# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Mid Sussex Wellbeing Service

The Yews, 55 Boltro Road, Haywards Heath, RH16 1BJ

Tel: 01444416391

Date of Inspection: 15 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Respecting and involving people who use services** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Safeguarding people who use services from abuse** | ✓ Met this standard |
| **Supporting workers** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Sussex Oakleaf Housing Association Limited |
| Registered Manager | Ms. Dawn Boyce |
| Overview of the service | Mid Sussex Wellbeing service provides support to adults with mental health needs. |
| Type of service | Domiciliary care service |
| Regulated activity | Personal care |

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*


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## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 January 2013, observed how people were being cared for and talked with staff.

### What people told us and what we found

During our visit we spoke with three members of staff and we observed staff talking with people who used the service.

We made observations throughout the visit and saw people being offered choices as to how they wanted to use their allocated support hours.

We saw people being addressed in a respectful manner. We looked at peoples individual recovery plans and saw that the information recorded enabled staff to plan and deliver the required level of care and support on an individual basis.

We saw that regular audits of the service were completed by the provider ensuring that people who used the service benefit from a service that monitors the quality of care that people received.

Staff told us that they had received regular training and that they felt that they were supported to carry out their roles and meet the needs of people who used the service.

We saw written evidence from people that used the service stating that "I am delighted with the service" and "I can now see the light at the end of the tunnel".

You can see our judgements on the front page of this report.

### More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

### Reasons for our judgement

There were four people living at the home at the time of the inspection. During our visit we spoke with two people who were using the service and four members of staff. People living at the home said they liked the home and felt safe.

We made observations throughout the visit and saw people being offered choices as to what they wanted to eat and one person told us how they had chosen the colour of paint used to decorate their room. Rooms we looked at were personalised.

We saw people being addressed in a respectful manner. We looked at peoples individual support plans and observed that these were discussed with people who used the service and that these discussions were recorded. We saw that monthly audits of the service were completed by the provider ensuring that people who used the service benefit from a service that monitors the quality of care that people received.

Staff told us that they had received training in protecting adults from abuse.and that they felt that they were supported and trained to carry out their roles and meet the needs of people who used the service

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

## Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights

## Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. For example, we reviewed three care plans and saw that plans contained personal information such as the persons GP, next of kin and other family members. We saw detailed initial assessments and individual recovery support plans that addressed areas such as, managing mental health, personal hygiene, budgeting and maintaining family and social relationships. We saw that the plans had been reviewed and updated regularly.

We saw that individual records contained detailed risk assessment tools in relation to daily living needs. For example, a medication compliance and self neglect assessment were present with a clear and detailed plan of how to minimise this risk. Staff we spoke with told us that awareness of risks associated with individuals helped them to maintain the safety of people who used the service without limiting their independence.

We saw that the support identified in the plan had been followed by staff and that this was recorded in the daily notes. For example, we saw records in the daily notes that linked to the care plan in relation to prompting an individual to care for their personal hygiene and household cleanliness.

Records were seen to include evidence of multi-disciplinary notes from other people involved in the delivery of care, such as the care co-ordinator. We saw that support had been given for people to attend health care appointments where needed. This indicated to us that people were supported to obtain additional care to meet their individual needs.

During our visit we observed staff interacting with people on the telephone in a positive and supportive way. The staff we spoke with had a good understanding of people's needs and how to support them with their assessed needs. One member of staff told us how he had recently supported someone to move into their new accommodation.

There were arrangements in place to deal with foreseeable emergencies, ensuring that people were cared for safely. We saw the service emergency contingency plan that describes procedures for dealing with emergencies that could arise such as power failure, leaks or weather related issues. This had been signed by staff members to indicate they

had read it.

**Safeguarding people who use services from abuse** ✓ Met this standard

**People should be protected from abuse and staff should respect their human rights**

## Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening

## Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff who spoke with us indicated that they had information available to guide and support them. For example, we saw that a copy of the latest local multi-agency safeguarding protocols was available in the office. This provided information to direct staff if they needed to report a potential or actual safeguarding matter.

We spoke with staff about the arrangements for reporting allegations or incidents of abuse. The staff members that we spoke with were clear on their responsibilities and demonstrated a good understanding of how to report concerns. They were able to describe different types of abuse that could affect the people who used the service.

We looked at the training programme for staff and this confirmed that staff had attended training in safeguarding adults. Staff that we spoke to confirmed that they had attended adult safeguarding training.

We saw that the provider had systems in place to support people with raising concerns. For example, we saw the services safeguarding policy that staff had to sign after reading. This provided information about how to report abuse or suspicions of abuse. We saw that there was a whistleblowing policy in place to assist staff should the need arise to report a concern related to the care and welfare of people using the service or staff behaviours. We saw information in the "Guide For Clients"of who to contact if people who used the service or their relatives wished to raise any concerns

Staff told us that people who used the service had regular meetings with their recovery worker and any issues or concerns could be raised during such meetings.

**Supporting workers** ✓ Met this standard

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

## Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## Reasons for our judgement

We talked to three members of staff and looked at four staff files. All staff told us they had completed induction training and we saw evidence of this in the staff training record. The staff we spoke with confirmed that they did not work unsupervised until they had completed their induction training. Records we looked at showed that the induction process covered conditions of employment, and information about equal opportunities, the rights of the people who used the service, policies and procedures of the service, lone working  the action to be taken in an emergency and safeguarding adults.

Staff we spoke with told us that they had access to E learning and other training sources and records we looked at confirmed that staff received regular training including areas that were specific to their role. This included, for example, recent training in drug and alcohol awareness, dealing with domestic violence and mental health awareness for the lesbian,gay ,bisexual and trans gender communities.

We saw evidence that showed staff received regular supervision and this was confirmed by the staff we spoke with. Staff told us that there are regular staff meetings where any issues of concern would be discussed. We saw the records of these meetings. We also saw records of annual appraisal that promoted professional development.

Staff we spoke with felt supported to carry out their role through the provision of good training, regular supervision and appraisal and the opportunity to acquire further skills that were relevant to the work they undertook.

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

## Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive

## Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. For example we saw completed questionnaires that had been sent to people who use the service their families and visiting professionals. These showed that the respondents were satisfied with the service they received. The registered manager of the service told us if there had been any negative comments these would have been discussed with the senior management team and an action plan would be produced to deal with these matters.

Staff we spoke with told us that they were informed of any comments raised at monthly staff meetings and that they were also encouraged to give their own feedback at these meetings.

We saw records ofa survey completed by Oakleaf consumer circle (a group of current and ex people who used the service) from the results of this a service improvement plan was completed.

We saw the services quality assurance file that held records of regular audits of health and safety, the environment, care files and any complaints received. From this audit an action plan was produced where necessary. These action plans were then discussed at staff meetings, supervision and progress was reviewed or signed off at the next meeting. We saw the minutes from the staff meetings and previous month's audits to confirm this. Staff we spoke with told us they were aware of the audits and confirmed they were made aware of changes at the regular staff meetings or if urgent at one to one sessions.

Comments from people who used the service and relatives included, "I am delighted with the service" and "I can now see the light at the end of the tunnel."

We saw that records of incidents and accidents were analysed by the registered manager and operations director of the service in order to identify and minimise any potential risks that had the potential to result in harm to people who used the service.

These monitoring processes meant that people who used the service benefitted from the

delivery of care and support in an environment that continually monitors the quality of service and responds where improvement is required.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact –** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

| |
|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

**(Registered) Provider**

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

**Regulations**

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Responsive inspection**

This is carried out at any time in relation to identified concerns.

**Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

**Themed inspection**

This is targeted to look at specific standards, sectors or types of care.

## Contact us

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|---|---|
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