Bournemouth Borough Council

Wallfield

Inspection Report

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Summary of findings

Overall summary

Wallfield is a care home for up to 14 adults with learning disabilities. Two beds are used for respite services and 12 for permanent placements. On the day of our inspection visit there were twelve people living at the home and no people receiving respite care. There was a registered manager in post who was present for part of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law like the provider. The registered manager is also referred to as 'the manager' throughout this report.

People told us they were happy living at the home and they felt the staff met their needs and were kind and caring. Staff knew people well and were able to communicate with people in a range of ways depending on people's needs.

There were up to date and relevant care plans in place for people that reflected their individual needs. People were actively involved in care planning and in all decisions about their care. The home's staff involved other professionals, families and advocates where appropriate. We saw that staff understood people's care and support needs, were interactive, kind and friendly towards them and treated people with dignity and respect.

A range of activities were offered to people either in groups or on an individual basis. People were given the opportunity to provide feedback on the activities and were happy with the range of activities provided. Staff were skilled at communicating with people who used non-verbal forms of communication so they could interpret which activities people enjoyed and whether or not they wanted to join in or repeat activities.

We found that staffing levels were adequate to meet people's needs and the manager had an effective system in place to plan this in advance.

The home was meeting the requirements of the Deprivation of Liberty Safeguards. People's human rights were properly recognised, respected and promoted. Staff had a good understanding of mental capacity and consent and how this affected people who lived there.

There were suitable procedures in place to ensure that medicines were stored, handled and administered safely.

The home was well run and there was an open culture in the home. Staff and people living in the home said they could speak to the manager if they had any concerns and felt involved in the running of the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe because the home had systems and processes in place to protect people from unsuitable staff. For example, the recruitment procedures included face to face interviews, references and criminal record checks being undertaken prior to them starting work.

People who used the service told us they felt safe living at the home. They said “I like it here” and “I really like my key worker because they are nice.”

Staff were trained in safeguarding, whistle blowing and the Mental Capacity Act 2005. They showed a good understanding of these topics and this was reflected in people’s care plans and risk assessments. The home had processes in place to monitor incidents and learn from them.

They also received training in medicines management and only those trained and deemed as competent were able to administer medicines. There were processes in place to ensure medicines were handled safely and we saw records to show these worked in practice. This meant people living at the home were protected against the risks associated with these areas. We found one medicine where the home’s records did not match the doctor’s prescription. The person had been given the medicine, which was an ‘as required’ medicine, once since moving into the home. The manager agreed the guidelines should have been more accurate but felt no harm had come to the person because the medicines had not been needed. The manager stated she was planning to have the medicine reviewed by the GP as the person no longer needed it.

Are services effective?

The service was effective because people had their needs assessed and the staff understood what people’s care needs were. People were involved in decisions about their care and encouraged to be as independent as possible. People told us they were involved in decisions and they felt listened to.

We found care records were detailed, up to date and regularly reviewed. Social workers attended review meetings, as did close relatives and key workers. People were enabled to be involved because there was pictorial and ‘easy read’ documentation and staff understood their individual communication needs.

Summary of findings

Effective systems were in place to support people with their healthcare needs and other professionals were involved if appropriate. For example we saw that some people had been referred to speech and language therapists.

Are services caring?

The service was caring because people told us they liked living at the home. They said things like, "I really like it" and "I feel happy here". We observed that staff treated the people using the service well and supported them in a way which was respectful and kind. People told us staff were kind to them and listened to them.

There was a relaxed and friendly atmosphere in the home. Some of the staff and people who lived there had been at the home for many years and built good relationships. We also saw that a new person had settled in well and their relative commented on the good relationship they both had with the staff and management. We noticed that staff communicated well with everyone living in the home. They were particularly skilled at communicating with people who used non-verbal forms of communication, such as Makaton (a sign language which can be personalised for the individual using it). People looked happy and responded positively when staff interacted with them.

Are services responsive to people's needs?

The service was responsive to people's needs because people had personalised care records that had been written in collaboration with the person and their key-worker. They were produced in easy read and pictorial formats and were reviewed and updated as changes occurred. We saw some good examples documented on how the service responded to people's changing needs. For example, the health care needs of people who had lived there for a long time had changed over time. We saw this was reflected in their care plans and support was given which reflected these changes.

Staff had been trained in the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. There was evidence that this training was effective in responding to people's needs. Staff we spoke with showed a good understanding of the issues around consent and capacity and appropriate documentation was in place where necessary.

We found that concerns and complaints were encouraged. People told us they could talk to the manager or their key worker if they had any concerns. A relative we spoke with also said they would not hesitate to speak to the manager if they were concerned.

Summary of findings

We looked at records and found people were given the opportunity to express their views in 'resident' meetings, quality assurance questionnaires, complaints processes and daily discussions with staff and these concerns were responded to. There was an open and relaxed culture in the home. Visiting professionals told us staff responded to people's requests, for example, in relation to activities.

Are services well-led?

The service was well led because there was a registered manager in post who was present on the day of our inspection and had suitable arrangements in place to ensure the service was well led at all times. Staff told us they felt well supported and "The manager's door is always open".

We saw there was an effective system in place to monitor and review the service provided. Such as; surveys, team meetings, analysis of incidents and staff supervision. Views were sought from people using the service, staff and other professionals. People who lived at the home told us they knew how to complain and we saw there were suitable procedures in place to enable this to happen. Staff said they were able to support people who used non-verbal communication to make their views known and this was confirmed by what we observed and what other professionals told us.

People living in the home told us there were always enough staff on duty to meet their needs. Staff confirmed this and we saw staff duty rotas that showed this was planned in advance and based on the needs of people living in the home.

Staff had regular one to supervision meetings with a senior member of staff and felt supported. They said they received appropriate training and records we saw confirmed this. We also saw that staff were confident and competent in supporting people, such as with moving and handling and communication.

Summary of findings

What people who use the service and those that matter to them say

We spoke with five people who used the service and one relative. People were satisfied with the care they received and felt that staff were kind and caring. People living in the home told us they had good relationships with the manager, staff, and in particular their named member of staff who took particular responsibility for them. One person said, “I like it here” and “I really like my key worker because they are nice.” This person also told us that staff treated them well and they felt respected by staff. Another person said of their key worker “I like them a lot.”

People told us staff treated them with respect. One said, “Yes I feel respected here and the staff are very kind to me.” They added “I like to talk about my problems and I try to do this with staff.” One person said staff were very gentle and caring towards them.

People told us they felt listened to and involved in decisions about their care and the way the home was run. People told us they were involved in the regular reviewing of their care plans. They said their family was up to date about their care plan and invited to review meetings. One person said “My family are aware of what is in my care plan.” Another said their key worker asked them a lot of questions about what they wanted to do and what they liked. One person told us they had someone that came and spoke on their behalf, to help them make important decisions.

People told us they had enough to do. One person said “I go to the day centre and do a lot of activities there.” Another person told us they had a job and another told us they liked to go shopping. People said they were supported to be independent. One said “I can choose what time I get up and what I want to wear” another said “I can clean my room myself”. Another said “My favourite bit of the home is helping in the kitchen and helping to wash up.”

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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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. The service was last inspected in July 2013. There were no concerns found at this inspection.

We visited the home on 7 May 2014. The inspection team included a lead inspector, an Expert by Experience, who had experience in services for people with a learning disability, a support person for the Expert by Experience and an observer from the Commission who was observing the lead inspector.

Before our inspection, we reviewed the information we held about the home. We asked the provider to complete an information return to help us decide what areas to focus on during our inspection.

On the day of our inspection, we spoke with five people living at the home, four members of care staff and the registered manager. We also spoke with one relative and two visiting professionals. We spent time observing how staff interacted and spoke with people who used the service. We looked at all areas of the building, including some people's bedrooms (with their permission), We also spent time looking at records, which included people's care records and records relating to the management of the home.

Are services safe?

Our findings

We found that people were safe because they were protected from abuse and avoidable harm.

People who used the service told us they felt safe living at the home and they could talk to staff if they had any concerns. We observed staff regularly speaking with people and asking them how they were. We saw people who lived at the home go into the office frequently and speak to staff, either to make requests or just to chat.

In the information provided to us before the inspection the manager stated that, "We have robust policies and procedures in place to safeguard our residents. Staff undertake training in safeguarding as part of the induction process and refresher training every two years. Staff were aware of their responsibility to report any concerns and how to do this." During our inspection visit we saw there were suitable policies and procedures that staff knew about and could find easily. Some policies were produced in formats that were suitable for people living in the home. For example, the copy of the complaints procedure was produced in large print and pictorial versions.

We spoke with two members of staff and they told us they had received training in safeguarding and whistle blowing. Training records we viewed confirmed this. The staff were clear about the processes they needed to follow when reporting safeguarding concerns. They were also able tell us the types of things that might constitute abuse. One member of staff described some examples such as financial and emotional abuse. They told us they reported all concerns to the manager as well as completing any appropriate paperwork. Both said they would feel able to blow the whistle if necessary. This showed that staff understood what constituted abuse and the procedures and processes in place to protect people.

People were protected by the processes in place to deal with and monitor incidents. Some people living at the home occasionally displayed behaviour that challenged others. We saw this was risk assessed and guidelines were drawn up to enable staff to support them consistently. The staff we spoke with described the support they gave to one person and this matched what was written in their plan. We saw 'contact sheets' and incident reports written about one person's behaviour. Staff told us the person they were written about read them at the end of each month and all incident records were signed off by the manager. We were told the incidents rarely occur now.

At the time of our visit none of the people who used the service were subject to Deprivation of Liberty Safeguards (DoLS) applications. The manager told us that there were no people living at the home that required DoLS applications to be made to restrict their freedom to ensure their safety. This was confirmed by staff and from looking at care records. Staff told us they had received training in the Mental Capacity Act and DoLS and understood how this affected the safety of people living at the home. For example, a member of staff described how one person lacked the mental capacity to look after their own finances so a 'best interests' meeting had been held about how to manage this. We also saw records relating to 'best interests' meetings for other people around different issues that affected them. People's care records stated the decisions people could make and those that they lacked mental capacity for. This showed that the staff understood that capacity was decision specific and meant care was personalised.

The information sent to us by the home stated "Our recruitment processes are very stringent, new employees do not commence until all necessary checks are undertaken. The council are an equal opportunities employer and we have a full interview process in place." Records we looked at confirmed that people were safe because the home followed its own recruitment procedures to ensure that prospective staff were suitable for the job. We looked at five staff files, one of which was a bank staff who worked occasionally at the home. We saw that all these staff had completed an application form, attended an interview and had provided references and information so that criminal records check could be undertaken.

There were effective systems in place to promote the safe storage, handling and administration of medicines. Records showed that medicines were checked and recorded when received into the home. Medicines were stored securely in a locked cabinet. We saw that records were well maintained and up to date with no errors or omissions. We were told that the shift leader was responsible for medicines on each shift. We were also told that only staff that had been trained and deemed

Are services safe?

competent were permitted to give medicines to people. We saw certificates and competency assessments that confirmed this. Each person had a 'medicine support plan' which clearly detailed the medicines they took, what they were for, the dosage and how it should be administered. These were personalised to each individual. We saw that one person was prescribed a medicine to be given 'as required'. There was not a detailed protocol for staff to know when this should be given and the medicine administration record dosage differed from the label on the bottle. We saw that the person had been given the medicine once, in February 2014, when they first moved in. We were told it was to help them sleep if they became agitated but they had not needed it. The manager agreed the guidelines should have been more accurate but felt no harm had come to the person because the medicines had not been needed. The pharmacy that provided medicines to the home had recently inspected, on 29 April 2014, and had not made any recommendations. Their report concluded "All in good order".

Are services effective?

(for example, treatment is effective)

Our findings

The service was effective because people's care and support was well planned, promoted a good quality of life and was based on their individual needs and choices.

People told us they were involved in decisions about their care and support and were consulted about their care planning and reviews. One person told us they felt listened to and involved in their care planning. They told us they were involved in the regular reviewing of their care plan and their family were up to date about their care plan. Another said they saw their care plan which "the staff make it easy read for me so that I understand it." They added, "My family are aware of what is in my care plan."

The staff enabled people to make choices by having pictorial and 'easy read' documentation around the home. For example, we saw that menu choices were displayed in large print and pictorial versions, as were complaints procedures and care planning documentation. We saw that people got up in the mornings and ate their meals at times of their choosing. People told us they felt listened to and involved in the running of the home. They said they attended regular "resident meetings" where they discussed things about the home. We saw that people expressed their views about the food and activities in the home and influenced the decisions made.

We observed that staff offered people choices throughout the day. They also respected people's privacy, for example, staff knocked on doors and waited before entering and were discreet when they spoke about personal things. We asked staff how people who did not communicate verbally were supported to make choices. Staff were able to describe how people expressed their wishes and we saw that communication care plans were in place for staff to follow if they were unsure.

We looked at three sets of care records. We found that care plans were detailed enough for staff to deliver appropriate and consistent care. Care plans were up to date and personalised. They were regularly reviewed and 'appropriate others' were involved in this process as well as the person themselves. For example, social workers attended review meetings, as did close relatives and key workers. We saw that care plans were produced in large print and pictorial versions, depending on the needs of the people they related to. In the home's information it stated, "All residents living at Wallfield have an annual review with a Social Worker trained in Care Management. If at any time there is a change in a resident's circumstances then a referral is made via Care Direct for a review to take place earlier." This was confirmed by the records we saw.

Care plans were written and used in a way that ensured the person received effective, personalised support to meet their individual needs and goals. For example one person's care plan detailed how independent they were so that staff could support them appropriately. Another person's care records showed a section for significant events and a chronology of safeguarding concerns. This meant the staff could look back and see if ways of working with the person had reduced such events. The records we saw showed this was the case for this person.

In the home's information it stated, "All residents living at Wallfield are registered with a local G.P surgery. They have an annual health check and medication review." Care records we looked at confirmed this. We saw that people's healthcare needs were clearly detailed and people were supported to access specialist healthcare professionals if they needed to, such as speech and language therapists (SALT), dieticians and physiotherapists. In one care plan we saw how the guidelines from a healthcare professional had been developed into a care plan that was now effective in supporting the person to eat safely. The home's information also stated, "We promote healthy eating at Wallfield and provide a good balanced diet. Choice is provided at every meal so that residents can choose what they want to eat, we have 8 residents with SALT assessments for eating and drinking and therefore soft food options are always provided on the menu." We looked at the menu planning and saw that the home's chef offered a range of healthy options for people, presented in a way suitable to their needs, for example, some people needed a soft diet and we saw this was provided for them.

Staff we observed knew people well and were skilled and confident in supporting them. We observed that people were often asked by staff how they were feeling and staff always made sure they were comfortable at all times and offered support to people.

Are services caring?

Our findings

The service was caring because we found staff were kind and friendly and treated people with respect and compassion. People who used the service told us, "Staff are kind" and "I like the staff, they always listen to me."

We spoke with four people about their care and they told us that staff offered them choices and respected their wishes. One person said "I can choose what time I get up and what I want to wear." Other people told us they were asked about their views of the home at 'resident meetings' which were held every few months. People also said they were involved in meetings with named members of staff who took specific responsibility for them. They said these staff listened to them and helped them to do the things they wanted to do.

We observed staff interacting with people who used the service. Staff showed patience and understanding and spoke with people in a respectful, dignified manner. There was a relaxed and friendly atmosphere in the home. We saw people felt comfortable and relaxed. We saw people going in and out of the office, sometimes to make requests, sometimes just to chat to the manager or administrator. We saw that members of staff spoke to people in passing; they were friendly and/or would ask after people's well-being. We could see that caring and positive relationships were developed with people living at the home.

During our inspection a relative told us the home was always welcoming to them and had helped their relative settle in to the home. They said staff were caring and compassionate. People living in the home told us they felt cared about and were treated well. One said, "Yes I feel respected here and the staff are very kind to me", and "I like to talk about my problems and I try to do this with staff." They also added that staff were very gentle and caring towards them. Another person told us "I really like my key worker because they are nice." This person also said staff treated them well and they felt respected them.

We observed that staff were gentle, patient and kind to the people who needed support to move around or be assisted in wheelchairs. They spoke to people in a respectful and patient manner. Staff told us they thought the home was a very caring place. One said "I treat people how I would like to be treated" and another said "I speak to them the whole time, explaining what I'm doing." They gave an example of one person living in the home who did not like a certain aspect of their personal care. The staff member explained that they have to be very gentle to ensure the care is delivered to the person's liking.

Staff were able to read the facial expressions of one person who used non-verbal communication. The person looked very happy when staff interacted with them. Staff regularly checked on this person to ensure they were comfortable and were supported to have drinks and join in the activities.

We found that members of staff and the manager had a good knowledge of all the people who used the service and communicated well with them. From our observations and discussions with people who used the service and staff we found that people's privacy and dignity was respected and promoted and staff showed a caring attitude towards their work.

We spoke with two visiting professionals who told us that "People seem happy here." They commented that staff were very good at communicating with people and in particular they understood the needs of people who used non-verbal ways of communicating, such as sign language.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People who used the service had personalised care records that had been written in collaboration with the person and their key-worker and in a way that made them easier to understand, such as pictorial and photographic. Their care records described their preferences for all aspects of their care. We saw some good examples documented on how the service responded to people's individual and changing needs. For example one person told us they had someone that came and spoke on their behalf. They said they had recently been bereaved and the home had arranged for an external advocate to visit. They told us the advocate helped them come to terms with their loss. The staff were responsive because the service was organised so that they met people's needs.

Some people had lived at the home for a long time. As they had aged their health needs had changed. Staff told us how they supported people with their changing needs. For example, two staff had received training in 'End of Life' care and the home was aiming to achieve the Gold Standard Framework for End of Life Care. This was a national accreditation scheme. Care plans documented changing needs and we saw examples of how people's dietary requirements had changed and how they were being met in the home. For example, some people required a soft diet and this was catered for.

In the home's information, the manager gave examples of how the service was responsive. They stated "Any concerns raised by staff are addressed immediately, for example, yesterday [8 May 2014] staff raised concerns about one of the residents moving and handling plan in handover and that due to the resident becoming less independent and cooperative because of his deteriorating dementia, I immediately emailed the OT [occupational therapist] and they are coming today to do a full OT assessment on this resident's moving and handling requirements".

Some people's mental capacity to consent to their care was also changing. In response to this staff had been trained in the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. There was evidence that this training was effective in responding to people's needs. For example, we saw that 'best interests' meetings had been held with people around a variety of issues, such as financial, medical, personal care and social activities. Advocates were involved if necessary and families where appropriate.

Staff had a good understanding of the issues around consent and capacity and there were policies and procedures in place to support their knowledge and training. This meant that people received a responsive service because staff supported them to make important decisions in an appropriate manner.

We found that concerns and complaints were encouraged and responded to in a timely manner. The home did not receive many complaints but people told us they could talk to the manager or their key worker if they had any concerns. The relative we spoke with also said they would not hesitate to speak to the manager if they were concerned. They said they had never made a complaint but had raised a concern which was "ironed out straight away." Copies of the complaints procedure were displayed in the entrance in picture versions. This meant people felt confident to express any concerns or complaints about the service they received and they would be responded to.

We saw in the home's information that the service had received no complaints in the last 12 months. We looked at the complaints log in the home and saw that historical complaints had been fully recorded and resolved satisfactorily, within 28 days of being raised. We saw details of the complaint including the response and outcomes. People living in the home told us they knew how to complain. One said they would talk to the manager if they were not happy. Another said, if they felt worried they "can speak to the manager any time."

People were offered a range of activities that could take place in the home or community, either in a group or individual setting. People were supported to take part if they chose to. We saw that activities were arranged according to people's known preferences and people were also supported to try out new things. We spoke with two visiting professionals who were from an external organisation. They told us they had been visiting the home since the local day centre had closed. Their remit was to check on people's daytime activities and advocate for them if needed. They told us they were happy with the variety of activities people were currently being offered. They felt people had enough to do and that staff were skilled at understanding the responses of people who used non-verbal communication. This meant people could try new activities and staff would know if it was something to be repeated or not.

Are services responsive to people's needs?

(for example, to feedback?)

Some activities were done in a group and others were one to one or people went out independently. There was a range of dependency levels in the home which staff responded to appropriately, respecting people's independence and being discreet where necessary. On the day of our inspection there was a sensory activity in the lounge. The staff used fairy lights and other equipment to engage people. Some people also visited the local library where they had arranged to set up a story time session that would be geared to the needs of the individuals who would benefit from visual and other sensory experiences. One person told us about their job. It was their day off and they were planning to go shopping and clean their room. Another person told us they were supported to be independent. They said their "favourite bit of the home is helping in the kitchen and helping to wash up."

Are services well-led?

Our findings

The service was well led because of clear leadership and accountability that assured the delivery of personalised, safe care. The manager also supported learning and promoted an open and fair culture by encouraging staff to ask questions and learn from mistakes.

At the time of our inspection visit the home had a registered manager in post. The registered manager was present for part of the inspection. There was an effective system in place to cover the registered manager when they were absent. Staff told us there was a deputy manager in post and always an "officer in charge" designated to take responsibility when the manager and deputy were absent.

Staff told us they felt well supported and there was a good team approach. Staff told us they received regular one to one supervision meetings with a senior member of staff. They said they could also bring up any concerns as they arose. Records we saw confirmed this. One member of staff said, "The manager's door is always open". They told us that communication was good between all staff. There were two staff handovers a day and regular team meetings. Urgent matters were also communicated via the staff communication book. Observations of how the manager and deputy interacted with members of staff throughout our inspection and comments from staff showed us that the service had strong leadership and an open culture. The relative we spoke with and the people living in the home thought it was well run. They said the manager was approachable as were the staff.

We saw there was an effective system in place to monitor and review the service provided. For example, we saw regular audits of care records and risk assessments, accidents and incidents in the home, complaints and surveys. An external organisation sought the views of people using the service and fed this back to the home. They told us the manager and staff would "vary their plan" based on the feedback given. They told us staff were skilled at gaining the views of people who used non-verbal communication.

We saw a summary of the feedback from surveys sent out to professional colleagues involved in the home, such as occupational therapists, chiropodists, and social workers. Comments included; "Generally excellent care provided," "One of the friendlier homes I visit", and "Wallfield is a fine home for people in residential care. Its staff are considerate, polite, helpful and suitably trained".

In the home's information the manager stated "Staff are encouraged to undertake not only refresher training but also qualifications. They have four staff currently undertaking the Diploma level 3 in Health and Social Care. There is a good staff retention record; many staff that have left have generally moved on to take up posts in higher grades. We have two staff currently studying for degrees in Social Work and one who has almost completed her Registered General Nurses training. All of these have been started after they came into post and we have worked with them to enable them to continue working at Wallfield whilst attending university to gain further qualifications. This demonstrates a commitment as an employee to nurture, coach and support staff to better themselves and their career paths." Staff confirmed to us that the support to undertake training was good. As well as formal qualifications staff could request ad hoc training that related to their day to day roles.

People living in the home told us there were always enough staff on duty to meet their needs. This included social needs outside of the home. Staff confirmed this saying there were enough staff to support people with their activities. They told us there were five care staff during the day, two of whom were designated to undertake activities with people. We were told that two staff were on awake duty each night. We looked at the rotas for a four week period and saw that the numbers reflected what we had been told. We saw that staffing rotas were planned in advance and agency staff were not used. This meant staffing was planned to meet the assessed needs of the people who lived in the home.

In the home's information the manager stated, "We have robust systems in place to ensure that we monitor and learn from things." We looked at records that confirmed this. For example, we saw that incidents and accidents were recorded and analysed and risk assessments put in place where appropriate. Information from different records was brought together, for example, a medicine error was reported on an incident record and also reported

Are services well-led?

in a staff member's supervision record. This meant learning from this was put into practice to prevent further errors. Staff we spoke with were aware of the importance of incident reporting and felt they did this well.