

Mrs Tina Dennison

# Wave Hill

## Inspection report

5 Salisbury Road  
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Dover  
Kent  
CT15 6DL

Date of inspection visit:  
12 June 2019

Date of publication:  
25 July 2019

### 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

About the service: This service provides personal care to people living in their own homes. This included older people and younger adults some of whom were living with learning disabilities and mental health illness.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were two people receiving personal care at the time of this inspection. They were unable to communicate their experiences verbally.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured that people who used the service could live as full a life as possible and achieve the best possible outcomes that included control, choice and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

The owner of the service who was the registered provider and staff had known the people receiving care for many years and were able to understand their individual communication styles through body language and the use of pictures. A system of responding to complaints was in place.

We observed the registered provider and staff with the people they supported. We saw people smiling and greeting staff in a relaxed way. We observed staff communicating with people in a kind and caring way.

People's needs were assessed and written in a care plan. The care plans were consistently updated.

The care offered was inclusive and based on policies about Equality, Diversity and Human Rights. 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 aware of their responsibility to assist people to maintain their health and wellbeing.

Staff were trained to safeguard people and understood how to protect people from harm. Medicines were administered safely by trained staff. Staff reduced the risk of infection by following safe hand washing practices and using gloves when providing personal care.

Staff were deployed in the right numbers to meet people's needs and choices. Background checks were made on new staff and staff were supervised to maintain the standards of care. Staff received ongoing training based on people's needs.

Systems were in place so that incidents and accidents were investigated reduce the risks of these happening

again.

People, care managers, relatives and staff had the opportunity to share their views about the service.

The service was not providing end of life care at the time of this inspection.

Rating at last inspection:

The last rating for this service was Good (published 25 October 2016). At this inspection, we found the service continued to meet the characteristics of Good in all domains.

Why we inspected:

This was a comprehensive inspection scheduled based on the previous rating.

Follow up:

We will continue to monitor the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

### Is the service well-led?

The service was Well Led

Details are in our Well Led findings below

Good ●

# Wave Hill

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered provider would be in the office to support the inspection. The inspection was carried out by one inspector. Inspection activity started at the registered provider's office on 12 June 2019. We also visited people at their home on 12 June 2019.

#### Service and service type:

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### What we did:

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we reviewed information from two people's care plans. We visited two people in their home. We looked at a staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We viewed quality audit records and feedback from health care professionals. We also spoke with the registered provider and two

members of staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse;

- There were no safeguarding concerns about this service.
- Staff received training about their responsibilities to safeguard people and what constituted abuse.
- Staff told us what signs they look out for and felt confident the management team would listen and act on any concerns they raised.
- The registered provider operated a 24 hours on call service for people to access, offering advice and support out of office hours.

Assessing risk, safety monitoring and management;

- Risks to individual people were assessed, recorded and minimised. Risk assessments informed staff what the risks were and what actions to take to minimise them. For example, for one person a moving and handling risk assessment was in place with a step by step guide for staff to follow.
- Risk assessments did not limit people's rights to choice and independence. People continued to participate in community activities.
- General risks were assessed and potential hazards in people's homes were assessed. For example, keeping their home secure. There was guidance and procedures for staff about what actions to take in relation to maintenance and health and safety matters. Staff said, "The front door lock had broken, the landlord sent a locksmith within 30 minutes and the lock was fixed."

Staffing and recruitment;

- Staff were provided to people 24/7 based on their needs on an individual basis. Where people needed specialist moving and handling care two staff were provided. Records showed that staffing hours were matched to people's agreed care hours.
- Back-up staffing was provided through staff overtime. This provided familiarity and consistency for people. The registered provider was hands on and helped provide care when needed.
- Staff were recruited safely. We checked how new staff were recruited. Applicants were interviewed, had references, and work histories were recorded. They had been checked against the Disclosure and Barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Using medicines safely;

- The use of medicines was managed safely in line with published guidance. Staff were trained and followed

the provider's medicines policy. Full and complete medicines administration records were kept. These evidenced that medicines were given as prescribed.

- The administration of medicines, this was fully risk assessed.
- The registered provider audited medicines records to check staff were administering them correctly. Staff underwent observed competency checks when administering medicines to confirm their knowledge and practice.

Preventing and controlling infection;

- Staff received infection control training.
- Staff confirmed how they maintained hygiene by using equipment such as disposable gloves, aprons and good hand washing practice.

Learning lessons when things go wrong;

- Policies about dealing with incidents and accidents were in place to minimise harm and continued to be effective.
- A system was in place for the investigation of incidents to reduce the risk of them reoccurring.
- There had been no reportable incidents since the last inspection that required any changes in people's care.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- We observed people received the care they had been assessed for.
- Assessments included information and guidance about people's physical and mental health needs. Health care professionals contributed to the assessment process. For example, Occupational Therapist.
- The registered provider assessed people individually and told us how they took account of people's protected characteristics under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion. Staff told us about their training and understanding of this.

Staff support: induction, training, skills and experience;

- Staff had the knowledge and skills to support the people. Staff training and inductions were tailored to people's needs.
- Formal on-going training was provided to staff to improve their skills and understanding of people's needs. Staff understood how to care for people living with epilepsy and diabetes.
- New staff underwent an induction programme followed by a period of shadowing before they were able to work with people alone.
- Staff told us that they felt supported by the registered provider. Staff training, and supervisions continued to be managed for effective care delivery. Evidence showed that staff training had been completed.
- The registered provider facilitated staff meetings, which were used by staff to discuss health and social care changes and issues or challenges they may face in their work.

Supporting people to eat and drink enough to maintain a balanced diet;

- People were supported to eat and drink and maintain a balanced diet. People had dietary assessments provided by health care professionals such as Speech and Language Therapist. One person required a soft food diet and thickened drinks. Staff made sure the person eating and drinking guidelines were followed.
- People made their own decisions about what they ate and drank, however staff encouraged people to eat healthy. People did their own shopping for food with staff support. Pictures, pointing and body Language communication was used by staff to assist people with food choices.
- Where there were risks associated with people's fluid intake there was information about this for staff and staff knew how to support people to remain safe. Full and complete records were kept to protect people's health and wellbeing. For example, monitoring how much people ate and drank.

Supporting people to live healthier lives, access healthcare services and support Staff working with other agencies to provide consistent, effective, timely care;

- People had hospital passports in place. Hospital passports provide healthcare staff with information on how to support a person should they need to stay in hospital. For example, there was information on what to do if the person felt anxious.
- People had communication passports in place. These provide healthcare professionals and staff with information on how to support the person to communicate. Staff were working with healthcare professionals. For example, staff were working to improve one person's communication.
- There were systems in place to ensure that staff communicated effectively with each other and shared information with healthcare services.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support;

- People's health and wellbeing was maintained and reviewed in partnership with external health services. For example, the staff worked closely with Community Nursing teams when people had conditions such as epilepsy.

Ensuring consent to care and treatment in line with law and guidance;

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.
- When people's capacity was in question, for more complex decisions the registered provider worked with the care management team to assist people to make best interest decisions. For example, for complex health care and dental extractions. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection. Both people were subject to an order of the Court of Protection overseen by the local authority. The registered provider kept full and proper records to meet the order.
- Staff had a good understanding of the MCA and issues around capacity and consent. Staff told us they respected people's opinions and choices, whatever they were.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity;

- Policies set out the staffs' approach to dignity, equality, diversity and human rights.
- Staff we spoke with told us how they delivered care respectfully.
- The care people received was person centred and met their most up to date needs. People's life stories and likes and dislikes had been recorded in their care plans. A care manager commented about how caring and supportive the staff were.

Supporting people to express their views and be involved in making decisions about their care;

- People had full control over how they wanted to be supported. We observed positive interactions between people and staff. Staff gave people their full attention when communicating and spoke to people in a friendly and respectful way. Staff had taken the time to understand how people communicated their wishes.
- People had care plans which described their individual communication needs and preferences. Guidance was given for staff on how people's communication needs should be supported and promoted.
- People were given information about access to advocacy services, which help people by enabling them to explore and voice their opinions. Advocates are independent people who help people to express their views and wishes and help them to stand up for their rights.

Respecting and promoting people's privacy, dignity and independence;

- Staff told us how they respected people's privacy and maintained their dignity. For example, by keeping people covered during personal care.
- Records were returned to the office and stored securely.

The registered provider followed the General Data Protection Regulations 2018. A new law on data protection and privacy for all individuals.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- There continued to be information on people's needs preferences care plans. Staff used picture cards and objects of reference to support people to express their needs and preferences.
- People discussed and planned their activities with their keyworker using pictures. Activities were planned in line with people's needs and interests. Activities people participated in included shopping, and accessing the local community such as walking in the park. People had been supported to maintain contact with their families.
- The staff identified people's information and communication needs by assessing and documenting them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, information shared with people was provided in easy read format including information used to discuss their care and support.

Improving care quality in response to complaints or concerns;

- Staff relied on observations of people's mood and body language to assess if a person may be unhappy or unwell.
- The complaints policy informed people about external organisations such as the local government ombudsman if they were not satisfied with how their complaint was handled.
- There were no complaints at the time of this inspection.

End of life care and support;

- The registered provider understood their responsibility to ask people about their end of life preferences. Death and dying was covered in people's care plans. At the time of this inspection no end of life care was being provided.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- The provider had a statement of purpose which set out their vision and values for the service. This was available to people and staff if they wanted a copy.
- Staff told us they thought the culture at the service was transparent and open, and senior staff were available if they had queries or concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered provider understood when to submit notifications to Care Quality Commission.
- It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered person had conspicuously displayed their rating on their website and within their offices.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The registered provider carried out a number of audits and checks to make sure a safe and effective service was provided. These were up to date.

Continuous learning and improving care;

- Policies and procedures governing the standards of care in the service were kept up to date, taking into account new legislation. For example, the management had worked to make sure that they implemented the new General Data Protection Regulation that came into force in May 2018.
- Staff meetings were held and staff told us they were able to speak out if they wanted to. Staff told us they were well supported by the management team.

Working in partnership with others;

- Staff worked closely with health and social care professionals. A care manager commented that they

would recommend this service to others. When people needed specialist support, referrals were made without delay and specialist guidance was cascaded to staff and used to provide people with the most appropriate support for their needs.