

The You Trust

Warnford Close

Inspection report

18 Warnford Close
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Hampshire
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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

This inspection took place on 30 October 2017 and was unannounced.

A registered manager was in place. 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.

Warnford Close has 12 rooms and offers support for people from the age of 18 who need support with their mental well-being. There were 11 people living at the service, however one was in hospital and one was on home leave on the day of the inspection.

At our last inspection carried out on 26 August 2015, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations. The concerns were: The registered person had not maintained an accurate, complete and contemporaneous record in respect of each service user, including a record of decisions taken in relation to the care and treatment provided. The registered person had not notified the Commission of incidents which had occurred.

The provider sent us an action plan in telling us they would be compliant with all the regulations by the end of November 2015.

At this inspection we found that the provider had made improvements and progress had been made since our last inspection. The provider was meeting the requirements of the regulations, in all areas.

People told us they were very happy with the care and support they received and if not they were happy to tell staff of any issues.

People were well supported and encouraged to make choices about what they ate and drank and could help themselves at any time.

The care staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. Staff also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they enjoyed working in the home and were a close, long standing group of staff.

Staff described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

The service was safe and there were appropriate safeguards in place to help protect the people who lived

there.

People were able to make choices about the way in which they were cared for and staff listened to them and knew their needs well. Staff had the training and support they needed.

There was evidence that people and staff had been involved in reviewing support plans.

Recruitment practices were safe and relevant checks had been completed before staff worked at the home.

People's medicines were managed appropriately so they received them safely

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest's decisions had been undertaken by relevant professionals. This ensured that any decisions were made in accordance with the Mental Capacity Act, DoLS and associated Codes of Practice.

The service was also meeting the requirements of the Mental Health Act 1983 (2007) (MHA) as some people were being cared for under the MHA.

People accessed the local community on their own and they were free to come and go from Warnford Close with the caveat that they told staff when they were leaving and an expected time of return. They also participated in shopping for their own food needs.

There was a quality assurance system in place which meant that the service was able to monitor, review and adapt any area that needed improvement.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service was well led.

People's records were accurate and complete.

Systems were in place which monitored the service and gathered people's feedback.

People living at the home, and staff were supported to contribute their views about the service and felt listened to.

There was good leadership and the staff were given the support they needed to care for people.

Warnford Close

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.

Before the inspection we reviewed information we had about the service, including previous inspection reports, improvement plans and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. The registered provider gave us additional information on the day of the inspection.

During the inspection we spoke to two people living Warnford Close. We also spoke to the registered manager and two staff. We looked at the care records for two people and the medicines administration records for nine people. We reviewed two staff files in relation to their recruitment, supervisions and appraisals, the staff training matrix and the staff duty rota. We also looked at a range of records relating to the management of the service such as accidents, complaints, quality audits and policies and procedures. We requested further information be sent to us which we received.

Is the service safe?

Our findings

People told us they felt safe living at the home, comments included "I feel safe and secure" and "They (staff) are always available."

There were sufficient staff to meet people's needs. Staff were available 24 hours a day. There were at least two staff on duty during the day and one at night. Staff told us this was sufficient as the people living at the service were quite independent.

Staff had received safeguarding training, were aware of how to raise a safeguarding alert and when this should happen. There were no current safeguarding concerns. We saw the service had a policy for safeguarding vulnerable adults from abuse. One member of staff told us, "Sometimes we have to ensure people feel safe in the home for example if there is any conflict" and told us how they make sure other members of staff were made aware of possible risks by, "talking about any issues at handover." The staff told us they had attended training on safeguarding adults from abuse. The staff training records confirmed this.

Support and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that people's risks were identified in respect of their mental health. Indicators of deterioration in people's mental health were set out in people's files and we saw staff were monitoring these signs from the daily records we looked at. Where concerns were identified staff confirmed action was taken, which included when needed, liaison with health and social care professionals.

Staff were aware of the risks the environment could pose to people for example self-harm and the home had been built with this in mind, to safeguard people wherever possible for example the shower rail would come down easily if any weight was put on it.

Risk assessments formed part of the person's agreed care plan and covered risks that staff needed to be aware of to help keep people safe. Risk assessments were reviewed regularly. Staff showed an understanding of the risks people faced. Risk assessments had been completed, specific to the individual, which included medication; smoking; kitchen risks; risk to self and risk to others.

There were accident and incident records kept and a whistle-blowing procedure that staff understood. Accidents and incidents were recorded in a way that allowed staff to identify patterns. These were available for the manager and senior team to monitor and review to ensure appropriate management plans were put in place.

The provider had a recruitment procedure in place. Pre-employment checks had been completed to check new care workers were suitable to work with people using the service. This included requesting and receiving two references and Disclosure and Barring Service (DBS) checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with people.

Medicines were safely administered, stored in a locked facility and appropriately disposed of when no longer required. All staff who administered medicines were appropriately trained and this training was updated as needed. Some people were responsible for taking their own medicines and keeping them safe. There were risk assessments in place for them. The people who were supported by staff to help with their medicines came to the office at medicine time to receive their medicines. They had a medicine pot and read out their medicines and popped them from the blister packs into the medicine pot themselves while under supervision from staff. People were also able to take medicines with them if they were going out for the day, so the taking of medicines did not impede their activities and independence.

There were clear arrangements for keeping the house tidy and clean with people living there having responsibility to maintain their own rooms and staff cleaned the communal areas.

Is the service effective?

Our findings

People were supported by staff with appropriate skills and experience. People said "They [staff] seem to know what they are doing. [Name] is great, so easy to talk to"

The staff told us they received training and support to help them carry out their work role. Comments from staff included; "Training is great we can book onto any training we like." New staff completed an induction; staff said their induction was "good."

Staff told us that they felt supported by the management team and had regular formal and informal supervision with the manager or deputy manager. Regular staff meetings were also taking place at the home to facilitate team work within the service.

We looked at the training records for the six staff who worked at the home and saw that each member of staff had completed training the provider considered mandatory. This included safeguarding adults, medication, health and safety, manual handling, fire safety and first aid. We saw that staff had also completed training on the Mental Capacity Act 2005 (MCA).

In addition to this, staff had also completed specialist training which reflected the needs of those whom they supported. For example, they had completed training in mental health and drugs and alcohol.

The manager and staff demonstrated a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). A DoLS application is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests. There was no one subject to a DoLS at the time of our inspection.

People were encouraged to eat healthily. The manager told us how people were provided with a set amount of money to buy their food each week. They could add to this amount from their benefits. In addition, milk, tea and coffee were bought for everyone's use.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. People also had access to a range of other health care professionals such as a nurse specialist in epilepsy, dentist and optician. The care files included records of people's appointments with health care professionals. The manager told us there was good contact with the local Community Mental Health Team, whose advice was frequently sought and followed as required.

The premises were clean and well maintained. We were shown an empty room which had recently been redecorated ready for a new person to move into. The registered manager told us this was done every time a room was vacated. One person told us they had been asked to choose the colour of one feature wall before they moved in.

Is the service caring?

Our findings

People told us they were happy with the approach of staff. There was some very positive feedback such as, "I like [name], they listen and I can go to them if I want to."

People had their own rooms and they were encouraged to keep them tidy and to clean them each week.

Staff cared for people in a way which respected their privacy and dignity. We observed that staff demonstrated a good understanding of the importance of privacy and dignity. People had keys to their bedrooms and staff did not enter without their permission. One person told us "They always knock before coming in."

We observed staff interacting with people using the service throughout the day. Staff interacted with people in a friendly, warm, professional manner at all times. Staff were polite and caring. Staff were able to tell us about people's different moods and feelings, and reacted swiftly when they identified people needed extra support. For example, staff introduced us and people chose to speak with us.

There was on-going interaction between people who used the service and staff. People were very comfortable and relaxed with the staff that supported them. We saw people laughing and joking with staff.

People using the service were able to make daily decisions about their own care and we saw that people chose how to spend their time. People told us they were able to choose what time to get up and how to spend their day. One person said, "They always listen to us; they ask us what we want to do." We observed staff to be caring in their approach to those who used the service. Staff demonstrated a good knowledge and understanding of those who they supported.

One member of staff told us caring was about "Supporting, assisting and encouraging independence." One person said "Staff knock the door before they come in and they do not disturb us unless it is for a reason."

Daily records demonstrated how people were being supported. The staff told us this system made sure they were up to date with any information affecting a person's care and support.

Is the service responsive?

Our findings

People's needs were assessed before a placement was offered. They were offered to visit the home as many times as they needed to although if it was an emergency then this was not possible. We saw that other professionals who were supporting people were also involved in the transition move to the home.

People said that the staff asked for their views and opinions and we saw this happened during our visit. This tended to happen on an informal daily basis although there were house meetings, although people did not attend these often.

Each person had a care plan in place for each identified support need. The care plan identified each person's needs and their short and long term goals. Information was included in people's records about how the person could support themselves and how staff could support them to achieve their goals. Each person had a keyworker chosen from the staff team whose role was to lead on support for that person to stay healthy, to identify goals they wished to achieve and to help them express their views about the care they received.

Care plans and risk assessments had been regularly reviewed. There was detailed information about each person's needs and how the staff should meet these. Indicators of changes in people's mental health were recorded in people's care plans and we saw that staff were monitoring the people's well-being in the daily records we looked at.

Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals.

Staff were knowledgeable of people's needs. They were able to tell us what support people required from staff and the reasons why. Information was provided to staff about maintaining appropriate boundaries in order to encourage people to do things for themselves and support people to become more independent. For example, making it clear that the expectation was that people should be responsible for their own personal care, cooking and laundry when they were able to do so.

People had responsibility for some household chores such as doing their laundry. These and other tasks helped their life skills for example, purchasing food items, clearing the table after meals and keeping their rooms tidy.

There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

There was a clear complaints procedure. People we spoke with told us they knew what to do if they were unhappy about anything. Comments included, "Yes I can complain and I can put it into writing."

Is the service well-led?

Our findings

At the last inspection in August 2015 we were concerned that records about people were not always complete, accurate and up to date, this meant there was a breach of Regulation 17 Health and Social Care Act Regulations 2014 Good governance. Also the service had not always notified the Care Quality Commission of relevant incidents affecting people a breach of Regulation 18 CQC (Registration) Regulations 2009. The provider sent us an action plan in October 2015 detailing the action they would take.

At this inspection we found the provider had taken action and was now compliant with the Regulations.

Care plans were complete for each person and had been updated and reviewed as needed.

The service had sent us notifications as required.

There was a clear management structure including a registered manager and a deputy. People who used the service were aware of the roles and responsibilities of staff.

Staff told us the service "Supported people on an individual basis, to improve their daily living skills and move on to independent living." It was clear from the feedback we received from people who used the service, that staff worked with them to achieve this.

One member of staff told us, "We are a good team and we work well together with different strengths." We noted most of the staff had worked in the home for some time, one member of staff said "This is a good place to work for, that's why I have stayed."

Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-ones and staff meetings.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with the manager and through our observations it was clear that they were familiar with all of the people in the home. Regular staff meetings were held. We saw the minutes of the last meeting; we saw that health and safety, self-catering and activities had been discussed. Surveys were sent to interested parties in June 2017 and the returned ones were currently being analysed.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. These took place daily, weekly and monthly, for example hot water temperatures daily checks, first aid boxes weekly checks and infection control monthly. Quality audits took place that included medicines, health and safety, daily checklists of the building, and people's files were audited.