

The Wansbeck Limited

Wansbeck 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

Wansbeck House is a residential care home for 12 people living with a mental health diagnosis. Accommodation for people was provided over three floors with two communal areas.

On the day of our visit 11 people lived at the home. At the last inspection in November 2014, the service was rated Good. At this inspection we found the service remained Good.

People felt safe living at Wansbeck House and were supported by staff who understood how to safeguard them. Staff knew them well and understood any potential risks people may face. The management of medicines was safe and the provider operated recruitment practices that ensured people would be supported by enough staff who were appropriate to work in the home.

The registered manager and provider ensured staff were trained and supported to meet the needs of people living at Wansbeck House and to further develop staff skills. People were provided with a healthy and varied menu to meet their nutritional needs and preferences. People were 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.

Staff were kind and attentive. People told us staff treated them in a respectful and dignified manner. The registered manager was aware of local advocacy groups and told us how they would get them involved if people needed this support. Staff had worked at the service for a number of years and had built good relationships with people. Any support was discussed with people first and regularly reviewed with them. Care plans were personalised and kept up to date. Staff knew people's abilities and preferences, and were knowledgeable about how to communicate with people. Support to access health professionals was given where this was needed.

The registered manager was a member of a forum supporting managers to share experiences, good practice and learn from each other. The registered manager worked alongside staff and with people. They operated an open door policy and were described as being supportive and fair. Staff spoke positively of the provider who they felt genuinely cared for them and for the people who lived at the home. Quality assurance systems were in place to monitor the service and encourage continual learning.

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?

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 remains Good

Wansbeck 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 checked 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 14 June 2017 and was unannounced.

The inspection was carried out by one inspector. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and previous inspection reports before the inspection. We looked at notifications sent to us by the provider (a notification is information about important events which the service is required to tell us about by law). This helped us to identify and address potential areas of concern.

Before the inspection we tried to gain feedback from two social workers. During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We spoke with two people, one of the registered managers and two members of staff. Following the inspection visit we spoke with one relative to ask them their views of the service provided.

We looked at plans of care, risk assessments and incident records for two people. We looked at the medicines for everyone living in the home. We looked at training, supervision and appraisal records for all staff and the recruitment records for two members of staff. We also looked at a range of records relating to the management of the service such as complaints, quality audits and policies and procedures.

The last inspection of Wansbeck House was carried out in November 2015 and we identified no concerns.

Is the service safe?

Our findings

People we spoke to told us they were safe living at Wansbeck House. They felt staff knew how to support them and were available when they needed them. A relative told us their loved one was safe and described the peace of mind they have as a family now because the care their loved one was receiving was "second to none". They told us "Without them (staff) I don't know where [person's name] would be".

There had been no matters that required reporting to the local authority safeguarding team but the registered manager and staff knew how and who to report concerns to. Staff received training to support their knowledge and were confident any safeguarding concerns would be addressed. One staff member told us how they had worked with people who lived at the home to support them to understand safeguarding and who to contact.

Staff knew people really well. Risks for people were identified and plans developed to mitigate these risks. Risk assessments were in place to guide staff to the support people needed to reduce the risks. These were regularly reviewed with people and agreed control measures were implemented. For example, one person had a risk assessment in place to guide staff about their diagnosed diabetes. Relapse indicators were also in place to help staff recognise when certain behaviours may be an indication the person's mental health was deteriorating with guidance for staff about what they should do. People told us they felt staff knew their needs well, explained risks to them and supported to understand how to reduce risks. For example, further risk assessments with support plans to guide staff had been implemented following an incident that had occurred with one person. This had been done in consultation with the person.

People told us they received their medicines when they needed them. Systems were in place to ensure the safe management of medicines. Staff were trained and the registered manager observed their practice to ensure this was competent. Medicine administration records (MAR's) were completed correctly with no gaps or anomalies. Fridge temperatures were checked daily and were within range but the room temperatures were not checked. Medicines should be stored within certain temperature ranges to be effective. The registered manager told us they would implement this immediately following our visit.

There were enough staff to meet people's needs and additional staff were allocated on the rota when needed to support appointments or trips out. The registered manager told us they monitored staffing levels regularly. They said they observed what was happening in the home and checked with staff and people that needs were being met. Everyone felt there were enough staff to meet their needs.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). These are carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

Is the service effective?

Our findings

People told us they made their own decisions and could come and go as they pleased. They described an environment that was their home with staff who were there to support them if they needed this. A relative told us the staff knew their loved one really well and described the support as "absolutely brilliant".

Staff were well supported in their role. The registered manager had an annual planner in place for staff appraisal and bi monthly supervision. Records demonstrated staff consistently attended these and were encouraged to provide feedback. Staff received the training they needed to meet the needs of the people living at the home. The provider encouraged and supported staff to develop their skills. All staff had completed various levels of health and social care qualifications and the registered manager told us how any new staff would be required to complete the care certificate. Mandatory training included a variety of subjects such as; safeguarding, mental capacity act, mental health awareness, moving and handling, infection control and first aid. Each staff member had a training and development plan which identified any training needs and wishes to support staff to further develop their skills in. Staff felt that training was helpful in their role and kept them updated.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Everyone who lived at Wansbeck had capacity to make their own decisions and no DoLS were needed however the registered manager and staff understood their responsibilities under this Act. Staff were fully aware of the need to ensure a person consented to their care and records reflected this was sought. They told us how people would sometimes make unwise decisions and whilst they would provide people with advice they respected the decisions people made. For example, one person had recently been diagnosed with a health condition which affected their breathing. They told us that they chose to smoke and whilst staff encouraged them not to, they were not stopped from doing so.

People accessed the kitchen whenever they chose to. Food and drinks were readily available to them and they were able to help themselves. They were encouraged and involved to participate in meal preparation and provided with meals that met their needs and their preferences. People's weight was monitored regularly to ensure they were receiving an adequate nutritional intake. People's healthcare needs were met and they were registered with a GP of their choice. Staff supported people to access appointments with GP's, specialist healthcare professionals, dentists and opticians.

Is the service caring?

Our findings

People told us staff were kind and caring. They said staff listened to them and helped them when they needed it but also described support that ensured they remained independent. One person told us "They are lovely girls." They said "I really like it here, it's a nice location and I've made some friends". A relative described the staff as "first class" and told us they "Can't stress how important they (staff) are in [name of person's] life".

The staff team at Wansbeck House were a long standing team who had worked in the home for a number of years. They had built up good relationships with each other and with the people they supported. One member of staff described it as an extended family. People needed minimal physical support as they were independent however, they did need emotional support and reassurance. The registered manager told us how one person's anxiety had increased and in discussion with them, they agreed that the person's own goals were contributing to their anxiety. As such they discussed with the person how to take smaller steps to meeting their goals. They explained how this had been successful and a reduction had been seen in the person requesting medicines to help manage their anxiety.

Staff were kind, caring and attentive towards people. Observations demonstrated they treated people with respect and as equals. People were given choices and their decisions were respected.

Staff respected people's privacy. They knocked on people's doors before entering and only entered if the person said it was ok. Staff used people's preferred names and took time to listen to them. Throughout our visit communication and engagement between people and staff was relaxed and comfortable with lots of laughing and joking.

Information was made available to people about independent advocacy services and visitors were welcomed at any time.

Is the service responsive?

Our findings

People felt well looked after and involved in their care. One told us how the staff gave them gentle reminders because their memory was not as good as it used to be. They told us "They give me guidance which suits me". They told us how staff would organise appointments to see other professionals for them and would go with them if they wanted this.

People's needs were assessed prior to them moving to Wansbeck House. Following this care plans were developed and people were involved in agreeing these. Every two months staff met with people to review their care. They used this opportunity to discuss with people what they had achieved and was working well for them and also to find out if the person wanted anything to change. Following this the registered manager told us they would then make any changes needed to the care plans and every six months these would be completely re written.

In addition the registered manager told us how they would amend care plans outside of the set times if people's needs changed. For example, one person had a recent new health condition diagnosed. Their care plan had been updated to reflect this. For another person, further risk assessments with support plans to guide staff had been implemented following an incident.

Staff knew people's mental health diagnosis and the signs to be aware of that may indicate this was deteriorating. They and the registered manager had a close relationship with the mental health team and told us how they would access them for additional support if people needed this. The registered manager told us that in these situations, the staff, the mental health team and people would develop and implement crisis plans to ensure the person was receiving the appropriate support. People received appropriate mental and physical stimulation and did the activities they chose to do. This was generally on an individual level. For example, one person told us how staff had helped them to get a leisure card so they were able to go swimming, while another person told us they just did what they wanted to do.

The provider had a process in place for people, relatives and visitors to complain. Everyone we spoke with said they felt they would be able to complain if necessary. One person told us of a previous complaint they had made regarding noise. They said the registered manager had dealt with this and they had no further complaints. All complaints were logged, investigated and where necessary discussed with staff as lessons learnt during supervision or team meetings. However, there had been no formal complaints since 2014. Regular meetings were held with people who lived at the home, on both an individual basis and as a group. This provided people the opportunity to discuss any concerns or changes they felt were needed.

Is the service well-led?

Our findings

Everyone consistently described the registered manager in a positive light. People told us they could talk to the registered manager at any time. Staff told us they were open, approachable and supportive. A relative told us they "couldn't ask for a better person to be managing the home".

The registered manager told us about a situation that had occurred for one person which they should have notified CQC of. The registered manager evidenced how the situation was managed and the person's care manager had been notified. The registered manager told us this had been an oversight and said they would submit the notification following our inspection. Although we had not been notified we saw appropriate action had been taken and this had not impacted on the person. Immediately following the inspection we received this notification. We did not find any other information to suggest CQC was not notified appropriately.

Two registered managers were in place. One worked day to day in the home and the other one was one of the directors of the provider company. 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 led by example in her role and was not restricted to the administrative side of management. They worked alongside staff which allowed them to observe the care and support that was provided. They told us this helped people and staff to know they could talk to them at any time and also supported them to observe staff's care practices. The registered manager had also completed a higher level Health and Social Care qualification and the provider was supporting another two members of staff to undertake a Level 5 qualification.

Staff and the registered manager spoke positively about the provider. They told us the provider made them feel valued and cared for. They said the provider was just as easy to talk to as the registered manager and they could access them at any time. The registered manager told us the provider really tried to ensure they had a staff team that was well motivated by not only supporting them to develop their skills but by using other methods to show recognition. They told us how staff were welcomed in the provider's home over Christmas for a meal and invited to a family wedding. They also told us how the provider ran a profit sharing scheme whereby each member of staff received a percentage of the provider's profit at the end of the year. One member of staff told us they could not have been any more supported during a difficult personal situation. They and the registered manager told us how they loved working in the home and felt a loyalty to the providers to ensure they delivered a good quality service.

The registered manager linked in with other services to share experiences and learn from others. They encouraged staff to learn from situations by openly discussing what could have been done differently. They had systems in place to assess the quality of the service. These included a variety of audits, meetings with people and the use of surveys to gain feedback. They regularly reviewed their quality assurance and produced an annual report of the findings.

