

Well House Care Sussex Ltd

The Well House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Well House is a residential care home that provides care and accommodation for people with learning disabilities. It was registered for the support of up to 14 people. Eight people were living at the service on the day of our inspection.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Many people were not able to fully verbalise their views and used other methods of communication, for example pictures. Due to people's needs we spent time observing people with the staff supporting them.

Right support:

- People received personalised care and support specific to their needs and preferences. This had been effective in supporting people to achieve goals and encouraged them to learn and grow as individuals. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Staff understood the risks associated with the people they supported. Risk assessments provided guidance for staff about individual and environmental risks. People received their medicines safely, when they needed them.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. People's individual needs and choices were recognised, and respected. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right culture:

- Despite the need to keep people safe during the COVID-19 pandemic taking priority, the provider and staff had worked hard to develop strong leadership. Quality monitoring systems had been embedded and morale was high amongst the staff team. We received positive feedback in relation to the care people received and how the service was run. One relative told us, "[My relative] is very happy at the home. Before the Well House, he was bounced around a few homes and never settled, but he's really settled and happy now".

Due to the COVID-19 pandemic, the provider had ensured that appropriate infection control procedures for the pandemic were in place to keep people safe. This included increased cleaning and ensuring adequate supplies of personal protective equipment (PPE) were available. Staff completed training in relation to COVID-19. We were assured the provider managed infection prevention and control through the COVID-19 pandemic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Good (published 19 December 2018). At this inspection we found no concerns in the key questions we looked at.

Why we inspected

We undertook this focused inspection on 4 November 2020 in light of concerns we had received in respect to the care people were receiving. Concerns included, infection control, the management of medicines, recruitment practices, risk assessments, staff training, staffing levels and a negative and closed culture at the service. A decision was made for us to inspect and examine those risks. Therefore, this report covers our findings in relation to the Key Questions: Is it Safe? and Is it Well-led?. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-led sections of this full report.

For those key questions not looked at on this occasion, the ratings from the previous comprehensive inspection were used in calculating the overall rating at this inspection. The overall rating for the service has not changed from Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Well House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Well House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This was a focussed inspection due to information of concern we had received.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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.

Notice of inspection

We gave a short notice period of the inspection. This was because of the COVID-19 pandemic. We wanted to be sure that no-one at the service was displaying any symptoms of the virus and needed to know about the provider's infection control procedures to make sure we worked in line with their guidance. Due to the COVID-19 pandemic, we needed to limit the time we spent at the service.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with one person living at the service and three members of staff, including the deputy manager and two care staff. We spent a short time in the home whilst people were eating their lunch. This allowed us

to safely look at areas of the home and gave us an opportunity to observe staff interactions with people.

We reviewed a range of records. This included four people's care records, medicine records, and further records relating to the quality assurance of the service, including accident and incident records.

After the inspection

We spoke with the registered manager and three relatives by telephone to gain further feedback around the care delivered.

Is the service safe?

Our findings

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Care staff were trained in the administration of medicines. A member of staff explained the medicines procedures to us. They were knowledgeable and knew what medicine people needed and how they liked to take them.
- The medicines people took were recorded in Medication Administration Records (MAR) The MAR's we looked were completed accurately and correctly. We saw evidence of audit activity that showed where any errors were found, that action had been taken and recorded.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. Nobody we spoke with expressed any concerns around medicines.

Assessing risk, safety monitoring and management;

- Staff knew people well and understood risks associated with their care. For example, around people's dietary requirements. Care plans contained information regarding people's mobility and falls risk. People were supported to stay safe and move around freely.
- Where people had health conditions and specific eating requirements, there was guidance and risk assessments in care plans. Staff had received appropriate training, had competency assessments in place and were following assessed guidance issued by health professionals to manage people's specific health needs. People's behaviours that may challenge were managed well.
- A relative told, "It's a really good home. [my relative] is complex and they really understand him".

Staffing and recruitment

- Relatives told us there were enough staff to meet their loved ones needs safely. One relative told us, "They have great staff who know [my relative] well, I've never thought there weren't enough". A member of staff said, "We have enough staff to do all we need to do and [deputy manager] supports us, she has made a big impact here". Our own observations supported this, and we saw people and staff spending social time together, as well as staff responding to people's requests and needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
- The provider had a dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and updates. There was also information on how to raise any

issues or concerns displayed around the service.

- There had been some recent safeguarding investigations carried out by the local authority safeguarding team. We saw evidence staff had assisted and complied appropriately with all investigations.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw systems where specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Preventing and controlling infection

- Appropriate COVID-19 procedures were in place and being followed and infection control measures were robust. The service was clean and tidy and handwashing facilities and PPE was available.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed, and that the provider's infection prevention and control policy was up to date.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection in December 2018, this key question was rated as Requires Improvement. At this inspection, this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- At the last inspection, we found areas of improvement were needed in respect to record keeping. Some records were not accessible in a timely way and others did not detail changes that had been made in light of quality monitoring processes and people's changing needs. At this inspection we saw that improvements had been made.
- Records were detailed, accessible and provided staff with the information they needed to provide person centred care and drive improvement.
- We saw a number of audits, checks and monitoring systems including, the environment, medicines, training and supervision, care plans and infection control. These systems had been implemented to show where shortfalls were, and to enable staff to take action.
- Staff told us about the positive impact of the improvements made at the service. The deputy manager told us, "It's taken some time, but I feel that we all support each other, morale is good, and we have embraced the changes that have been made. I feel really proud of the service". This was echoed by staff and one member of staff told us, "Things have come a long way and it is the managers who have put this in place. You can approach any of the management team and they are very receptive, it's a two-way thing".
- The culture of the service was positive and inclusive. Although we only spent a short time in the service, we saw that there was a relaxed atmosphere between people and staff. Staff spoke about people with care and compassion. They told us of the importance of keeping people safe and well-looked after especially during the COVID-19 pandemic. People, relatives and staff spoke highly of the service. Their comments reflected the kindness of staff and involvement of the deputy manager. The deputy manager told us, "We know that all we do is for the guys who live here. We've all increased in confidence the residents and the staff". A member of staff said, "This is a great place to work, we're all a really close bunch, the residents and the staff, we're like a family". A person living at the service added, "I'm very happy here".
- Despite not being available on the day, there was a registered manager in post. 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.

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and

Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns. Due to the lockdown and visitor restrictions due to the COVID-19 pandemic, these professionals were not routinely visiting the service to keep people safe by reducing infection risk, but were providing remote support and guidance.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. Relative's told us that staff contacted them about any changes in their relative's health or wellbeing. One relative said, "They always contact me, and they are always available when I contact them".