Well House Care Sussex Ltd

The Well House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Well House is a residential care home providing support and personal care to up to 14 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were nine people using the service. The home was separated into three buildings, the main house where five people lived, the annex where three people lived and one building for one person.

People's experience of using this service and what we found
Risks to people were not always effectively assessed and managed. Where people had specific health needs which may put the person at risk, guidance and risk assessments were not always present or clear. Government guidance around infection control was not always followed. There were enough staff to support people safely, however improvements were needed to the recruitment process to keep people safe. Medicines were not always managed safely.

Quality assurance and risk management processes required improvement. Audit processes were not effective in identifying improvements needed at the service. Actions needed to improve the service were not recorded or monitored. The culture of the staff team was person focused and staff were kind and caring towards people. Staff worked well with professionals to ensure people received appropriate support. People and staff were given regular opportunities to feedback on the home.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well led, the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence.
Although we saw that people were offered choices throughout the day and supported to make their own decisions, the processes around mental capacity and decision making were inconsistent. Some people who had restrictions to keep them safe, had not had their mental capacity assessed to see whether they could have made this decision for themselves. We saw staff had supported people to be independent in aspects of their day to day lives. People's bedrooms were unique to each person and we saw that people had been consulted about where they wanted to live. People told us they were able to do and choose how they spent their time, one person told us, "I like it here because I get to do what I want."

Right care: Care is person-centred and promotes people's dignity, privacy and human rights
Staff treated people as individuals.

Staff supported people in a person-centred way. Staff knew people well and understood how to communicate effectively with each person. Staff spoke to people in a dignified and respectful way and enjoyed making people laugh. Information included in people's care plans was individual and included what was important to the person. Relatives were positive about their loved ones' experiences of the home. One told us, "[Person] isn't able to say if they're happy at the home, but when we ask, [their] face lights up and they shout yes." People were supported by staff to have regular visitors and staff supported people's relationships with their friends and family.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.
Whilst improvements were needed at the service, the management team led with a caring and affectionate attitude. The ethos of the service was family orientated and we saw that people were comfortable and enjoyed where they lived. Relatives told us, "I can tell [person] is happy because of how they relate to me about the staff, they truly love them." And "The staff are so friendly, you really feel it when you walk in there."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for this service was good (published 10 December 2020).

Why we inspected
We undertook a targeted inspection to follow up on specific concerns we had received about the service. The inspection was prompted due to concerns received about infection control measures and staffing. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with infection prevention and control so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment relating to risk management and infection control and governance relating to quality assurance processes at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Well House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector on the first and third day and two inspectors on the second day. After the first day, we waited until the outbreak of COVID-19 had ended to return for the second day. We returned on a third day because we were unable to access documents we needed to see.

Service and service type
The Well House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The first and second day of this inspection was unannounced. The third day of the inspection was announced to ensure that the documents would be ready for us to look at.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During the inspection we spent time with people living at the home. We spoke to three people about their views of the service and observed interactions between people and staff. We spoke with seven members of staff including the registered manager, deputy manager, senior support staff and support staff. We spoke to five people's relatives over the phone. We reviewed a range of documents relating to people's care such as support plans and medicines records. We looked at governance and assurance processes, records relating to the management of the service and staffing.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We reviewed records relating to people's mental capacity and support needs. Where we had raised issues in recording, we received updated documents that showed our feedback had been acted on.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's risks were not always effectively assessed and managed. People's risk assessments had not been regularly reviewed or updated and some risk assessments were missing. For example, one person who had bed rails did not have a risk assessment to consider and record any risks and ensure safe use of these. Another person did not have a risk assessment for epilepsy, this person experienced regular seizures.
- Guidance for how staff should safely support people living with epilepsy, if they had a seizure was not always clear. Whilst the impact of this was reduced as staff knew people well and how they should spend to the person's seizure, agency staff were also being used who may not be as familiar with people's support needs.
- People's care plans were not always clear on how to support people safely. For one person who was at high risk of choking, guidance on how to support the person to eat safely was not clear and instructions for staff were contradictory. This meant the provider could not be assured staff would support this person in a safe way.
- People's personal emergency evacuation plans (PEEPs) were not up to date and did not hold the correct information for which building the person's room was in. This was addressed with the registered manager on the second day of inspection and we received confirmation that these had been updated after the inspection.

The provider had failed to provide safe care and treatment to people, including failing to assess and mitigate risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- On the first day of our inspection, staff were not wearing personal protective equipment (PPE) in line with government guidance. Staff were not wearing face masks unless supporting people with personal care. This included whilst the home had an outbreak of COVID-19. This put people and staff at risk of harm. The registered manager told us this decision had been made in order not to increase people's anxiety and to enable effective communication between staff and people. This decision had not been evidenced or risk assessed.

The provider had failed to assess the risk of, and preventing, detecting and controlling the spread of infections. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We wrote to the provider after the first day of our inspection to request assurances around the safety of staff and people using the service. We received confirmation that staff would be following government guidance in relation to PPE from that day. When we returned on the second day of inspection, we saw that staff were wearing face masks correctly.

Staffing and recruitment
● Recruitment processes did not ensure staff were recruited safely. There were gaps in staff's employment records and no evidence that these gaps had been explored through the interview process. When concerns were identified, appropriate risk assessments had not been completed. Appropriate risk assessments were completed after the inspection.
● The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
● We identified that improvements were needed to ensure staff were recruited safely.

● There were enough staff to keep people safe. Although there had been staffing shortages, recruitment was ongoing, and shifts were covered by staff doing extra shifts or agency staff.
● People were often involved in the recruitment of staff. One person told us how much fun they had interviewing people and making sure they would be suitable to support people living at the home.

Using medicines safely
● Medicines were not always managed safely. Guidance staff needed to administer people's medicines safely were not always up to date. For example, for one person whose dose of a medicine was determined by the results of a blood test, the up to date results were not included in the person's medication administration record (MAR). We received confirmation after the inspection that the blood test had taken place and the results were now with the MAR.
● Some people had medicines prescribed to be taken as needed (PRN). PRN protocols to guide staff on when the person should receive this medication were inconsistent and did not clearly detail how staff would know whether the person needed that medicine. We saw evidence that people received their PRN medication when they needed it, but guidance for staff needed to be clearer.

● The registered manager had implemented a system to reduce the chance of medicine errors occurring. Two members of staff administered medicines together. One staff member told us, "Two staff sign for medicines to reduce human error, it safeguards people and us, the staff."
● Staff had worked closely with the diabetic nurse to support a person to administer one of their medicines independently. Guidance around how staff should support this person was clear.

Systems and processes to safeguard people from the risk of abuse, Learning lessons when things go wrong
● People's relatives were confident that their loved ones were safe. One person's relative told us, "Staff do an amazing job with [person]. We are absolutely comfortable that [person] is both safe and really happy."
● Staff were aware of the signs of abuse and understood safeguarding procedures. One staff member told us, "We've had training in safeguarding, and I know what to look for. I would tell the manager if I had concerns and I know they would do something. If I thought they weren't going to, I would tell CQC."
● Safeguarding concerns were appropriately reported to the Local Authority and the Care Quality Commission.
● Staff told us that lessons were learned when things went wrong. One staff member told us, "If something goes wrong, we are all told if we need to be. For example, if there's something we need to know to make

sure it doesn't happen again, the information goes everywhere. It goes on our board, on the client log, in the handover file and the staff memo file. Communication is really good. It's also in people's daily records."

● Accidents and incidents were regularly reviewed for trends and themes. Action had been taken by staff when needed to prevent incidents from happening again.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant quality assurance processes were not effective.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- Quality assurance processes and monitoring of risk management required improvement.
- Issues that we found during our inspection were not identified by the provider's auditing processes. For example, people's care plans and risk assessments had not been regularly reviewed. Care plan audits had been completed but these had not identified that people's documents needed to be updated. Staff we spoke to told us they were aware the care plans were not up to date.
- Medication audits did not identify the issues we found with medicines records. For example, people's PRN protocols did not provide clear guidance on when staff should administer people's medicines. The medication audits did not identify that up to date blood results were not recorded in one person's MAR. When we first asked where the results were, staff were unable to find them.
- The fire safety audit which was completed monthly had not identified that people's PEEPs were not up to date.
- Some audits had not been completed since December 2021. The management team were not sure why these audits were missing.
- The principles of the Mental Capacity Act (MCA) were not consistently embedded into practice. Deprivation of liberty safeguards (DoLS) had been applied for people who had restrictions, but not everyone had mental capacity assessments and best interest decisions to support this. The management team were initially unable to find people's mental capacity assessments and best interest decisions, these were sent to us after the inspection.
- People who were at risk from dehydration and malnutrition had their food and fluids recorded by staff. These records had multiple gaps and there were no systems in place for checking staff had completed these correctly. There was no outcome recorded of action taken if the person did not reach their target fluid limit.
- Although there was an improvement plan for improvements needed at the service, this had not been updated since 2019 and was not reflective of current issues at the home. The management staff told us some of the issues they were aware of and needed to improve, but this had not been recorded in a measurable way.
- The management team had not identified issues around recruitment. This included the provider's responsibility to ensure that people were recruited safely.

The provider had failed to assess, monitor and improve the quality and safety of the service. The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● Throughout the inspection process, the management team were responsive when we raised issues with them and were open to ideas on how to improve.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The atmosphere at the home was calm and friendly. We saw that people were happy around staff and went to them for affection and reassurance. Staff responded to people with warmth and provided comfort to people. One person told us, "Staff are perfect here. They support me and I'd never want to leave."

● We saw that people were encouraged to do things independently and received praise from staff. Staff knew people well and what people were capable of. Staff celebrated people's strengths and achievements.

● Relatives were positive about the culture of the service. One told us, "I used to worry about [person] all the time, since they've been at the Well House, they have their own lives, they're more independent and now I don't worry about them." Another said, "The home just feels so lovely."

● Staff communicated with people in a way they understood. We saw staff using Makaton (a sign language) and individual signs and words specific to that person. Staff listened to people and spent time with them.

● Staff spoke warmly and positively about people they supported. One told us, "The people we support are such amazing human beings it's a privilege and honour to work with them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● Relatives told us that they were told about all incidents. One person's relative told us, "Staff always keep us informed, when [person] has a seizure or when [they] have had a fall for example."

● Statutory notifications were submitted appropriately by the provider to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others

● We saw that staff meetings had taken place where staff discussed practices and procedures and how to improve things for people. Staff told us they could give their views to the management freely and felt listened to.

● Staff held regular meetings with people and asked people to feedback about the care they received. Where people suggested new activities, these were facilitated by staff. We saw that people were involved in making decisions about the home, for example, two people told us they were helping with the online shopping today to pick food for the week ahead.

● The registered manager made referrals to health professionals when needed, for example the speech and language therapist (SALT) and worked in partnership with health professionals.

● Visiting professionals were positive about the home. One told us, "People are treated with respect and genuine care and concern. People are encouraged to participate in activities and to get the most out of life. The interests of people are pursued and focused on."

● Staff had worked in partnership with the diabetic nurse in order to ensure that people living with diabetes managed their medicines safely and were as involved as possible with the management of this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess the risks to the health and safety of service users of receiving care or treatment. The provider had failed to assess the risk of, and preventing, detecting and controlling the spread of infections. Regulation 12 (2) (a) (h) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service. The provider had failed to access, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) 2014.