

Wessex Regional Care Limited

# Wendorian

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced.

Wendorian is registered to provide care and support for up to five people with different health needs including a learning disability. There is a registered manager in post. 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; as does the provider.

Staff were suitably deployed to meet the needs of each person. Healthcare professionals and people told us they were satisfied with the number of staff working at each shift.

Staff understood the needs of people and care was provided with kindness and compassion. People and healthcare professionals told us they were happy with the care provided.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work and fully understood their roles and responsibilities, as well as the values and philosophy of the home.

The registered manager and senior staff assessed and monitored the quality of care consistently involving people, relatives and professionals. People and staff told us they were asked for feedback and were encouraged to voice their opinions about the quality of care provided.

There was a culture of respect, kindness and loyalty in the service. Interaction between staff and people was friendly and encouraging. People we spoke with told us they had frequent opportunity to express their views with staff and management. Professionals consistently told us the leadership in the home was good and always displayed strong values when they visited people.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We observed people's freedoms were not unlawfully restricted and staff were knowledgeable about when a DoLS application should be made.

Records showed referrals to health care professionals were made quickly when people became unwell. Each health care professional told us the staff were responsive to people's changing health needs.

Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs.

The provider had effective systems in place to support people with their medicines safely. Records showed medicines that were no longer needed were disposed of correctly.

## 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 felt safe because the provider had systems in place to recognise and respond to allegations of abuse or incidents. Meetings were held regularly to monitor and assess risk related to people's care.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. The provider had safe recruitment practices in place.

### Is the service effective?

Good ●

The service was effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

Staff received appropriate support and supervision.

### Is the service caring?

Good ●

The service was caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members. Healthcare professionals told us the home provided compassionate care.

People were supported to maintain their dignity and privacy and to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive. People's needs were assessed before they moved into the home to ensure their needs could be met.

People received care and supported when they needed it. Staff

were knowledgeable about people's support needs, interests and preferences.

People were knowledgeable about the different ways they could complain if they were not happy with the care provided.

### **Is the service well-led?**

The service was well-led. People and healthcare professionals felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service.

**Good** ●

# Wendorian

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 May 2016 and was unannounced.

The inspection was conducted by one inspector.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, a senior support worker, three support workers, a training manager, two people who use the service and three healthcare professionals.

We pathway tracked two people. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, staff recruitment files, the homes safeguarding policy, internal quality assurance audits, medication records, staff feedback records and support and supervision records.

We last inspected the home on 12 June 2014 where no concerns were identified.

## Is the service safe?

### Our findings

People felt safe living at the home. One person said: "I have no worries here" and "Yes it's pretty safe but we sometimes I have arguments and the staff sort it out". A healthcare professional said: "The home actively encourage people to become independent and they risk assess pretty well".

The provider had good arrangements in place to mitigate any risks associated with people's care. Handover meetings took place on a daily basis which provided staff with the opportunity to share information, discuss any safety issues and ensure people were being supported with consistency. A member of staff said: "We speak about staffing, incidents and any challenging behaviour". Another member of staff said: "We speak about risk assessments too and talk about them being reviewed". Detailed risk assessments were in place which were created and developed with the support of a multi-disciplinary team, including psychiatric nurses, psychologists, the local authority, safeguarding teams and the probation service. Assessments were reviewed on a monthly basis and any changes or concerns identified were quickly reported to the appropriate professional for further review.

People were protected from risks associated with employing staff who were not suited to their role, because the provider had robust recruitment systems in place. These included assessing the suitability and character of staff before they commenced employment. Applicants' previous employment references were reviewed as part of the pre-employment checks. Staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults.

The registered manager regularly reviewed staffing levels to ensure they had the correct mix of skills and competency on duty during the day and night to be able to meet people's individual needs. The registered manager told us the amount of staff on duty was dictated by the care needs of people. Healthcare professionals consistently told us the service had employed suitably skilled staff to meet people's needs. A member of staff confirmed staffing levels were adjusted to meet the needs of one person during a time where their mental health had deteriorated. We saw that the help and support people needed to keep safe had been recorded in their care plan and this level of help and support was being regularly reviewed. The service had two support workers allocated to the morning shift and two allocated for the evening shift. Additional staff were also present at various times of the day to care for people who required one to one support.

Staff were knowledgeable about their responsibilities to protect people from abuse and knew who to contact if abuse was suspected. They accurately described the services safeguarding policy which documented the different forms of abuse that could take place. It provided guidance about how to raise a safeguarding concern and detailed contact information about the Care Quality Commission (CQC), the local authority and the Police. Staff said they would not hesitate to contact CQC or the local authority if they felt abuse had taken place. Staff had received training in safeguarding people from abuse. Notifications received by CQC demonstrated the registered manager had contacted the local authority safeguarding team when necessary.

Arrangements were in place for the safe storage and management of medicines. People told us they were satisfied with the support they received with their medicines and said frequent reviews took place. People received pain relieving medicines when required and documentation stated reasons for the administration and dosage given. We observed staff following safe administration practices and staff were able to describe the provider's medicines policy in detail. Medicines that were no longer required or were out of date were appropriately disposed of on a regular basis with a local contactor and documented accordingly. A member of staff noticed an error in one person's medication blister pack after it had been delivered to the service from the local pharmacist. They immediately called the pharmacist and arranged for new medicines to be delivered and advised them of their error.

Arrangements were in place to protect people if there was an emergency. The registered manager had developed Personal Emergency Evacuation Plans (PEEP) for people and these were kept in an accessible place. The emergency plans included important information about people such as their communication and mobility needs. This gave details of the safest way to support a person to evacuate the building in the event of an emergency, for example fire. These had been recently updated to remain relevant and accurate. The fire risk assessment and fire equipment tests were up to date and staff were trained in fire safety.



## Is the service effective?

### Our findings

Staff told us they received an effective induction into their role. One member of staff said: "I know a few have done the care certificate and I have done loads of training in the past". Another member of staff said: "I had two weeks induction, one week of training and one week where I had to read all the procedures and people's care plans. I also had to shadow another member of staff for a few days".

Each member of staff had undertaken and completed a training programme before they provided care unsupervised. Staff had regular supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Records showed an induction programme for new staff which included health and safety, fire awareness, emergency first aid, infection control, safeguarding and food hygiene. A member of staff said: "There is an open door policy here". Staff consistently told us they were able to access support and guidance from their manager at any time. A member of staff told us they were able to speak with a manager even when they were not in the home. They said: "If I have to I could ring the on call number and they would help me, I have done it before and it worked well".

Senior staff had conducted competency checks to ensure they were appropriately skilled to meet people's needs. For example, administering medicines and observing interactions. Records showed staff received training specific to people's needs. This included about learning disabilities and behaviours that may challenge others. A training schedule demonstrated the registered manager and the training manager monitored staff training needs and organised additional training when it was needed. Monthly newsletters provided by the training manager allowed staff the opportunity to access additional learning if required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People 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 care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people did not have the capacity to consent to care a mental capacity assessment had been carried out with the support of relatives and healthcare professionals. DoLS are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside of the home. At the time of our inspection nobody was subject to DoLS.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. There was an assumption that a person had mental capacity to make decisions unless there were clear indications to the contrary, and took what steps it could to support people in maintaining their decision-making capacity. Staff told us they were frequently involved in the assessments of people's mental capacity. Where it had been decided a person lacked capacity to make an informed decision, staff were involved in working

out what measures would best support their interests, whilst minimising any necessary restrictions of their liberty.

Staff were aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. People told us they were able to eat and drink what they wanted but were encouraged to eat healthy food. A member of staff said: "People are pretty independent here when it comes to eating what they want but we have to encourage them not to eat too much because some people will just keep eating and that can be bad for their health".

People had access to health and social care professionals. Records confirmed people had access to a GP, the dentist and the optician when required. People had a health action plan which described the support they needed to stay healthy.

## Is the service caring?

### Our findings

Healthcare professionals told us the staff were caring. One professional said: "I think the staff do a wonderful job at Wendorian, they really do make a positive difference on people's life". Another professional said: "Staff are always respectful on the phone and each time I have visited there as always a lot of laughing, lots of banter and a lot of smiling. The staff clearly care about the people living there".

Staff spoke gently with people, smiled, encouraged and provided reassurance when helping to deliver care. Staff consistently supported people in a calm and friendly manner. Healthcare professionals told us staff were caring and tried to promote a friendly and supportive environment. One healthcare professional told us each time they visited Wendorian people were being supported to access the community. Notes from team meetings showed respect, dignity and person centred support was discussed. People were encouraged to maintain their independence and get involved in household tasks. One person had been supported to create business cards to enable them to gain employment. A member of staff said: "(Person) has progressed so much he has done brilliantly. He has a job and he gets out and about, it's great to see".

Staff completed an induction programme which included learning about dignity and respect in a support living service, personalised support and promoting independence. Staff told us the learning was useful in understanding how to support people with a learning disability.

Staff were polite and respectful when they talked with people. People we spoke with said staff treated them with respect. People also told us they were able to do most things for themselves and staff helped them only when they needed it. For example, some people needed help or prompting with personal care. Staff understood and gave us examples that showed how they protected people's privacy and dignity. One staff member said, "We encourage people in a positive way rather than making it sound like we are having a go at them". Throughout the day people had unrestricted access to their personal rooms, the living rooms areas and the kitchen. Bedrooms were personalised with people's belongings such as photographs of family and posters of their favourite sports team. We observed staff speaking with people about their personal interests and taking time to ask questions about their hobbies. People responded positively and were relaxed during conversations with staff.

Staff told us they cared for people in a way they preferred." All of the care plans we looked at showed people and their relatives had been involved and had agreed to the levels of care and support they required. Each care plan contained information about people's backgrounds, needs, likes, dislikes and preferences. These records also contained people's personal goals and objectives and how they wanted to spend their time. Staff were able to demonstrate a good knowledge of people's individual choices.

We observed staff seeking permission before undertaking support with a people. One staff member asked a person if they wanted assistance in making their lunch and the person accepted. Staff had close relationships with people living at the home and their relatives. One healthcare professional said: "There is family and professional involvement and family involvement at Wendorian". We observed people being supported to make drinks and sandwiches for their lunch. Staff were motivational and encouraged learning

in a positive manner.

## Is the service responsive?

### Our findings

People and healthcare professionals told us the staff were responsive. One person said: "They take me to the shops and they help me with my money" A healthcare professional said: "We have no concerns about how the staff support people, they know what they are doing and they do it to a good standard" and "They have supported people to become more independent and that's what it's all about".

People received care that had been properly assessed to meet their specific needs. Records gave clear guidance to staff on how best to support people and detailed potential risks and strategies to reduce the possibility of increasing people's anxiety. Staff felt the care plans were informative and provided clear guidance in how to support people. Care plans were regularly reviewed and provided accurate information. Staff told us reviews of people's care plans took place monthly whilst comprehensive reviews took place on a yearly basis with input from various healthcare professionals. People told us they had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them. Staff were knowledgeable about people's needs and were able to provide us with examples of how they cared for people.

Any changes to people's care was updated in their review record which assisted with care planning and support, this system alerted staff to any changes made, so that staff had up to date information in regards to people's needs and care. An incident record showed how staff responded effectively after someone displayed behaviours that challenged. Their care plans and risk assessments had been reviewed and updated to reflect their change in care needs. One member of staff said: "Each time there is an incident we record it and look at their care plans in case anything needs to change".

Care plans of each person living at the service had daily records which were used to record what they had been doing and any observations regarding their physical or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty. Care files also identified people's likes/dislikes and interests which the home then attempted to accommodate. People were able to take part in a range of activities which suited their individual needs, such as attending football matches and visiting the local shops.

The organisation had a complaints procedure which provided information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission and the health ombudsman so people were able to take their grievance further if they wished. One person told us they had verbally complained in the past and said: "It was all dealt with by (manager)"

## Is the service well-led?

### Our findings

Professionals and staff consistently told us the registered manager and the senior staff were passionate and caring towards people. They told us the staff worked effectively with external organisations and were not afraid to ask for advice or help if they needed it. One healthcare professional said: "The manager is excellent, really focused and well organised; she knows her stuff I think". A member of staff said: "The manager is so approachable; I wouldn't want to work for anyone else".

The registered manager was able to demonstrate their understanding of people's individual needs, knew their relatives and were familiar with the strengths and needs of the staff team. The service had a system to manage and report accidents and incidents. All incidents were recorded by support staff and reviewed by one of the management team. Care records were amended following any incidents if they had an impact on the support provided to people using the service.

Staff were complimentary about the registered manager and told us they could access support when needed. One support worker said: "The best thing about this place is the staff, we have a really good bond and the manager is the best, she is so approachable". Another support worker said: "We have good management here and she really cares."

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. People were motivated by staff and the care they received was specific to their needs. We observed staff interacting with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person whilst they were making lunch in preparation for their birthday party. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection.

As part of the registered manager's drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and safety. Compliance audits were also completed by the service manager on a regular basis to support improvement.

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it necessary.