed quarterly at different times to ensure that people and staff knew the action to take in order to keep safe. Fire equipment, including fire doors were checked in accordance with advice from the fire safety officer. Where people chose to smoke in their rooms guidance was provided to minimise the risk of fire, for example; by checking regularly that people had effectively cleaned their ashtray. Staff knew this information and we observed checks completed to keep all people in the service safe.

Checks completed by contractors, such as gas and electrical safety certification, protected people from environmental risks. Maintenance staff attended promptly when contacted by staff to repair damage which may cause risk to people and others visiting the service. During the inspection a water engineer completed a check to ensure the premises was safe in relation to Legionella. Legionella is a bacteria which can cause pneumonia-type illness called Legionnaires' disease and a mild flu-like illness called Pontiac fever. Premises and equipment were maintained effectively to ensure people were safe.

The registered manager completed a daily staffing needs analysis to ensure there were always sufficient numbers of staff with the necessary experience and skills to support people safely. The registered manager told us there were two staff vacancies and were in the process of completing the recruitment process to fill these. Staff told us there were enough staff to respond immediately when people required support, which we observed in practice. Senior staff told us that when people's mental health deteriorated and they required increased support then staff either worked overtime to support colleagues or further staff were called in from other services within the provider's care group. People benefitted from the consistency and continuity of care and support provided by staff who knew how to protect and keep them safe.

Staff had undergone pre-employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Prospective staff underwent a practical assessment and role

related interview before being appointed. One person told us they were given the opportunity to take part in the selection process of new staff, which was confirmed by recruitment files reviewed. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider and people using the service.

People received their medicines safely, administered by staff who had completed safe management of medicines training and had their competency assessed annually by the registered manager. This was confirmed by staff and their training records.

Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects. During our inspection we observed one person accidentally dropped their medicine tablets on the floor. Staff dealt with these tablets in accordance with the provider's policy in relation to damaged medicines. People received their medicines safely in accordance with their medicine management plans.

Where people took medicines 'As required' there was guidance for staff about their use. These are medicines which people take only when needed. People had a protocol in place for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds. People's medicines were managed safely.

There was appropriate storage for medicines to be kept safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

People had medicines risk assessments to manage the risks associated with the use of their medicines. One person was being supported to self administer their medicines as a step towards their goal of independent living. We observed staff support this person with their medicines in accordance with their medicines management plan. People's medicine administration records (MAR's) had been correctly signed by staff to record when their medicine had been administered and the dose. Medication Administration Records (MAR) were kept for each person. These were all signed appropriately with no gaps. Medicine stock levels were monitored and recorded on a daily basis by the member of staff administering medication. Medicines were also checked weekly by staff. A monthly audit of medicines was carried out to ensure they were safely stored and administered.

## Is the service effective?

### Our findings

People told us the staff were very understanding and supportive, particularly in relation to their mental health needs. One person told us, "They (staff) have had training about my needs and are aware of my moods and how to support me if I am upset."

Relatives made positive comments about the registered manager and the staff's capabilities to support their loved one, especially if they were experiencing a personal crisis. One relative told us, "The change is remarkable, the way they have got (their family member) talking about things and opening up to them is fantastic."

Staff completed an induction course based on nationally recognised standards and spent time working with experienced staff. During this time they shadowed experienced staff to learn people's specific care needs and how to support them. Shadowing is a process where new staff partner an experienced colleague as they perform their role, which demonstrates what is expected of them. This ensured new staff had the appropriate knowledge and skills to support people effectively.

Staff were required to complete an induction workbook called the 'Role of the recovery worker' to demonstrate their full understanding of their role, which was signed off by the registered manager. Staff told us they had received a thorough induction that gave them the skills and confidence to carry out their role effectively. The registered manager had reviewed the induction programme to link it to the new Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve.

Records showed that the provider's required staff training was up to date, including safeguarding people from abuse, medication awareness, the Mental Capacity Act 2005, fire safety, food hygiene, infection control and emergency first aid. Staff also underwent further training specific to the needs of the people they supported, for example; in relation to supporting people's well-being and mental health needs. This ensured staff understood how to meet people's support and care needs. The registered manager reinforced training messages during team meeting and held regular quizzes for example; the most recent subject was infection control, which was linked to the recent audit findings. Training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively.

People were supported effectively by staff who were enabled to do so by the provider's supervision processes. There were documented processes in place to supervise and appraise staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help staff develop in their role. Staff told us they had formally recorded one to one supervision meetings with the registered manager every two months, which records confirmed. Where staff had not received a recent supervision we noted there were valid reasons, for example staff leave or illness. Staff told us they also spoke with the registered manager daily and felt they were "well supported" to enable them to carry out their role effectively. The provider's psychologist also provided staff with the opportunity to discuss reflective practice in one to one meetings. Reflective practice is simply learning from experience,

taking time to think about what you do to improve the way you work.

Where people lacked capacity to make specific decisions, the home acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The 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. The service was working within the principles of the MCA, for example; one person with a diagnosis of schizophrenia which was currently in remission had begun to present with symptoms consistent with them experiencing dementia. Staff had raised issues regarding the person's capacity to make specific decisions relating to living at Wavelly House, imminent medical procedures and their personal finances. The registered manager had arranged a meeting with all relevant health professionals, including the person's psychiatric nurse and social worker to assess the person's capacity and contribute towards a decision in the person's best interest. This showed that the registered manager had understood the MCA, had abided by its principles and protected the person's human rights.

Staff had received training in relation to the Mental Capacity Act 2005 (MCA) and were able to explain the main principles. Staff understood the importance of giving people choice in the support they received, and observed staff always sought people's consent before providing any support. People were supported to make their own decisions where appropriate, in accordance with the MCA.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. At the time of the inspection the service had no applications or authorisations in place. However, the registered manager knew what action to take if required to ensure people's human rights were recognised and protected.

People were able to prepare and cook their own meals with identified support from staff. People told us they were able to choose what they wished to eat but were encouraged by staff to eat a healthy balanced diet. There were highly visible posters displayed in the kitchen which provided recognised dietary guidance from the NHS to assist people to make healthy choices. Staff provided support to people, when needed, to complete shopping lists to identify the fresh ingredients for the meals they preferred. One person told us, "I can make beans on toast which I like but need help for more difficult things." People's nutrition plans detailed the support people needed to prepare their own meals, for example; how to support one person who had a visual impairment to reduce the risk of scalding. Staff knew the different support each individual required in food preparation, which we observed was provided in practice. People were supported to live independent lives and therefore chose to eat at different times to suit their daily lives. We observed people were supported to consume sufficient nutritious food and drink to meet their needs.

People were able to manage their own healthcare needs with identified support from staff. Records showed that people had regular access to healthcare professionals such as GP's, community psychiatric nurses, psychiatrists, opticians, dentists and occupational therapists. Each person had an individual health action plan which detailed the completion of important monthly health checks. On the day of our inspection one person had an appointment with their optician. A person told us, "I know when I am becoming ill, but they always ask me if I want them to call the doctor." A relative told us how they were reassured because staff took prompt action if their family member's mental health had deteriorated, including the provision of emotional support and referrals to the relevant mental health professionals. A psychologist attended the service regularly to meet with people when they requested support to assist them with their mental

wellbeing. People were supported to maintain their health and welfare.

## Is the service caring?

### Our findings

People told us staff always treated them with respect and kindness, which we observed in practice. One person told us, "I am quite independent and don't need lots of help but they are always there for me when I need them. They are like my family." Relatives told us that staff were caring and compassionate while supporting their family member. One relative told us, "The staff are very good at speaking to people here and you can see there is a lot of trust and respect between them." A mental healthcare professional told us, "The staff always have people's best interest at the heart of what they do and are always willing to support them in their chosen recovery plans."

We observed that people were relaxed and happy in the company of staff and chose to spend time with them. Staff were supportive and caring to people and had developed positive relationships with them based on mutual trust and understanding. People engaged in meaningful conversations with staff about what they had been doing and their general wellbeing.

We observed staff spoke with people in a thoughtful and considerate way to enquire how they were. At one point we observed a person wandering around in the kitchen, looking lost and confused. A staff member spoke with them compassionately, which made the person smile and engage in humorous banter together, whilst they made a cup of tea.

One person told us, "I like the staff because you can have a laugh and a joke but you know they are there for you if you need them." Another person said, "I am trying to stick to my treatment plan but sometimes I have a lapse. The thing I like is that I can tell them (staff) the truth and can talk to them about it because I know they care about me and what's best for me and won't judge me."

Staff knew about people's needs and risk assessments, together with their hopes and aspirations for the future. They were able to tell us about the personal histories and preferences of each person they supported. Staff understood people's care plans and the events that had informed them. Staff spoke fondly about people and knew their individual aims for their long term recovery and independence. Staff spoke with passion about the challenges people faced and how they supported them to overcome them and achieve their personal goals.

People were comfortable speaking with all staff who knew them as individuals, were caring in their approach and made sure their health and wellbeing needs were met. When people wished to discuss sensitive, personal matters with staff they did so in private. Staff had discussed sensitive issues with people, for example; personal relationships and adherence to service rules. These conversations had been treated with strict confidentiality, while ensuring people received the necessary support to ensure their well-being.

Staff spoke passionately about respecting people's rights and supporting them to maintain their independence and make choices. Staff described some of the work they had done with people to develop their independence. For example, responsible consumption of alcohol whilst managing their medicines.

When people were distressed or upset they were comforted staff who recognised and responded appropriately to their needs, in accordance with their support plans. Staff knew how to comfort people who were in distress or were feeling particularly anxious owing to their mental health diagnoses.

People were supported to keep in contact with their family and friends and maintain relationships that were important to them. On the day of our inspection one person was visited by a friend who took them for a meal at a local restaurant. On their return they were very happy and told us, "I'm all chewed out, I had the mixed grill." We spoke with the friend who was a retired member of staff who had chosen to remain in contact with the person. They told us they enjoyed visiting the person and enjoyed now being able to maintain their friendship.

People told us about a friend who had recently moved from Wavelly House to another service. We noted how people at the service had been supported to make good luck cards and posters for this person and how they were supported to keep in touch. Staff were aware that some people did not have immediate family and therefore relationships within the service assumed more importance for some individuals.

Visitors were welcomed to the service and there were no restrictions on times or length of visits. A visiting relative told us, "The staff are so supportive but are always encouraging (family member) to become more and more responsible and independent. They have got the balance between helping people to be independent whilst remaining available to support them just right."

People told us they were encouraged to be as independent as possible. One person told us, "There are rules here but I can come and go as I please and they (staff) are really good at letting me live my life the way I want." Health and social care professionals, social workers and relatives told us the staff worked closely with families and kept them fully involved in people's care as required.

People were supported to express their views and to be involved in making decisions about their care and support. Where people had requested their relatives to be involved, these wishes had been respected. Records showed people were regularly asked if the support they were receiving was meeting their needs or if changes were required. Staff were able to explain how they supported people to express their views and to make decisions about their day to day care, which we observed in practice.

People were treated with respect and had their privacy and dignity maintained at all times. Staff were able to demonstrate how they ensured people's needs were met whilst maintaining their privacy. We observed staff would always knock on people's doors and await a response before entering or speaking with the person. We observed staff knock on one person's door several times with no reply. Two staff then returned to knock on the door and explain they would enter shortly if no reply was received to ensure their safety and wellbeing. This person later told us they had not opened the door originally because they were worried that they had not adhered to their treatment plan, but were now relieved they had been honest and shared their concerns with the staff. We noted staff had arranged for a meeting with the person, staff and the community mental health team to discuss these circumstances.

The home had information about local advocacy services and had made sure advocacy was available to people. Two people told us they had discussed being supported by an advocate but had chosen not to have one at that time, while another wished to have more time to consider their decision. These decisions had been recorded within people's support plans.

People had been supported to ensure their wishes about their end of life care had been respected and documented accordingly. Care plans provided personalised information for people regarding the support



they required and their wishes for their funeral arrangements. People's end of life plans were treated as live documents and were added to incrementally, for example; one person had initially only described the type of funeral they wanted, which had then been amended to include other wishes such as music to be played and people they wished to be informed and attend their funeral. Staff were aware of people's end of life care plans and the need for maintaining the person's privacy and dignity at all times.

## Is the service responsive?

### Our findings

People who were considering moving into Wavelly House were invited to visit the service first. This enabled people to make a decision as to whether it was the right place for them. The registered manager completed an assessment with the person and their family, where appropriate, to ensure the service could meet their needs.

Once people were living at Wavelly house they were supported by staff to create their own support plans, which were referred to as recovery plans. People's support plans and assessments were person-centred, which means they were focussed on the individual, their needs and wishes. One person told us, "I have my own plans which tell them (staff) what I want to do and how to support me to live my life my way."

Relatives told us they had been involved when appropriate in developing people's support plans and were regularly updated and involved in reviews. A relative told us, "I feel really involved in (loved one's) treatment and recovery plans. The staff are always talking to me about things and asking my opinion."

People's individual support plans were reviewed monthly or more frequently when people's health or needs changed. This meant that staff provided support to people based on the most up to date information. The provider ensured that people's support plans were tailored to meet people's individual and changing needs through a process of regular review and evaluation, which records confirmed.

Staff were attentive to people's needs and we observed them respond promptly when required to support people effectively, in accordance with their support plans. Relatives told us staff responded where required, before people became distressed. One relative told us, "The staff know when (their family member) is having a bad day and what to do to help them feel better." People and relatives told us they were impressed with the way staff anticipated situations due to the knowledge of people and provided the appropriate level of support at the right time.

People were supported to enjoy activities of their choice. One person particularly liked animals and flowers. They enthusiastically told us how staff had arranged a trip to a local zoo park and a large public garden. Other people enjoyed visiting the seaside and we saw day trips had been arranged to Bournemouth and the Isle of Wight.

Support plans detailed people's goals they wished to achieve in the short term and long term with a view to being able to live independently in the community, for example; one person's short term goal was to be able to talk openly about their mental health issues and express their feelings. A visiting mental health professional made positive comments about the support provided by staff who had gained the person's trust and confidence to discuss their feelings.

People were encouraged to think about skills and knowledge they could develop to achieve their goals, for example; one person identified they wanted to get a job. This person told us they were proud to be selected to work in a local furniture project. They told us how staff had supported them to create their own resume

and to complete their job application for this post. Staff supported people to seek and prepare applications for work opportunities.

People had identified goals to promote their independence in relation to their personal hygiene and keeping their individual rooms clean and tidy, which were recorded in their support plans. We observed staff assisting people in accordance with their support plans, whilst they completed their own laundry and cleaned their rooms.

People were supported to follow their interests and take part in social activities, for example; one person enjoyed watching horse racing and visiting the local betting shop. The staff had completed detailed risk assessments in relation to this activity to ensure the person was protected from financial abuse, whilst maintaining their independence and respecting their lifestyle choice. The person told us, "I've done it all my life and I meet my friends there. I enjoy it and I only spend a few coppers here and there."

The registered manager and staff recognised the need for people to participate in activities to help prevent them experiencing social isolation. All people living at the home were encouraged to participate in a range of activities that were available within the service or at external locations.

People were encouraged to visit the provider's other services and participate in social events. This was reciprocated by people and staff at Wavelly House, for example; people from other homes within the provider's care group were invited to participate in their bar football competition.

Feedback was encouraged from people and family in the form of regular discussion and communication. Staff told us the registered manager was approachable and willing to listen to their suggestions. Relatives told us the registered manager always sought feedback whenever they visited the service.

Records documented people had individual monthly meetings with their keyworker to discuss how they were feeling and progress in relation to achieving their goals. A key worker is a named member of staff that is responsible for ensuring people's care and support needs were met. This included spending time with them and supporting them with activities. Staff took action in response to issues raised, for example; arranging new activities such as bowling and supporting people to purchase new furniture. The registered manager also sought feedback from people and staff in regular residents and staff meetings. We noted that two people had recorded that they did not wish to attend resident meetings. The registered manager spoke with these people in private to discuss issues raised in the meeting and anything they wished to discuss.

The provider had a complaints policy, which was readily available to people in a format of their choice within their support plans and highly visible in prominent positions within the service. People were actively encouraged to raise concerns or complaints. People and relatives told us they knew how to make a complaint and felt comfortable to do so if required. The registered manager had recently introduced a post box which people could use to raise concerns, complaints, feedback or compliments anonymously. Since the last inspection there had been four complaints which had been recorded, acknowledged and investigated in accordance with the provider's policy.

The registered manager assured people received consistent personalised care when they moved between different services, for example; one person had recently moved to another service due to a change in their needs. We reviewed this person's transition plan and saw details recorded explaining how staff were deployed to support the person to settle in their new home. This person's relative praised the registered manager and staff for minimising the emotional distress caused to their loved one during this transition.

During our inspection a person moved into the service. This person and their relative told us how the

registered manager and staff had provided compassionate support to them at a time of great emotional distress.

People were supported by staff for health appointments and had 'hospital passports' already prepared. These 'passports' contained all the relevant information required by health professionals to ensure their needs were met if they were transferred to another service.

## Is the service well-led?

### Our findings

There was an open and transparent culture within the service. People, relatives and staff were able to raise any issues or concerns with the registered manager. People told us the registered manager was approachable and always made time to listen to them and take action when required. One person told us, "She (registered manager) is always there when I need to talk to her. If I've got a problem I speak to her and she sorts it out." One member of staff said, "Although she has lots of experience she will always listen if people have a different point of view or new ideas." Another staff member said, "The manager knows everyone here and is passionate making sure they receive the best support possible." The registered manager told us, "I have an excellent team who support one another well. I really trust and value their opinions, especially when it comes to supporting people here." The mutual respect and understanding shared by the registered manager and staff had created a good team spirit.

The registered manager and management team were highly visible within the home and provided clear and direct leadership. We observed the registered manager, worked shifts as part of the rostered staff team, which rotas confirmed. The registered manager told us this gave them the opportunity to observe the support provided and seek direct feedback from people and staff. Staff told us the registered manager had created a transparent culture within the home, where people and staff felt safe and confident to express their views. The registered manager promoted a positive, inclusive environment within the home which was centred on people's needs, independence and choices.

Health and social care professionals told us they experienced good communication with the registered manager and staff who were always open and honest. Relatives told us whenever they contacted the home staff were always friendly and knew what was happening in relation to their family member. A healthcare professional told us the registered manager and staff had achieved remarkable progress supporting one person by effectively implementing their advice and guidance.

People were actively involved in developing the service. Records showed that ideas had been discussed at staff and residents meetings, for example; a table football game had been purchased to provide entertainment and a focal point for those who wished to meet other people.

The provider's values, which were published on their website, were evident throughout the service, and were clearly understood and supported by staff. One staff member told us, "The main one is all about taking people as they are, seeing the person and not their diagnosis. We work with them to support all aspects of their well being." Another staff member told us, "We treat everyone with dignity and respect and make them feel safe from discrimination and harassment caused by other's ignorance of mental illness." We observed staff support people in accordance with the provider's values during their delivery of people's day to day care and support.

The registered manager was aware of the main challenges to the service. These included the recruitment of staff if care and support for more people was commissioned, and provision of support for people who had been settled in the service with their transition to more suitable care provision. We saw documents that had

identified these areas for concern and plans to address these when required.

Incidents and accidents were recorded and responded to appropriately by the registered manager. Records demonstrated that adverse incidents and near misses were investigated and where necessary action was taken to prevent a further occurrence. The registered manager was assessing and monitoring incidents and accidents to identify action required improve the quality of the service. The provider had online system which the registered manager used to analyse trends and themes. At the time of our inspection this system was offline awaiting repair by a computer engineer. We reviewed documents which confirmed the provider had used this system effectively to identify any actions required to be taken.

The registered manager operated a system of regular audits to assess and monitor the quality of the service provided and to identify and plan required improvements. The provider also completed monthly compliance audits and an annual survey to monitor the quality of the service provided. People who chose to complete the survey and relatives had made positive comments in the provider's survey about the home and any identified areas for improvement had been subject to action plans, which had been completed, for example refurbishing the kitchen and bathrooms. The provider and registered manager produced an annual service improvement plan and business continuity plan which addressed any areas for improvement identified through the various audits.

The registered manager was supported by the provider's area director who also assessed and monitored their performance. The registered manager demonstrated they were driving continuous improvements in the quality of service provided to people at Wavelly House in their weekly reports to the area director. The area director conducted regular checks on staff performance and service quality through unannounced day and night visits. These visits confirmed at first hand that improvements had been made where necessary and that the provision of a quality service was sustained.

The registered manager and staff worked closely with health and social care professionals and other agencies to achieve the best care for the people they supported. The service had a good relationship with the other health and social care professionals, who had been kept well informed regarding any concerns or issues raised by the registered manager and the provider's psychology professionals. The service worked well in partnership with other agencies, particularly the community mental health team.

People's needs were accurately reflected in detailed plans of care and risk assessments, which were up to date. Support plans and risk assessments were kept confidentially and contained appropriate levels of information. People's and staff records were stored securely, protecting their confidential information from unauthorised persons but remained accessible to authorised staff. Processes were in place to protect staff and people's confidential information.

The registered manager understood their 'duty of candour' responsibilities. The 'duty of candour' is the professional duty imposed on services to be open and honest when things go wrong. Senior staff were able to describe under what circumstances they would follow these procedures.