

Mrs Tina Dennison

# Wave Hill

## Inspection report

5 Salisbury Road  
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Date of inspection visit:  
05 September 2016  
06 September 2016

Date of publication:  
25 October 2016

### 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

This inspection was carried out on 5 and 6 September 2016 and was announced. Twenty four hours' notice of the inspection was given because we needed to be sure that people who wanted to speak to us were available during the inspection.

Wave Hill provides personal care for people with a learning disability in a shared house. There were three people using the service at the time of our inspection.

The provider was leading the service. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were kind and caring to people and treated them with dignity and respect at all times. People were supported to be as independent as they could be.

Staff felt supported by the provider, were motivated and enthusiastic about their roles. The provider or a team leader was always available to provide any support and guidance staff needed. Staff shared the provider's vision of a good quality service.

There were enough staff, who knew people well, to meet their needs at all times. The provider had considered people's preferences when deciding which staff would support people. Staff were clear about their roles and responsibilities and worked as a team to support people to achieve what they wanted.

Checks had been completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff had completed the training they needed to provide safe and effective care to people and held recognised qualifications in care. They were supported to provide good quality care and met regularly with the provider to discuss their role and practice.

People's care and support was planned and reviewed, to keep them safe and help them be independent. Possible risks to people had been identified and people were supported to stay as safe as possible, while remaining independent.

Staff knew the signs of abuse and were confident to raise any concerns they had with the provider or team leader. Systems were in place to manage complaints received.

People were supported to take the medicines they needed to keep them safe and well and attend regular

health checks when they chose. Staff offered people advice and guidance about a healthy diet. People who needed assistance were supported to prepare their own meals.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The provider understood their responsibilities in relation to DoLS. People were not restricted and went out when they wanted to.

The requirements of the Mental Capacity Act 2005 (MCA) had been met. The provider knew when assessments of people's capacity to make decisions were needed. Staff supported people to make choices and respected the decisions they made. When people needed help to make a particular decision staff helped them. Decisions were made in people's best interests with people who knew them well.

Regular checks were completed to make sure the quality of the service was to the required standard. People, staff and visiting professionals had been asked for their views of the service and these had been acted on.

Accurate records were kept about the day to day running of the service, care and the support people received. These provided staff with the information they needed to provide safe and consistent care to people.

## 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.

Risks to people had been identified and action had been taken to support them to remain independent and keep them safe and well.

Staff knew how to keep people safe if they were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed at all times.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

People were supported to take the medicines they needed.

### Is the service effective?

Good ●

The service was effective.

Staff gave people information to help them make decisions and choices. When people could not make a decision, staff worked with them and other people who knew them well to make a decision in their best interest.

Staff had the skills they required to provide the care and support people needed.

Staff helped people eat a healthy diet and respected the choices they made.

People were offered regular health checks and attend healthcare appointments.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and

respect.

Staff had the skills to communicate with people in ways that they understood.

People were supported to be independent.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People planned their care and support with staff and staff gave them the support they wanted.

People were supported to take part in activities they enjoyed.

Systems were in place to resolve any concerns people had to their satisfaction.

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

**Good** ●

The service was well-led.

Checks on the quality of the service had been completed. Systems were in operation to ask people, staff and visiting professionals for their experiences of the service.

Staff shared the provider's vision for a good quality service, and provided a service to the standard the provider required.

Staff were motivated and led by the provider. They had clear roles and responsibilities and were accountable for their actions.

# Wave Hill

## 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 inspection took place on 5 and 6 September 2016 and was announced. Twenty four hours' notice of the inspection was given because we needed to be sure that people who wanted to speak to us were available during the inspection.

The inspection team consisted of one inspector. Before the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we met three people who used the service. We spoke to one person, the provider and two staff. We looked at three people's care and support records and associated risk assessments. We looked at three people's medicine records. We looked at management records including staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff.

We contacted three people's case managers before our inspection but did not receive any feedback from them.

We last inspected Wave Hill in April 2014. At that time we found that the provider was complying with the regulations.

## Is the service safe?

### Our findings

People appeared relaxed and happy in the company of each other and staff.

Staff had completed training about different types and signs of abuse. They were confident that any concerns they raised to the team leader or provider would be listened to and acted on. The provider was aware of their safeguarding responsibilities. Staff supported some people to manage their money. Checks were completed to make sure that people's money was safe, including signing withdrawals. People always had access to the money they needed when they wanted it.

Some people had looked at any possible risks to them with staff and agreed the support staff would offer to keep them as safe as possible. Other people were not able to recognise risks. Staff had identified risks to these people and supported them to remain safe. For example, one person was at risk of choking. Staff had contacted health care professionals for advice about how to manage the risks and followed their advice, including thickening the person's drinks. We observed the person drinking a syrup thick drink from the cup they preferred. Guidance was available to staff about how to keep the person safe. Another person was at risk when crossing the road. Staff supported the person when they crossed the road by reminding them to stop and look and not to rush across.

Accidents happened rarely. Staff had completed first aid training and helped people if they had an accident. Any accidents or incidents were recorded and monitored by the provider so she could identify any patterns or trends and take action to prevent further incidents.

Plans were in place to keep people safe in an emergency. Staff were informed of changes in the way risks to people were managed at the beginning of each shift. Changes in the support that people needed were recorded in their records and the communication book, staff read these to catch up on changes following leave or days off.

Staffing was planned around people's needs and activities. Staff told us there were enough staff on duty to support people to do the things they wanted to do. For example, if people wanted to do different things at the same time, more staff were deployed to support them. The provider matched staff and people with shared interests when planning staff to support people to take part in particular activities, such as going to the cinema to watch a science fiction film. Staff were available when people needed them. Nobody had to wait for support and staff had time to spend time with people doing things at their speed. Cover for sickness or holidays was provided by the staff team who knew people well. An on call system was in operation out of hours to give staff any advice and support they needed.

People were involved in selecting the staff who provided their support. They were introduced to potential new staff and spent time in their company with other staff they knew well. The provider observed people's interactions with candidates and used this feedback as part of the selection process. Checks were completed on staff to make sure they were honest, trustworthy and reliable before they were employed. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps

employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. New staff did not begin working at the service until all the checks had been completed. Staff were required to declare any changes to their criminal record regularly, the provider used this information to check that staff continued to be suitable to support people. Staff declared any health issues that may need to be supported.

There were policies and procedures in place to make sure that people were supported to take their medicines safely and on time. People were supported by staff who were trained in safe medicines management. People's medicines were ordered, stored securely and returned to the pharmacy when they were no longer needed. We observed people receiving their medicines. This was done in a caring and respectful way and staff stayed with people to ensure they took the medicines safely.

One person was prescribed 'when required' pain relief medicine. The person told staff when they were in pain and asked for their pain relief. Staff recorded when the person took the medicine and monitored this to make sure the time between each dose was correct.

## Is the service effective?

### Our findings

People were supported to make choices about the care and support they received, including how they spent their time and what they ate. During our inspection we observed people being given information in ways they understood to help them make decisions. Staff respected the choices people made and supported them when they needed help. Staff knew people well.

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. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA.

People using the service were able to make straightforward day to day decisions, such as what they wanted to do each day and the clothes they wore. Staff helped people make decisions by giving them choices in ways they understood. For example, staff told us one person became confused if they were given more than two options at a time, so staff showed the person only two options at a time, such as two skirts, to help them choose what they wanted. If the person did not want either option, staff offered two different options until the person was happy with their choice.

When people were unable to make complex decisions, staff worked with them and people who knew the person well, including their family and case manager, to make a decision in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). Where people are at risk of being deprived of their liberty applications must be made to the Court of Protection. The provider was aware of their responsibilities under DoLS and had discussed the risk of people being deprived of their liberty with their case managers. People were not restricted and went out regularly with staff support.

One person went out during our inspection. The person liked to go out each afternoon and staff supported them to do this. Another person told us staff had helped them get a bus pass and they enjoyed travelling into the local town to visit places they liked.

Staff supported people to maintain good health. People had health action plans in place to tell staff and health care professionals about their health care needs. People were supported to see their doctor when they needed to. Staff supported people to follow the advice and guidance given by health care professionals, including doctors, to keep them as well as possible. Some people disliked having health checks and staff informed their health care professionals of their anxiety. Information was available for health care professionals about what caused people to become distressed and how to support them in ways they preferred. People were encouraged to have regular health care checks, including dental check-

ups and eye tests, if they wanted them.

Staff were supported to develop the skills, knowledge and qualifications necessary to offer people the support they needed. Staff received an induction when they started work at the service to get to know people, the care and support they needed and to understand their role and responsibilities. New staff completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. New staff worked alongside experienced staff to help them build relationships with people and provide care in a consistent way. New staff did not work alone with people until they were able to support people in the way they preferred.

There was an on-going programme of training which included recognised qualifications in care and training to meet people's needs, such as dementia and pain management. Completed training was tracked and further training was arranged when needed. Staff had development plans and told us they were supported to complete higher levels of recognised qualifications to support their career development, including level five qualifications in leadership. The provider told us, "I prepare the staff to provide all areas of the service".

Staff spoke with knowledge about people's needs. The provider reviewed the effectiveness of training by observing staff and discussing their practice with them. Feedback from their observations was given to staff immediately and discussed at regular one to one meetings with them. Any changes needed to staff practice were discussed and agreed at these meetings. The one to one meetings were planned in advance so that staff could prepare and enabled the provider to track staff's progress towards their objectives. Staff had an annual appraisal to discuss their development needs and career ambitions for the next year.

People ate and drank when they wanted to. One person told us, "I enjoy the food here, the staff feed me very well". People planned weekly menus, with staff support and shopped for the items they needed. Staff encouraged people to eat a healthy diet. Some people were not able to prepare their own meals and staff did this for them. Other people prepared snacks and simple meals, such as bacon sandwiches for themselves when they wanted to. One person who had recently begun to use the service told us their appetite had increased and they enjoyed being able to eat when they wanted. They told us they had tea and coffee making facilities in their bedroom and made drinks whenever they wanted to. They were very pleased about this.

## Is the service caring?

### Our findings

People appeared happy and relaxed in each other's company. One person who had recently begun to use the service told us, "I'm just getting to know the staff and get used to them. If I need anything I just ask the staff and they help me".

Staff spoke with people, and each other, with kindness, respect and patience. They described people to us in a positive way, such as "[Person's name] is a very smiley, cheerful, friendly person" and "[Person's name] is a very joyful person to work with". The atmosphere was relaxed and staff responded appropriately to things people told them and questions they asked. Some people were affectionate towards staff and liked to give them a cuddle.

People were supported to keep in contact with their friends and relatives. One person's family visited them regularly. Staff had supported another person to visit and stay with their family who lived a long way away.

Staff knew what made people anxious or worried and planned their support to minimise this. For example, one person disliked receiving support with some of their personal care. The provider had supported the person to successfully apply for a grant to change their bathroom into a wet room. This had been fitted and had reduced some of the person's anxieties about receiving their support. Staff told us the person was "Much more relaxed". Staff reassured and comforted people when they were worried or upset.

People were supported and encouraged to be independent. Some people were supported to develop new independent living skills, such as cooking and others were supported to remain independent as their needs changed. Staff knew what people were able to do for themselves and offered them support when they needed it.

Staff asked people if they wanted staff with them when they chatted to the inspector or if they wanted to be on their own. One person spoke to us without staff support. People agreed that staff could show the inspector their bedrooms, which were personalised and decorated to people's taste.

People were involved in making decisions about the service they received. People told staff about their goals and needs and how they preferred their support provided. Their views were listened to and suggestions they made were put in place. Information was presented to people in ways people could understand which helped them to make choices and have control over making decisions. For example, one person used pictures to help them plan their activities each week. This helped the person understand the choices available to them and tell staff what they wanted to do. Staff understood how people communicated, including sign language and responded to their questions and requests.

People's privacy and dignity were respected. People were supported to wash and dress in private. One person preferred to get dressed and undressed with their bedroom door open. Staff supported other people to give the person privacy and people respected this. Some people preferred to spend time on their own and staff supported them to do this. For example, two people liked being in the lounge together but did not like

to sit together. Each person had their preferred seat which other people did not sit in. Another person preferred to spend time alone or chatting to staff in the garden. People were not isolated and always had someone to chat to if they wanted to.

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings with people or when people's needs were discussed were carried out in private. There was good communication between staff members with handover meetings held between shifts and a communication book that noted any changes for staff to be aware of.

## Is the service responsive?

### Our findings

People had been involved in planning their care and support, with their relatives or care manager when necessary. Staff knew people's routines and provided the support they needed in the way they preferred. People were described positively in their care plans, for example one person's care plan stated, "I am a sweet, cuddly person. I like dressing up and putting accessories on. I smile and giggle a lot".

People who were considering using the service met with the provider a couple of times to discuss their needs, support preferences, goals and aspirations. The provider used this information make sure staff could provide the care and support the person wanted before people were offered a service.

Staff provided the care and support people needed. They encouraged people to do what they were able for themselves and helped them to do other things. For example, one person had toast and cereal for breakfast. The person was encouraged to pour the cereal and milk into a bowl. Staff spread butter on the person's toast as they were unable to do this for themselves. Information about people's abilities and the support they needed was included in care plans for staff and visiting professionals to refer to. Guidance was included about all areas of people's life, including their daily routines and preferences.

Routines were flexible to people's daily choices, such as having a lay in. Staff told us that one person often liked to lie in and told staff "I don't want it", if they were not ready to get up at their usual time. Staff respected people's choices and supported people to do what they wanted to do. Staff knew people's usual routines, for example one person preferred a slow routine in the morning and staff arranged the person's activities and appointments for the afternoon as the person preferred this. Staff told us another person had their own routine and did what they wanted when they wanted to.

Staff told us receiving consistent support from staff was important to people and gave them reassurance. Detailed guidance was provided to staff about how to support people, to ensure that it was consistent and as they preferred. Staff knew what made people anxious or upset and planned their support with them to avoid this. For example, one person did not like crowds. Staff supported them to go shopping during the week and not at the weekend when it was busy. They also supported the person go to the pub, an activity they enjoyed, at lunchtime when it was quieter. The person told us they preferred this.

Guidance to staff about the support people wanted was reviewed and amended regularly as people's needs and preferences changed. People were involved in these reviews when they wanted to be. Staff, people, their family and representatives, such as their care manager, met each year to review the support the person received. This review checked people were getting the support they needed.

People had enough to do during the day and had regular opportunities to follow their interests and take part in social or physical activities. People took part in a variety of activities they enjoyed, including attending local social clubs and going out for meals. One person liked to walk to the local shop each day to buy items they wanted. People were involved in day to day household activities including laundry and shopping. Each person had an activity plan, including pictures and symbols, to help them remember what

they were doing each day. Staff recorded the activities people took part in. These were reviewed to make sure people were offered a variety of activities they enjoyed.

People were supported to raise any concerns or complaints they had. There was a complaints policy and procedure in place with an 'easy read' version to help people understand how to raise any concerns they had. Staff were aware of the process to follow should anyone make a complaint. Any minor concerns people or their representatives raised were resolved quickly.

## Is the service well-led?

### Our findings

The provider was leading the service; they were supported by a team leader. The provider understood relevant legislation and the importance of keeping their skills and knowledge up to date. They were experienced and qualified.

Staff told us that the provider was supportive and always available either in person or by phone to give advice and support. One staff member told us "(The provider) is always there when we need her". The provider led by example and supported staff, giving them feedback about how they might improve their practice. Staff who wanted to were supported to develop their leadership skills including obtaining recognised qualifications in leadership. The provider had attended workshops with a team leader to develop their knowledge of the Care Quality Commission's new inspection process.

Staff spoke to each other and to people in a respectful and kind way. They were motivated and enjoyed working at the service. One staff member told us, "(The provider) is really, really supportive. She supports us to be professionals and not just carers". Staff worked together as a team to provide the support people needed.

Staff understood their roles and knew what was expected of them. They were clear about their responsibilities and were held accountable. Staff attended regular team meetings to discuss the service being provided. They were encouraged to share their views and make suggestions about the service with the team leader and provider. Staff also completed annual anonymous feedback forms about the quality of the service. These were all positive and staff had not raised any concerns.

The provider completed monthly checks on all areas of the service including the care people received, medicines and records, to make sure people received a safe and good quality service. Areas for improvement were identified and action was taken to address any shortfalls. They observed staff providing people's support and addressed any shortfalls found immediately. Spot checks were completed during the day and the night to make sure people were receiving the care and support they wanted.

The provider told us they, "Aspire to do better all the time". Staff shared the provider's vision of good quality care, which they described as, 'All people who receive a service will be treated with respect at all time. Individual choice and personal decision making are the rights of all service users and will be supported by staff. All service users are supported to maintain as much independence and individuality as possible'. We observed staff providing people's support in line with this statement. Staff told us they would be happy for a member of their family to receive a service from Wave Hill.

A process was in place to ask people for their feedback about the service every year. Some people were supported to complete these by their family and other people were supported by staff. Professionals, including people's care managers and doctors had been asked for their views of the service. Responses had been limited, one visiting professional had commented 'Staff are accommodating and always seem to be interacting with service users'. The local authority commissioner had also provided positive feedback about

the quality of the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like serious injury and safeguarding incidents. This is so we can check that appropriate action had been taken. The provider had informed CQC of significant events.

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care to people.