

Mr & Mrs J T Orley

# Wordsley 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 

### Overall summary

We inspected Wordley House on 15 May 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the home on 8 August 2013 and found it met the five outcomes we reviewed.

Wordsley House is a semi detached house with gardens set on the outskirts of Hartlepool. It is within walking distance of local amenities. It provides a residential service for eight people who have mental health needs. The people who live at Wordsley House live independently and require limited support from staff.

The home had a registered manager in place and they are also one of the owners. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection seven people lived at the home. The people who lived at the home were very independent and did not require staff to support them

# Summary of findings

with personal care. We discussed the continued registration of the home with the provider because we found personal care, as defined by the Health and Social Care Act 2008 was not provided. The provider told us the intention of the home was to continue to offer services to people who would require assistance with personal care needs.

People we spoke with told us they found that the service met all of their needs and ensured that they were kept safe. We saw there were systems and processes in place to protect people from the risk of harm. We found that staff understood and appropriately used safeguarding procedures.

People told us that the staff had supported them to develop the skills they needed to live independently. We found that people were encouraged and supported to take responsible risks and positive risk-taking practices were followed.

We observed that staff had developed very positive relationships with the people who used the service. Staff were kind and respectful, we saw that they were aware of how to respect people's privacy and dignity. People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

We saw that people were supported to maintain good health and accessed a range of healthcare professionals and services. We found that staff worked well with people's healthcare professionals such as consultants and community nurses.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans. The people we spoke with discussed their support plans and how they had worked with staff to create them.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control and first aid as well as condition specific training such as applying the recovery star model (which is a recognised model for supporting people with mental health needs). Staff had also received training around the application of the Mental Health Act 1983 (amended 2007) and were familiar with the accompanying code of practice.

People who used the service had capacity to make decisions and were consulted about all aspects of their care. The registered manager recognised that in the future this may not be the case so ensured staff received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training. The staff we spoke with understood the requirements of this Act.

Staff and people who used the service told us the home was run much like a large family. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that two to four staff were on duty during the day and the owners lived in an annex of the home and provided sleep-in cover overnight.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the provider had a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

# Summary of findings

The provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the registered manager had implemented these and used them to critically review the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



### Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff understood the requirements of the Mental Health Act 1983 (amended 2007) and Mental Capacity Act 2005.

People were provided with a choice of nutritious food, which they chose at weekly meetings.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



### Is the service caring?

The service was caring.

People told us that staff were extremely supportive. That staff had assisted them to develop the skills they needed to manage their mental health needs and to live independently.

We saw that the staff were empathic and effectively supported people to deal with all aspects of their daily lives.

People were treated with respect and their independence, privacy and dignity were promoted. People actively made decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced identifying how support needed to be provided. These plans were tailored to meet each individual requirements and reviewed on a regular basis.

People were involved in a wide range of every day activities and led very independent lives. We saw people were encouraged and supported to develop the skills needed to live independently.

Good



# Summary of findings

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be thoroughly looked into and reviewed in a timely way.

## Is the service well-led?

The service was well led.

The service was well-led and the registered manager was extremely effective at ensuring staff delivered services, which were of a high standard. We found that the registered manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found their registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

**Good**



# Wordsley 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 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.

An adult social care inspector completed this unannounced inspection of Wordley House on 15 May 2015.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We asked the registered manager to supply a range of information, which we reviewed after the visit.

During the inspection we spoke with six people who used the service. We also spoke with the registered manager and two support workers.

We spent time with people in the communal areas and in their rooms. We observed the meal time experience and staff interactions during the visit. We looked at two people's care records, three staff members recruitment records and the training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms (with their permission), all of the bathrooms and the communal areas.

# Is the service safe?

## Our findings

We asked people who used the service what they thought about the home and staff. People told us that they were extremely pleased to be living at the home. People told us that they found the home provide a safe environment and they liked living at the home.

People said, “It is an excellent place to live”, “They have been a great help and support for me. If it weren’t for the owners I don’t think I would be here.” And “It is like living in a big family.”

Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed safeguarding training this year. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. We saw that abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings.

Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date safeguarding and whistleblowing policies in place that were reviewed on a bi-annual basis. We saw that these policies clearly detailed the information and action staff should take, which was in line with expectations.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. Staff could clearly talk about what they needed to do in the event of a fire or medical emergency. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people’s health and safety was protected. We saw

documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed people’s care records and saw that staff had assessed risks to each person’s safety and records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as the potential for exploitation. This ensured staff had all the guidance they needed to help people to remain safe. Staff discussed the risk assessments with us and outlined how and why measures were in place. For instance, we heard how staff assessed the impact of people’s mental health conditions on how they managed their money. The plans assisted individual’s to consider the consequences of actions and the action they could take to keep safe when out and about in the community.

We found that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults, were carried out before staff started work at the home. People who used the service told us that they were involved in the recruitment and selection process and had interviewed staff but no new staff had been recruited for over a year. We found that the home had a very stable staff team.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. We saw that the registered manager and two staff were on duty during the day and one staff member was on duty overnight. People told us that they were fine overnight and never needed the support of additional staff but knew the registered manager would come in if they did.

Staff obtained the medicines for the people who used the service. People then managed their own medicines and staff completed random checks to ensure these were being taken in line with the prescription. We found that there were appropriate arrangements in place for obtaining

## Is the service safe?

medicines and checking these on receipt into the home. We found that detailed information was contained in the care records about the medicines people needed. All staff had been trained and were responsible for the administration of medicines to people who used the service.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.



# Is the service effective?

## Our findings

We spoke with people who used the service who told us they had confidence in the staff's abilities to provide good care and believed that the staff had assisted them to make very positive changes to their lives. They told us that they felt that the staff were effective at supporting them to learn the skills they needed to move to less supported accommodation.

One person said, "Without the staff and this home I would hate to think what would have happened to me." And, "The staff know me and are fantastic. We work well together." And, "The staff are wonderful and really know how to help me deal with things."

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training such as working with people who had various mental health disorders. Staff told us their training was up to date.

We found that the staff had worked at Wordley House for over a year and some had worked at the home for the full 29 years it has been open. One person on duty told us about the induction they had completed when they were recruited. We saw that the induction process was comprehensive and involved completing a schedule of training prior to starting to work at the home. Once at the home staff shadowed more experienced staff.

From our discussions we found that staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff were required to undertake annual refresher training on topics considered mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, infection control, first aid, medicines administration, and use of de-escalation interventions. We viewed the staff training records and the registered manager ensured staff remained up to date and we found that some of the people who used the service had also completed courses such as nutrition.

Staff we spoke with during the inspection told us the registered manager was extremely supportive and they regularly received supervision sessions and had an annual

appraisal. The registered manager told us that they completed monthly supervision with all staff. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and annual appraisals had taken place.

People who used the service told us that their consent was always obtained and they were fully involved in all aspects of planning their care. We found that the staff had a good understanding of the Mental Health Act 1983 (amended 2007) and what actions they would need to take to ensure the home adhered to the code of practice.

The manager and staff we spoke with told us that current people had capacity to make decisions but recognised that in the future this may not be the case so they and the staff had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff that we spoke with understood the principles of the MCA, deprivation of liberty and 'best interest' decisions.

The people we spoke with told us that they worked together with the staff to plan their meals. They explained that staff cooked the meals but they would make snacks and meals in order to develop these skills. We heard how staff supported them to think about healthy meal options.

From our review of the care records we saw that nutritional screening had been completed for people who used the service. This was used to identify if they were malnourished, at risk of malnutrition or obesity. We found that in general people were all within healthy ranges for their weight, no one was malnourished and if people were overweight staff supported them to take action to ensure this was not adversely affecting their health.

We saw records to confirm that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. We saw that people were regularly seen by their treating team, such as community psychiatric nurses and consultants. When concerns arose staff made contact with relevant healthcare professionals. For instance staff were in regular contact with people's community psychiatric nurses and when needed had asked these professionals to organise mental health assessments.

# Is the service caring?

## Our findings

All the people we spoke with said they were extremely happy with the support provided at the home. They told us staff were always at hand to discuss decisions they wanted to make and go through the potential consequences these might have, which they found extremely helpful. People told us they appreciated the way staff did this and thought staff were very tactful.

People said, “The owners are superb and really want the best for us.” And “The registered manager is the heart of the home.” And “We work well together as a team, it is a real family.”

People told us that they were involved in making the decision about how the home was run. We heard how people were being assisted to develop their independent living skills. We found that people were extremely independent. Throughout our visit people went into town and organised their own time. We heard how people had recently gone on holiday, with one person joining the owners on their holiday to Florida.

We reviewed the care records and found that each person had a very detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of support plans being developed, which we found from our discussions with staff and individuals these met their needs. People told us they had been involved in making decisions about their care and support and developing their support plans.

People told us that staff always respected their privacy and didn't disturb them if they didn't want to be. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion and interacted well with people.

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received support they needed. We observed staff and people who used the service engage in general conversation and had fun. From our discussions with people and observations we found that there was a very relaxed atmosphere and staff were caring.

The manager and staff discussed how they worked with people to support them to become as independent as possible, identify triggers for mental health relapse and to develop a range of coping mechanisms. People told us this support enabled them to lead independent lives but remain safe and consider the consequences of their actions.

The environment was well-designed and supported people's privacy and dignity. All bedrooms doors were lockable and people had a key. People were able to personalise their bedrooms.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people.

# Is the service responsive?

## Our findings

The people who used the service lived with mental health disorders and needed support to understand their particular conditions; identify triggers for relapse; and learn coping strategies. We found that staff used a recovery model for assisting people develop these skills. This model assists those using it to reflect on their mental health needs then closely plan how they will take steps to reduce the adverse effects of the condition. It has been proven to assist people reach their full potential, become integrated members of society and lead ordinary lives.

People felt staff knew exactly how to support them and intervened at the just right moment. They felt staff enabled them to be as independent as possible. People also told us how they had been supported to continue to meet and find new friends, find courses to go on as well as look for employment opportunities.

People said, "I go out most days and feel my life is very fulfilling. I have undertaken a lot of study including into psychology and meditation." And, "Staff have been great as without them I wouldn't be doing this well. I can't believe how far I have come."

We found that as people's needs changed their assessments were updated as were the support plans and risk assessments.

During the inspection we spoke with staff who were extremely knowledgeable about the support that people received. The people we spoke with told us they found that the staff made sure the home worked to meet their individual needs and assisted them to reach their goals.

The people who used the service that we spoke with told us they were given a copy of the complaints procedure when they first started to receive the service and then they discussed this at resident's meetings. People told us that they were very comfortable around raising concerns and found the registered manager and staff were always open to suggestions; would actively listen to them and resolved concerns to their satisfaction.

We looked at the complaint procedure and saw it clearly informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. People told us that they had never felt the need to complain. We saw that there no complaints had been made in the last 12 months.

The registered manager discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the complaints procedure.

People said, "I have never been unhappy with the staff." And, "I have never had any complaints but know staff would sort them out if I did."

# Is the service well-led?

## Our findings

People were extremely complimentary about the home. They told us that they thought the home was well run and completely met their needs. People we spoke with found that staff listened to their views and were receptive to their suggestions on how to improve the service.

People said, “The staff are really interested in what we have to say.” And “The manager is fantastic and I think she makes the home.”

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure the support delivered was completely person centred. We found that the registered manager was constantly looking at improvements that could be made and always ensuring the home was safe, responsive, caring and effective. We found that under their leadership the home had developed and been able to effectively support people with various mental health needs, including during times of crisis.

The staff members we spoke with described how the registered manager constantly looked to improve the service. They discussed how they as a team reflected on what went well and what had not and used this to make positive changes. Staff told us that the registered manager was very supportive and accessible. They found that the registered manager was very fair. Staff told us they felt comfortable raising concerns with the manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. The registered manager ensured staff kept up to date with the latest developments in the field

and implemented them (such as the recovery star model). We found that the registered manager had a detailed knowledge of people’s needs and explained how they continually aimed to provide people with a high quality service.

Staff told us the morale was excellent and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought.

We also saw that regular monthly meetings were held with the people who used the service. At these meetings people were actively encouraged to look at what could be done better. Also we saw that surveys were completed with every person who used the service. The information from this was analysed and used to look at areas for improvement.

We found that the registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the provider had effective systems in place for monitoring the service, which the registered manager fully implemented. They completed monthly audits of all aspects of the service, such as infection control, medication, learning and development for staff. They took these audits seriously and used them to critically review the home. We found the audits routinely identified areas they could improve upon. We found that the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. We found that strong governance arrangements were in place and these ensured the home was well-run.