The Well House

The Well House

Inspection report

Golden Cross
Hailsham
East Sussex
BN27 4AJ

Tel: 01825873389
Website: www.wellhouserespite.co.uk

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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?	Requires Improvement

Summary of findings

Overall summary

This comprehensive inspection took place on 9 November 2018 and was unannounced.

The Well House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can provide accommodation and care for 14 people. This is in one detached building that is adapted for the current use providing a one bedded self-contained annex, a four-bedded self-contained annex and individual bedrooms on three floors in the main house. The home provides support for people living with a range of learning disabilities, and people may live with autism and have sensory needs. Some people live at The Well House on a permanent basis while others use the service on a rotational basis for short stays of one or more nights. There were seven people living at the home permanently at the time of our inspection and two people having a short stay.

The service had a registered manager. 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'. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

The Well House was designed, built and registered before the Care Quality Commission (CQC) 'Registering the Right Support' policy and other best practice guidance was published. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and other complex needs using the service can live as ordinary a life as any citizen.

At the last inspection on 5 October 2017 the service was rated as 'Requires Improvement' overall and there was a breach of regulation. This was because the provider had failed to display their performance rating on either their website or in the service from the previous inspection in September 2016. Provider's must ensure that their ratings are displayed conspicuously and legibly at each location delivering a regulated activity. At this inspection the provider had displayed their performance rating and the breach of regulations had been met.

At this inspection improvements had been made in some areas and the overall rating of the service was Good overall. This report discusses our findings in relation to this. However, we found further areas of improvement that were needed.

Quality assurance systems were in place and being embedded to monitor the running and overall quality of the service and to identify any shortfalls and improvements necessary. Improvements had been made since the last inspection in relation to recording and equipment required to support infection control and medicines procedures. Records demonstrated that regular internal audits and checks were being

completed. The provider had also identified in response to changes in data protection legislation that their systems needed to be reviewed and was in the process of completing this activity to ensure people's rights were maintained. Despite these improvements, the care planning quality assurance systems required further embedding to ensure that the service kept pace with the positive work they had completed in relation to enabling people to make decisions and working in line with the Mental Capacity Act.

The provider's electronic information systems also needed further embedding to ensure they could demonstrate their quality assurance and compliance in a timely and robust manner.

People and their relatives told us they felt safe and that staff cared for them. People were protected from the risk of abuse because staff understood how to identify and report it. People, relatives and staff were confident their concerns were always taken seriously and acted on. One person told us, "It feels safe here there are lots of people to look after me." A relative told us, "We are the happiest we have been by far about our relative's safety. It's because the people there know our relative so well."

People were supported to have their medicine safely when they needed it. The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to be as independent as possible and self-administer their medicines and maintain good health and had access to health care services.

Accident and incidents were recorded and analysed to ensure appropriate action was taken and lessons learnt to reduce the risk of harm. Risks to people's safety were assessed and detailed guidance and risk assessments were provided for staff to ensure they could support people safely in relation to their needs, including moving and handling, nutrition, personal hygiene and independent travel.

People and their relatives felt there were sufficient numbers of skilled staff to meet the needs of people living and staying at The Well House. One person told us, "There always respond to me when I need them." Another person told us, "They help me speak up for myself." Staff told us they received training to support the needs of people living with a learning disability, autism and complex health needs. Staff understood the importance of supporting people to make choices and the importance of ensuring that people living with autism and sensory needs could express themselves and understand the world around them. People lived meaningful lives and were supported to access activities, jobs and cultural and religious experiences in their local community.

Staff supported people to choose what they had to eat and drink and their nutritional needs were met. Where special dietary needs were required in relation to people living with diabetes, requiring artificial feeding directly into the stomach through a tube (PEG) or allergies staff followed guidance given by care plans and the health professionals.

People's relatives told us and we observed that the staff were caring and respectful. One person told us, "The staff are caring, they look after me and are good to me." Care and support provided was personalised and met peoples' diverse needs including their equalities based choices in relation to sexuality, gender identity, ethnicity and wider cultural needs. People and their relatives were included in the assessment of their needs and development of care plans and the development of the service. Information was provided in an accessible format that met the needs of people and highlighted their needs to others who care for them.

Person centred care was demonstrated throughout the service. People, relatives and social care professionals spoke positively in relation to the homely friendly environment at The Well House. One relative told us, "The staff make a connection with the people they look after, they genuinely take an interest

and enjoy what they do." Another relative told us, "They are thriving, doing new things, new activities, they are flourishing."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People were supported by staff that were trained and understood their responsibilities in relation to protecting people from harm and abuse

People were supported to access medicines safely. Medicines were safely administered, stored and disposed of by staff with appropriate medicines training.

People were supported to take risks safely to promote their independence. Risks to people's health and safety identified and detailed plans about how to manage risk were completed.

There were a sufficient number of staff to meet the needs of people. Staff were recruited safely.

Is the service effective?

Good

The service was effective

People were supported by staff that were knowledgeable, and received suitable training and support. This included specialist training to meet specific needs, for example in, diabetes and autism.

Staff had a good understanding of the Mental Capacity Act 2005 and worked towards meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met and their health needs were monitored, reviewed and planned for by staff who communicated well with health professionals.

Is the service caring?

Good

The service was caring

People were supported by kind and caring staff that knew them well and listened to them.

Staff adapted their communication style to meet the needs of the people they supported and encouraged independence.

People's dignity, diversity and privacy was respected and promoted

Is the service responsive?

Good

The service was responsive

People were supported to access meaningful activities, at home and in the community.

People were provided care and information in an accessible and personalised way and care plans and records reflected this.

The views of people and their relatives were encouraged to inform changes and improvements in the service. Complaints were acted on and managed suitably.

Is the service well-led?

Requires Improvement

The service was not always well led

The provider's internal quality assurance systems needed to further embed how they recorded and evidenced changes in people's needs, including people's capacity. The service's electronic systems and processes required further embedding to ensure they could demonstrate records compliance in a timely way.

Staff understood their roles and described an open culture, where their views were listened to and acted on. People and their relatives told us the service was homely and friendly.

There was an established leadership and people, staff, social care professionals and relatives spoke positively of the managers and their communication with the service.

The Well House

Detailed findings

Background to this inspection

We carried out this comprehensive 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, 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 9 November 2018 and was unannounced. The inspection team consisted of one inspector and an assistant inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including the local authority contracts team and professionals involved in the service for their feedback. Three social care professionals gave feedback regarding the service.

During the inspection we observed the support that people received in the communal areas. We were also invited in to people's individual rooms. We spoke with five people, three relatives, three care staff and the registered manager. We spent time throughout the day observing how people were cared for and their interactions with staff in order to understand their experience of living in the service.

We reviewed three staff files, two medication records, staff rotas, policies and procedures, health and safety files, incident and accident records, safeguarding records, meeting minutes, training records and survey recording undertaken by the service. We also looked at the menus and activity plans. We looked at five people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

At the last inspection on 5 October 2017, the service was rated Requires Improvement overall. At this inspection improvements had been made and the service was rated Good overall.

Good

Is the service safe?

Our findings

People felt safe living at the service and with the staff that supported them. Relatives told us they felt people were safe and that staff cared for them. Some people were unable to fully express themselves due to their communication needs. Throughout the inspection we observed people initiating contact with staff and being relaxed and comfortable in their presence. For example, people would smile, initiate physical contact with staff and were open to having staff touch their arms while they talked with them. One person told us, "It feels safe here there are lots of people to look after me." A relative told us, "We are the happiest we have been by far about our relative's safety. It's because the people there know our relative so well."

People were protected from the potential risk of abuse because staff understood people's needs and the types of abuse people living with a learning disability may experience. People and their relatives knew who to contact if they had concerns and were confident that if they raised a concern with their managers it would be taken seriously and acted on. Staff received training and guidance on how to recognise and report abuse. Relatives and social care professionals were positive about how concerns would be or had been managed. A relative told us, "We would talk to the registered manager or deputy manager if we had concerns and would feel comfortable to do this." A social care professional told us, "To my knowledge there have been no concerns for a long time and anything that was a concern in the past they have worked with us to rectify."

People's medicines were managed safely. One relative told us their relative always had their medicine on time, "They are very good with the meds regime. There have not been any medicines errors." Safe systems were in place for the ordering, administration, storage and disposal of medicines. Staff were trained and knowledgeable about people's medicines and we observed that medicines were offered respectfully. Medicines administration records (MAR) sheets noted daily medicines were being given. 'As required' medicines temporarily given to manage people's agitation or pain gave detailed guidance for staff in relation to the purpose of the treatment, the frequency of administration and the desired effects. Staff ensured people were supported to understand what their medicines were for and encouraged to be as independent as they could be with their medicines administration. For example, one person told us what their daily and as required medicines were for. They explained that if they felt anxious, they could spend time talking to staff and at times, could ask for medicines to help them relax. Another person living with diabetes took their own blood sugar readings and administered their own insulin injections, with minimal guidance from staff. Where people self-administered medicines, they were supported to do so safely in line with the providers own policy, risk assessments and authorisation by the prescribing GP.

Risks to people were managed safely. Each person had an individual care plan that was supported by risk assessments that covered a range of needs, including, moving and handling, nutrition, personal hygiene and psychological behaviours. These gave guidance to staff on the risk, how it may occur, and how to minimise the risk. For example, one person had a condition that placed them at risk of harm if they did not follow a low protein diet. They had an eating and drinking checklist that advised what foods should be avoided and nutritional support guidance provided for staff so they could ensure the person ate a suitable diet and maintained a healthy weight.

People told us, and staff demonstrated an awareness that people had the right to take risks. For example, one person told us, they could travel independently to local cafes, and to and from work by bus. They were able to do this as the risks and their independent travel skills had been assessed. Measures including, identified bus routes and the use of a mobile phone were in place to mitigate the risk of the person becoming lost.

Environmental risk assessments, audits, and a programme of regular health and safety checks ensured measures were identified to minimise environmental risk. The registered manager had oversight of building maintenance and health and safety through audits and checks of legionella, fire safety, LOLER and food hygiene compliance checks and emergency plans. Staff had training and procedures in place to inform their practice in relation to infection control and food hygiene. For example, where people used insulin needles to manage their diabetes, sharps disposal boxes were available and there were risk assessments in place to guide staff what actions they should take in case of a needlestick injury. PPE (personal protective equipment) was used when required including clinical waste, colour coded cleaning equipment and gloves. Individual personal emergency evacuation plans (PEEP), demonstrated that people's individual ability to evacuate the building in the event of a fire had been considered and planned for.

Accident and incident records demonstrated that staff and the registered manager took appropriate action following incidents. Where the incident involved actions of people, these were investigated and recorded in more detail through the positive behavioural model recording charts. This was done by looking at what happened prior to the incident, during and after, so that risk assessments could be developed, lessons could be learned and care plans adjusted to reduce the likelihood of reoccurrence. Although no significant accidents had occurred since the last inspection, staff and the registered manager were mindful of previous incidents and demonstrated that lessons had been learnt and acted on. For example, water temperatures were recorded in all bathrooms and valves fitted to minimise the risk of scalds to people while bathing.

People received support from a sufficient number of staff. One person told us, "They always respond to me when I need them." Relatives and staff felt that there was enough staff on duty to safely meet the needs of people and we observed staff had time to respond to people's requests. Staff rotas demonstrated that staffing levels including permanent and agency staff were consistent throughout the day and night. The registered manager had a dependency tool in place they used to plan the staffing levels required to support short stay and permanently placed people's needs. The registered manager and staff acknowledged that due to extended planned and unplanned leave they were using regular agency staff. However, staff told us there was always a good balance of experience and skills on each shift and people and relatives felt their needs were met.

Care planning was designed to promote people's significant relationships, their culture and religious expression. Staff received training in equalities and diversity awareness and understood the importance of protecting people from discrimination and maintaining their human rights. The provider ensured both staff and people at risk of discrimination were protected through systems and processes. For example, the provider had respected two employee's rights to take maternity leave recognising their human rights and employment law.

Staff recruitment processes were followed to ensure that new staff were safe to work with people. Staff files included previous work history, detailed application forms including, proof of identity, interview records and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to ensure staff were suitable to work with people or children. The DBS is a national agency that keeps records of criminal convictions.

Good

Is the service effective?

Our findings

People received care and support from staff that had the skills, knowledge and competencies to meet their individual needs. Staff were knowledgeable about people's needs, and people and their relatives told us they felt confident in the skills and abilities of staff. One person told us, "Staff support me, they know how to help me with my medicines and my hair." Another person told us, "They help me speak up for myself." A relative told us, "Judging by their empathy, staff have the right skills, they are professional, genuine compassionate and patient. My relative is always happy on their return from The Well House which is important."

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. Systems were in place to identify when a person may be subject to an unlawful deprivation of liberty and care plans reflected the content of the care needed and signposted staff where this had happened. The registered manager and staff told us, that one person's capacity had recently begun to fluctuate due to dementia, in response to this they had made an application to the local authority and were awaiting the outcome from the local authorities DoLS team.

Staff had a good understanding of the MCA and the importance of enabling people to make decisions and received training in this area. Throughout the inspection, we observed staff supporting people to make their own choices. To ensure people with communication needs could be offered choice in an accessible and meaningful way staff used a range of communication methods including; gesture, objects of reference and signing. Staff encouraged choice and recognised that the needs and capacity of people living with a learning disability and autism could fluctuate or be impacted by a lack of confidence. For example, one person presented as being very confident when making decisions, however staff were aware that at times, the person would portray that they knew more than they did, or would say they liked things that they didn't. To enable the person to make genuine choices the staff had been working with the person to develop their assertiveness and language skills so they could say when they did or did not like something. For example, they encouraged them to use phrases such as ', I don't really want that' and 'Please can I have instead,' when making decisions. This ensured the person was building confidence to express their own choices.

The Well House was designed, built and registered before the CQC policy 'Registering the Right Support' and other best practice guidance was published. This document describes what the Care Quality Commission (CQC) look for to help them decide if they can allow a service that supports people living with learning

disabilities and autism. The provider was able to demonstrate a good awareness of 'Registering the Right Support' guidance and told us they were anticipating and planning for changes in relation to the facilities and décor at the service. For example, they had replaced the carpets on the lower floor and were considering with the assistance of an architect their options in relation to adapting the main building so that it could continue to meet people's needs in the future. The main building which is in a rural setting was large and arranged over three floors. The service had two modern purpose-built annexes that provided people who were more independent, had mobility needs or had behavioural support needs to live or stay at The Well House. The main building provided two communal living rooms, a kitchen and eight bedrooms with ensuite facilities so people could spend time privately if they wished. Staff gave examples of how The Well House had been able to accommodate changes in people's needs and respect their choices through using the building flexibly. For example, one person felt isolated living in the annex was supported to move to the main building so they could choose when they wanted to be socialable with people or spend time in their room. Relatives told us people responded positively to the choice of activities available at the service, the large enclosed communal garden and the access people had to their local communities. One relative told us, "They do really well with getting people out and about considering it's such a rural setting."

People had access to technology including personal phones and access to a computer in the smaller lounge. The service had wifi access and people could use this to access social networking, watching films and their favourite TV shows. For example, one person was supported to access more visual information in relation to health screening through online information sites to support their understanding and decision making.

Staff told us they felt well supported and equipped to carry out their roles. Staff received essential training and inductions that included, shadowing experienced staff who could demonstrate how to work with people with complex needs. The registered manager used an online training provider to ensure staff received regular updates and remained up to date with best practice. Training was specific to the needs of the people using the service and included competency and practice based training including; Mental Capacity Act, dementia awareness, diabetes awareness, positive behaviour support, moving and handling training and caring for people who required artificial feeding directly into the stomach through a tube (PEG). In response to dementia training one staff member told us that they had learned how important it was to, "Keep life as normal as possible and to remain calm and reassuring always in response to the person's changing needs to reduce their confusion."

Staff told us they had regular team meetings, supervisions and appraisals. The registered manager recognised the importance of professional development to inform best practice and when people's needs changed ensured local learning disabilities specialist teams were involved to provide staff with guidance including for example, dementia teams. Staff had completed the Skills for Care Certificate or equivalent qualifications. The certificate is a set of standards for health and social care professionals that ensure workers have safe introductory skills and knowledge.

Staff supported people to maintain good health with input from health professionals including psychologists, physiotherapists and speech and language therapists on a regular basis. For example, one person staying for a short break had been assessed by a physiotherapist and was being supported to improve their posture using therapeutic supports. Records, including pictures were provided to ensure staff had the guidance they required to ensure the therapeutic support was consistently provided during the persons stay. We were told by staff that they also worked closely with local GPs and learning disabilities dementia specialists to monitor health and seek further guidance when required.

Systems were in place to support people with more complex health issues. Care plans and risk assessments

provided guidance for staff to support people to manage health needs including diabetes and the use of artificial feeding through a tube directly into the stomach (PEG). For example, staff supported one person who was self-medicating to calculate the dose of insulin they required, and record their blood sugar readings and manage a balanced low carbohydrate and low sugar diet. Records demonstrated that the person's blood sugar variances had improved since they had lived at the service, and staff told us they believed this was due to a more consistently balanced diet.

People's nutritional needs were met. Mealtimes were relaxed and unrushed and people were involved in making drinks, laying tables and serving their own meals. Guidance was available in people's care plans on nutritional requirements, allergies and preferences. People's weight was monitored on a regular basis to ensure they maintained a healthy weight. One relative told us, "They always enjoy their food and look well when they come home." Where appropriate staff worked closely with people and health professionals to ensure their dietary needs were met. A range of meals and snacks were available for people and a number of options available including eating out at local restaurants and cafes. During the inspection, we observed staff asking people what they wanted to eat and promoting their independence by encouraging them to prepare as much of their meal as possible. For example, one person was preparing a meal using a microwave. Staff supported them to manage their portion size and to maintain safety by using suitable dishes when microwaving.

People's equalities based choices and needs including, religion, sexuality, gender identity, ethnicity and wider cultural needs were promoted. For example, one person confirmed and their care plan detailed that they were supported to regularly access a specialised hairdresser and hair products that reflected their ethnicity.

Good

Is the service caring?

Our findings

People and their relatives told us they were cared for by kind and caring staff. One person told us, "The staff are caring, they look after me and are good to me." One relative told us, "The staff are all very caring, they go to so much trouble. I can tell that my relative's main carer like's them which is important to me. They genuinely enjoy my relatives company."

Throughout the inspection we observed staff interacting with people living at The Well House in a warm and compassionate manner. Staff and people had developed positive relationships and the atmosphere at the service was friendly. One staff member told us, "One person is lovely, they are clever and can read very well." Although some people were not always able to tell us about their experiences, people appeared happy, and comfortable, making good eye contact with staff. People used humour with staff whether communicating verbally or with sign language. There was a lot of enthusiasm and engagement in relation to what was planned for the day's activities. Staff spoke about the people they supported with genuine regard and demonstrated an awareness of their likes, dislikes and the importance of knowing their preference. For example, one staff member told us, "One person, is very sensitive to touch and has to have their personal space respected. But they will initiate a hug by saying, love me."

People's communication needs were met by staff who understood the importance of ensuring that people living with autism and sensory needs could express themselves and understand the world around them. People's communication needs were documented throughout their support planning and staff communicated well with the people they supported. For example, one person's care plan detailed that they could say no by using the Makaton sign or shaking their head. Makaton is a sign language programme designed to provide a means of communication for people who have limited speech. Another person's care plan, spoke about how the person loved general chit chat and that although they were nonverbal they could be included and enjoyed being involved in group conversations to reduce potential isolation. Staff communicated calmly, adapted their tone and simplified sentences in order to confirm that the person had understood them. Staff listened to people and gave timely and considered responses to their requests.

People's equality and diversity needs were respected and staff were aware of what and who was important in people's lives. Religious beliefs, cultural activities, important relationships and how people chose to express their preferences, were detailed in care planning and activities provided. Where people had expressed an interest in attending church or meeting people they might want to have a relationship with this was supported.

People were encouraged to make choices about their care and support and staff listened to them and encouraged them to express their views. People told us they regularly met with their keyworkers and made decisions about activities and changes in their care planning. A keyworker is staff member with responsibility for supporting people with identifying their day to day plans and activities. People were encouraged to carry out daily living skills, including make drinks, tidying their rooms and carrying out their own laundry independently or with staff support. A social care professional gave us an example of where they had observed a staff member encourage a person with very complex needs to go to their day service.

They told us, "The member of staff encouraged and motivated them to go and spoke in a really lovely way, it was the right way to motivate the person." People had access to relevant advocacy services so that they could be actively involved when making decisions about their care. An advocate is a person who is able to speak on a person's behalf, when they may not be able to do so for themselves.

We observed that people could have their meals together. Or could have their breakfast or snacks at different times and had a choice to participate in communal activities or spend time in their own space. Each person's food preferences were known and recorded and people were always given a choice of at least two options each meal time. The shift leader told us and we observed that people were encouraged to access staff when they needed them and that they could always talk through what they wanted and needed. Relatives confirmed people were listened to and their choices respected.

People were respected as individuals and their tastes and preferences encouraged. Relatives told us that staff were very attentive and always found out what activities their relative wanted to do. People's bedrooms were highly personalised with favourite colours, TV and film characters, favourite pop stars and interests and hobbies being very present in their rooms decor. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. One relative told us, "Staff are very good at making things the way our relative likes them to be."

People's privacy was respected, staff understood their responsibilities in maintaining people's dignity while supporting personal care. One staff member told us, "We respect people's preferences in relation to the gender of their carers, during personal care I make sure they are covered, that the curtains are closed and encourage them to do as much as they can themselves." People's privacy in relation to their personal bedrooms and confidential information were also respected. Care plans and electronic records were kept secure and access limited to people who needed to know.

Good

Is the service responsive?

Our findings

People were supported with personalised care that was centred around their individual needs, choices and preferences. People were involved in making decisions about their care and support needs by staff who listened to them. Relatives told us that staff were attentive to people's needs, were non-judgemental and treated everyone as an individual. One relative told us, "The staff are fantastic, they have picked up on my relative's sense of humour, and know how to gently redirect them without crushing their confidence."

People's needs were assessed. Relatives and staff told us that people were involved as much as they could be in developing care plans. Care plans and guidelines were clear and staff told us they built on this knowledge through building a relationship with people and responding to the choices people made. Pre-admission assessments were completed for new people to ensure the service could meet their needs and fully understand how to support them to live at the service, receive short breaks or to stay at the service as part of a planned transition to another service. People were encouraged to visit the service with their relatives prior to a placement so they could make an informed decision about living at The Well House.

Care plans were personalised and reflected people's choices the individual care and support staff provided to people. For example, people's preferences were considered when keyworkers were arranged. A social care professional told us, "They match the staff to people. I had a client that lived there that responded to the opposite gender and they matched them with an appropriate staff member." Personal backgrounds and life histories were used effectively to assist staff to improved personalised care. Guidance was available detailing people's daily routines, what they preferred to be called and how they wished to be supported if they were worried or became anxious. For example, one person's care plan discussed that they liked routine and structure, that they found change difficult and liked to chat with staff when they became anxious or worried. This information ensured staff could anticipate the person's needs and consistently meet their needs.

Relatives and social care professionals gave positive feedback about the personalised care provided by staff and the role of keyworkers at the service. They told us, that a service strength was the ability to match skilled and empathetic staff who could quickly build relationships with people who needed emotional support and reassurance. For example, one social care professional gave an example of a short placement that was designed to support a person with high emotional needs to regain their confidence to live more independently in the community. Additional staff were initially provided to ensure the person was supported to manage their anxiety and frustrations, providing calm reassurance and encouragement to maintain their regular routines. The reassurance and consistent responses supported the person to manage their anxiety and regain skills they had lost confidence around enabling them to move to more independent living.

People and their relatives told us they had access to varied meaningful activities. People and involved professionals gave positive feedback about the activities they were supported to access at the service and in their community. One person who had attended an arts workshop for four weeks told us, "It was brilliant." A social care professional told us, "The staff have a very person-centred approach, they find activities to meet

the client's interests and needs, they really do try to accommodate activities in the community and in the home." Throughout the inspection people were engaged and positive about the activities they had completed or had planned for the day or near future. One person told us they enjoyed shopping, attending cookery courses and had a voluntary job at a garden centre. People were supported to regularly visit their relatives, and relatives told us they were always welcome to visit their loved ones. Home-based activities including; karaoke nights, themed arts and crafts and birthday parties that people greatly enjoyed. People engaged socially in their local communities and had regular access to activities including; shops, cafes, churches and the opera and ballet. Where people chose to take part in religious activities these were also respected and supported. One person told us, "I go to church regularly, it's important to me as I can say a prayer for two of my relatives when I'm there."

Staff understood the importance of good communication within their service to ensure people's needs were met and that relatives were included. Staff told us and we observed that they were kept up to date about people's needs and wishes through regular handovers, team meetings, daily communication records and planned diarised activities. Relatives spoke positively about communication between staff and themselves. One relative told us, "They communicate really well. For example, they always contact me when planning activities such as pantomimes, just to check I'm not planning to do the same thing when my relative comes home." Another relative told us they were always updated about the person's wellbeing and any health issues they may have.

Information for people was provided in an accessible format that met and highlighted their needs to others. Visual communication tools were used for people with communication and memory issues, including weekly activity plans. People had visual health action plans and diabetes care plans that they were included in developing and used to promote wellbeing. Throughout the inspection staff and care planning records demonstrated a responsive approach to people's communication needs, staff used different forms of communication including sign language and gestures and ensured people had their communication and sensory aids to hand such as glasses. Complaints information was also provided to people in an accessible easy read format.

People and relatives were confident that complaints were taken seriously and listened and responded to. Relative's told us they would be comfortable to raise any concerns they had with people's keyworkers or the registered manager. For example, one relative fedback to the service that their loved one had returned home with clothes that were not their own. Having discussed this with the keyworker, it was recognised that the person needed more clothing while during their stays and that the laundry systems needed improving to ensure people's clothing remained together. This demonstrated that staff at The Well House acted and investigated complaints and took actions to learn from people's experiences in a timely manner.

When needed staff provided end of life care for people and this was recorded in their care planning. Staff worked closely with people, relatives, GPs and relevant end of life health professionals to ensure people's wishes were respected and their needs met. For example, one person wished to remain at home during their care. Staff, district nurses and GP worked jointly to ensure safe management of skin integrity and anticipatory medicines were available. This was to ensure the person could experience a comfortable pain free end of life where their wishes were respected.

Requires Improvement

Is the service well-led?

Our findings

Relatives and social care professionals spoke positively of the service ethos and the management of the service. Staff, relatives and people told us staff at The Well House created a homely and friendly environment for the people to live in and that communication with the management team was effective. One relative told us, "The staff make a connection with the people they look after, they genuinely take an interest and enjoy what they do." Another relative told us, "It took us years and years to find the right place for our relative and since they have been there they are thriving, doing new things, new activities, they are flourishing." A social care professional told us, "Any conversations or dealings I have had with them to do with my case, has been professional and person centred." Despite these comments, we identified areas in relation to quality assurance and information that needed to improvement.

At the last inspection in October 2017, the provider was in breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider had not displayed their rating of the service from the previous inspection on either their website or at the service. Areas of improvement were also identified in relation to the providers quality assurance systems. At this inspection improvements had been made and the breach in relation to the failure to display had been met. The inspection rating from October 2017 was conspicuously displayed at the service. There was not a publicly accessible website in place so the rating could not be displayed by the provider which is permissible.

At this inspection improvements had been made in relation to the provider's quality assurance systems. This was also demonstrated through feedback given to the provider through local authority contract audits. The registered manager had continued to embed their internal quality assurance systems to monitor and analyse the quality of the service and design action plans in response. For example, the provider had just completed a review of their data protection systems in response to the General Data Protection Regulation and had employed a consultant to improve their systems. Regular audits and checks were completed to ensure a good level of quality was maintained. For example, infection control, health and safety, risk assessment and medicines audits had taken place. Records demonstrated that the registered manager had acted on areas of practice that needed to improve from the last inspection. For example, people's care plans detailed when there was an application for DoLS in process, they included body maps that guided staff on where to use topical creams. Medicine administration sheets were signed and completed in line with the policy. People's insulin was stored at a safe temperature and staff had adequate facilities to safely dispose of insulin needles.

Despite these improvements there were still some areas of practice in relation to records that needed to improve. Records did not always demonstrate that the provider's quality assurance systems had evidenced the positive work completed in relation to the assessment of people's needs as their mental capacity fluctuated. For example, one person's care plan detailed that a DoLS application was in process due to their dementia. However, their care plan did not evidence, as had taken place that the person and their relatives had consented to them moving to the main building from an annex to improve their consistency of care and reduce their anxiety and confusion. The provider could therefore not fully evidence through their records how they had worked in line with the Mental Capacity Act in supporting the person to make the decision to

move within the service and this area of practice needed further embedding through care plan reviews. This is an area that needed improvement.

Further to this during the inspection the registered manager was unable to access their electronic systems in a timely manner to evidence their recruitment and quality assurance compliance. This was related to their recent review of their data protection systems and poor internet access within the area of the service. The information was provided within the inspection process however our experience was echoed by one social care professional who fedback to us that they had' to chase paperwork from the service at times'. As the service are now reliant on electronic records to demonstrate their compliance and process information the provider was aware they needed to seek improve their internet access, and gain suitable advice to ensure they can access the information in a timelier manner. This is an area that needed improvement.

The registered manager was supported by an established staff team including a deputy manager and shift leaders. The registered manager was consistently present at the service and integrated within the daily routines and people's experience of the service. Staff told us they were well supported and there were clear lines of accountability and responsibility through their roles and embedded practices. One staff member told us, "The managers are open, honest, knowledgeable and very caring." This was demonstrated on the day of the inspection through observations of staff interacting with the registered manager and the people they supported. Daily meetings, team meetings and management and shift schedules underpinned their day to day service delivery tasks, ensuring individual support needs were met.

The service maintained a clear value base. The registered manager told us, "Our core values are that people are looked after to the best of our ability and supported to meet their own potential." The registered manager and staff demonstrated their understanding of this ethos through their interactions with people and each other. Staff spoke with a genuine respect and regard for the people living and staying at The Well House. One staff member told us, "We all have people's best interests at heart, we give 100% and help them have a good quality of life that is realistic." Another staff member told us, "We genuinely care about the people here". A social care professional told us, "I feel they go above and beyond to work with people and to deliver a person-centred approach to reduce their anxieties and behaviours in the best way possible."

Relatives gave positive feedback in relation to the management of the service. One relative told us, "We have had some serious problems over the years, not related to our relative, The Well House have supported us over the years with these problems, they have done a great job." Another relative told us, "I would highly recommend them, it is a great place for my relative to live. "We would be hard pressed to find a home anywhere near as good." The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager had submitted notifications to us, in a timely way. This meant we could confirm that appropriate action had been taken.

There was a policy in place in relation to the Duty of Candour and the manager was aware of their responsibilities under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment of people. An open and transparent culture was promoted. Staff and relatives were encouraged to provide feedback and to make suggestions for improvements in the service.

A satisfaction survey was completed in 2017, which provided relatives with the opportunity to feedback about the quality of the service provision. The survey outcomes were consistently positive and the registered manager told us that they had responded to comments about laundry items being lost, by providing submersible laundry bays for each person. One staff member told us the registered manager had sought ideas from staff to assist them in resolving this issue and that they had sourced the bags in response. This

demonstrated that improvements were made to the service in response to comments from relatives and staff.

The registered manager told us that they were keen to improve the culture of the service and had regularly reviewed their policies with the support of an external organisation to ensure they had 'piece of mind' and had up to date information on procedure initiatives. They were also actively involved in partnership working with local authority contracts teams, Skills for Care, social care professionals, GPs and specialist health care professionals to ensure they were responsive to people's needs and learned lessons from previous experiences. One social care professional gave positive feedback about how the service worked with them in relation to making improvements after safeguarding's. They told us, "They are open and transparent and always hold their hands up and ask, what can we do to make this better."