

Southdown Housing Association Limited

Wynford 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 ●

Summary of findings

Overall summary

The inspection took place on 9 October 2018 and was announced. Wynford House is a large detached house that provides care for up to eleven people who live with a learning disability and/or other complex needs. It is situated near to Seaford town centre and at the time of our inspection, there were eleven people living at the home.

Wynford House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People were supported to have their medicines safely. Risks were assessed and plans were in place to manage identified risks. The provider had robust recruitment procedures and there were enough suitable staff to care for people safely.

Staff had received the training and support they needed. People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were having enough to eat and drink and they were supported to choose and prepare their food. Staff supported people to have access to health care services when they needed to.

People had developed positive relationships with staff. They told us, and we observed, that they were happy and comfortable with staff. One relative told us that they knew their relation was happy living at the home because, "They are always smiling and relaxed." Staff knew the people they were supporting well and spoke about them with affection and respect. People were encouraged to be as independent as possible and their dignity and privacy were protected.

People were supported in a person centred way. Their care records were holistic and reflected their needs and preferences. People were living full and busy lives and were able to access the local community regularly. Wynford House has been operated and developed 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 autism using this service can live as ordinary a life as any citizen

Complaints were recorded and resolved effectively. People were supported to plan for care at the end of their lives.

Systems and processes supported good governance and management at the home. Quality assurance systems were used to drive improvements. People and their relatives spoke highly of the staff and the management of the home. Staff described positive working relationships with other agencies and described an open culture where their views and ideas were welcomed.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Wynford 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 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 comprehensive inspection took place on 9 October 2018 and was announced. We gave the service 24 hours notice of the inspection visit. This was because the location was a small care home for adults who are often out during the day and we needed to be sure that they would be in. The inspection team consisted of two inspectors.

Before the inspection the provider had submitted 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. We looked at information we held about the service. This included any complaints we had received and any notifications. Notifications are changes, events or incidents that the service must inform us about.

During our inspection we spoke with five people and two relatives. We spoke with four members of staff and the registered manager. We observed staff interactions with people. We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration record (MAR) sheets, three staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected on the 16 March 2016 and was awarded the rating of Good. At this inspection the service remains Good.

Is the service safe?

Our findings

People told us they felt safe living at Wynford House. One person said, "I feel really safe and secure here, it's a lovely place." A relative told us they were confident their relation was safe saying, "We are reassured by how happy they are, they are always smiling and relaxed." It remained that care was provided safely at the home.

Staff had received training in how to safeguard people from abuse and demonstrated that they understood their responsibilities. Records showed that appropriate alerts had been made to the local authority in line with the provider's safeguarding policy.

Recruitment procedures were robust and appropriate pre-employment checks had been undertaken to ensure that staff were safe to work with people. There were enough staff on duty to provide care to people safely. Throughout the inspection we observed that staff were responding to people's needs and they did not have to wait long for their requirements to be met. Records of staff rotas showed that staffing levels were maintained consistently to ensure that there were always enough staff on duty. One person told us, "There are enough staff on to help us, they respond if I need help. I don't have to wait, they come really quickly."

People were supported to receive their prescribed medicines by staff who had been trained in safe procedures. Medicines were stored safely and there were effective systems in place to monitor the administration of medicines. Some people were receiving PRN (as required) medicines. There were clear protocols in place to guide staff in when to give these medicines. One person was managing their own medicines and there were safe systems in place to support this. This demonstrated that staff had considered how to manage risks in the least restrictive way possible.

Risks to people and the environment had been identified and assessed. There were comprehensive plans in place to guide staff in how to provide care safely. For example, a person was supported with swimming at a hydro therapy pool. A risk assessment and care plan included guidance for staff in the equipment that the person needed and how to use it. One person needed support when out in the community. A risk assessment identified specific risks associated with using public transport and included clear guidance for staff in how to support the person. This included how to reduce risks of discrimination by supporting the person with behaviours that could be challenging to others. Risks associated with the safety of the environment and equipment were identified and managed appropriately. For example, regular checks on equipment and the fire detection system were undertaken to ensure they remained safe. The home was clean and tidy and we observed staff supporting people to maintain good standards of hygiene throughout the inspection. One person told us, "It's always very clean everywhere, especially in the kitchen." Another person invited us into their bedroom, they told us how staff helped them to keep the environment clean and tidy. There were safe systems in place to protect people with the prevention and control of infections.

Incidents and accidents were recorded and monitored. Staff explained that when an incident occurred they discussed the circumstances and reviewed risk assessments and care plans to determine what lessons could be learned. Records confirmed where changes had been made to a care plan to avoid a similar

incident occurring.

Is the service effective?

Our findings

People were continuing to receive an effective service. People and their relatives told us that they had confidence in the staff. One person said, "The staff know how to help me, they have been trained." A relative told us, All the staff are good, they think things through carefully. They are brilliant, top notch."

Staff told us that the training they received was of a good standard. A comprehensive induction programme was in place and included time spent shadowing experienced staff. A staff member described how this had helped them to get to know people and to feel confident in supporting them effectively. Records showed that staff received training relevant to people's needs. Some people had behaviour that could be challenging and staff had received training in Positive Behavioral Support (PBS). This is a person-centred approach to people with a learning disability and/ or autistic people, who display, or are at risk of displaying, behaviours which challenge. It involves understanding the reasons for the behaviour and considering the person as a whole, including their life history, physical health and emotional needs, to implement ways of supporting the person. Staff told us PBS plans were effective in reducing incidents because they helped staff to identify and avoid known triggers and provided a clear strategy for staff to follow, which enabled a consistent approach.

Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Staff were receiving supervision. Records showed that there had been some slippage in supervisions earlier in the year but there had been a recent improvement in frequency. Staff said that they continued to feel supported, one staff member said, "If you ask for support you get it." Another staff member said, "I missed a couple of supervisions but they are back on track now. All the managers are supportive here."

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 the Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguarding (DoLS). Staff demonstrated a good understanding of their responsibilities with regard to MCA and DoLS. We observed staff seeking consent from people throughout the inspection. Where people lacked the capacity to make specific decisions, MCA assessments had been undertaken and decisions that were made in their best interests had been documented. Some restrictions on people's freedom had been put in place to manage identified risks to their safety. For example, one person's anxiety was heightened when coffee was freely available to them. A decision had been made to keep coffee in a locked cupboard. To ensure that other people's access to coffee was not restricted staff had ensured that people could keep coffee in their room if they wanted to. Staff said that whenever possible they considered the least restrictive option for people. Appropriate applications for DoLS had been made and staff understood their responsibility to comply with these authorisations when providing care.

People's needs and choices had been assessed and care plans were detailed and holistic. People's physical health, their mental health and their social needs were all considered. Validated tools were used to assess

people's needs and to identify levels of risk. For example, a Malnutrition Universal Screening Tool (MUST) had been used for one person who had unplanned weight loss. Advice had been sought from health care professionals and staff had been monitoring the person's weight and dietary intake regularly to provide the GP with more information.

Staff described effective team work. One staff member told us, "The team is really good, we work well together." Communication systems support staff to pass on information effectively. One staff member said, "We all need to know what's happening, such as any plans or appointments. The registered manager said that team meetings were well attended and notes showed that staff were able to raise issues and discuss concerns openly.

People were supported to have enough to eat and drink. We observed that people were having their meals at times of their choosing and people were deciding what they wanted to eat on an individual basis. Some people were supported to prepare the meal they wanted. People who needed help to eat were being supported by staff and we observed staff encouraging people with drinks throughout the inspection. Risks associated with eating and drinking were identified. Care plans included advice from Speech and Language Therapist (SALT) for example if they needed a modified meal. We observed that staff were supporting people in line with the care plan. People were supported to access the health care services they needed. Records confirmed that people attended regular appointments with health care professionals including GP's, dentist, Physiotherapist, SALT and optician.

The home had been adapted to meet people's needs. There was a passenger lift between the ground and first floor and we observed people using this independently when they wanted to. The ground floor was spacious and uncluttered to support access for people who used a wheel chair and a section of work-surface in the kitchen was lowered to make it accessible. The garden area had been designed to enable safe and easy access. People's individual needs were being supported, for example, consideration had been given to the lighting in one person's bedroom. The registered manager explained that the person was living with autism and was affected by shadows so improving the lighting had been beneficial for them.

Is the service caring?

Our findings

People continued to be supported by staff who were kind and caring. A relative spoke highly of the staff saying, "Without exception all the staff are good." A person told us, "I get on really well with all the staff." Throughout the inspection we observed positive interactions between people and staff. Staff took time to communicate with people in the way they needed. Staff were gentle and reassuring in their approach. People appeared relaxed and happy in the company of staff. We heard lots of people chatting, laughing and interacting with staff members throughout the day. A relative told us, "We have no doubt our relation is happy, her laugh is so infectious ."

Staff knew the people they were caring for well and spoke about them with affection and respect. Staff told us about the positive changes that had been achieved for people and described how they helped people to be as independent as possible. One person, who was autistic, found it difficult to go out to unfamiliar places. Staff had adopted a consistent approach to support the person to go out and choose their groceries on a regular basis. They spoke proudly about the person's achievements and the importance for them of being able to do their own shopping. They said, "It's so important that they can exercise their independence."

Staff respected people's privacy. We noted that they knocked on the door and waited for a response before entering people's rooms. People had keys for their bedrooms and we saw some people using their key. Staff checked with people discreetly when they needed support with personal care and encouraged people to maintain their privacy and dignity. People's personal information was kept securely and staff demonstrated awareness of maintaining confidentiality.

Some people had communication needs and staff were using accessible ways to support them. For example, one person's care plan noted that they needed support to understand what was happening each day and that the order of activities was important for them. Staff were using pictures to help the person understand what was happening at specific times of the day. Another person needed to have information provided in short sentences and key words and phrases were identified within their care record to guide staff. We observed one person arranging staff photos on a shift plan for the day. Staff explained that this was important for them and helped them understand who would be supporting them that day.

People were supported to be involved in planning their care and support. One person told us that they were able to make decisions on a daily basis and staff offered support when they needed it. Other people who had communication needs were supported in personalised ways to be involved in planning their care. For example, a staff member explained how they would help people prepare for a meeting by talking with them about what they wanted to achieve. They described identifying the subjects that were important to the person such as plans for holidays or outings. One person had an advocate to support them, other people had relatives who they wished to be involved in planning their care. Relatives told us that communication with staff was good and that they were kept informed on a regular basis.

Is the service responsive?

Our findings

The service continued to deliver support that was responsive to people's needs. People and their relatives told us that staff supported people to lead full and busy lives. One relative told us, "They do lots of activities and social events. Our relation is always busy." A person told us about the regular activities that they took part in and described being out and about in the local community.

CQC's Registering the Right Support (RRS) and other best practice guidance, describes how people with learning disabilities and /or autism are as entitled to live an ordinary life as any other citizen. The values underpinning this policy include offering people choices, promoting independence and inclusion within the local community. Although Wynford House was registered before this guidance was published, the model and scale of the home are in keeping with the RRS principles. The home is small and provides a homely environment. People have access to local amenities and were supported to participate in the community. People were able to use local health and social care services and staff supported people to be independent

People were supported in a person-centred way. Care plans were fully reflective of their needs, preferences and interests. People's personal history and back ground were included and provided staff with details that described who was important to the person, their cultural background and their sexual orientation. People's differences were acknowledged and respected. People were able to maintain their identity, for example one person told us they enjoyed using make-up and choosing their clothes. People's rooms were decorated as they wished, with personal belongings and items that were important to them.

Care plans placed a clear emphasis upon the individual's strengths, abilities, independence and their overall quality of life. They provided staff with detailed guidance about what was most important to people, including their likes, dislikes, hobbies and interests, and their preferred daily routines. For example, one person's preference for a particular type of toothpaste was included, another person's love of particular music was noted. A third person's interest in steam trains was recorded and staff described plans to visit a local steam railway. People were supported to maintain contact with people who were important to them. One relative told us, "We get good feedback from staff about our relation and what they have been doing and places they have visited." Some people had communication needs due to their disability. Care plans identified specific communication needs and highlighted any tools or information to guide staff. Makaton is a language programme using signs, symbols and speech to help people to communicate. Care plans included use of Makaton signs and symbols, pictures, photographs and objects of reference. Pain assessments identified non verbal communication that might indicate in someone was in pain, for example, behaviours or facial expressions that a person might use.

The provider had a system for recording complaints and the actions that had been taken to address people's concerns. Few complaints had been received and the registered manager said that staff would try and resolve any issues as soon as they were raised. They explained how learning from complaints was used to improve the service.

People and their relatives were supported and encouraged to plan in advance for care at the end of life.

Specific requests and cultural or religious needs were recorded, such as whether a person wished to be buried or cremated.

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the management of the home. One person told us about the positive relationship that they had with the registered manager and described them as very kind and approachable. A relative described a warm and happy atmosphere at the home and said, "It's because all the staff seem happy and that's good for everyone here." One staff member said, "It has been a difficult time in some ways but we are a great team, there is good team spirit and that has carried us through."

The home 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'. 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 registered manager described a clear vision for the home and explained how staff continued to support people to be as independent as possible and to have as much autonomy as they could. Staff we spoke with understood this vision, for example, one staff member told us they were an advocate for the "Stay up late" campaign which supports the rights of people with learning disabilities to be able to stay out late if they want to. They described how this was becoming embedded within practice at the home because staff were able to work later shifts to support people. Records confirmed that people were regularly attending concerts and events that finished late in the evening.

The provider's quality assurance framework included systems and processes to identify shortfalls in the quality of the service. For example, a quality audit had identified that there had been a reduction in the frequency of staff supervision meetings. A plan had been put in place to ensure that staff received supervision within the provider's standard timescale. We could see that the frequency had improved. Staff had a clear understanding of their roles and responsibilities. Systems for monitoring practice were completed by staff. The registered manager had oversight to assure themselves that risks were effectively managed and that the quality of the service was maintained. For example, incidents and accidents were monitored to identify any patterns or trends. Learning was used to make changes and to improve standards. A service improvement plan identified timescales for making changes to improve quality.

The provider was committed to supporting people and their families to be engaged with developments at the home. They had introduced a quality assurance tool that enabled people to complete their own quality assurance checks to help drive improvements. Staff told us that they had regular team meetings and could express their views and raise any suggestions for improvements at team meetings or at any time. Staff described feeling that their contributions were welcomed and valued.

Staff described positive arrangements for working in partnership with other agencies to support care provision and developments. For example, The registered manager told us about links with a local hospice and health care professionals. They described work that was in progress for developing end of life care plans and support with bereavement.