

Wellbeing Living Ltd

# Wellbeing Living

## Inspection report

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13 February 2023  
23 February 2023  
15 March 2023

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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

### About the service

Wellbeing Living provides care and support to people in a supported living accommodation which could accommodate up to 6 people. The service worked with people with various conditions, including physical health needs, mental health and people with a learning disability. At the time of the inspection, the service was supporting 1 person. 2 other people were still registered with the service but were on extended leave and not present at the time of inspection.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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.

### People's experience of using this service and what we found

Staff understood what safeguarding was and how to report any concerns. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Risks to people were assessed and clear information given to staff on how to minimise those risks. Staff were recruited safely, and all relevant background checks were done. People received their medicines safely and on time. People were supported to manage their medicines. There were systems in place to address and manage infection control.

Staff were supported through regular training and supervision. People were supported to eat and drink where this was an identified care and support need. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

People's care was person centred and clear information was provided to staff. There was a complaints process in place which people were aware of. People's communication needs were addressed and documented in their care plans.

Staff valued and acted upon people's views. The service had good management oversight supported by effective feedback and management checks. The registered manager valued staff and staff told us they felt supported in their role by management.

### Rating at last inspection

This service was registered with us on 22 October 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Wellbeing Living

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

This service provides care and support to people living in 1 '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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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 provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 February 2023 and ended on 15 March 2023. We visited the location's office/service on 13 February 2023 and spoke to staff on 23 February. We reviewed further information submitted by the provider and gave feedback on 15 March 2023.

### What we did before the inspection

We reviewed information we had received about the service since they had registered with CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of a monitoring activity that took place on 14 November 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

### During the inspection

We spoke with the registered manager, 1 person who used the service, 1 relative and 2 staff. We reviewed a range of records including 2 people's care plans and risk assessments, 1 person's medicines records, 2 staff files including recruitment and supervision, numerous auditing processes, training records and other documentation that supported the running of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People told us they felt safe with the staff who worked with them. One person told us, "It's safe enough here."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member told us safeguarding was, "To protect our service users from abuse. If I see anything like that, I have to report to my line manager."

Assessing risk, safety monitoring and management

- People were kept safe through clear risk assessing processes.
- At the time of the inspection the electronic system used did not document all of the people's risks. However, the registered manager provided further risk assessments in addition to the ones held on the electronic system. The registered manager told us this was an issue with the software, and they would be changing it to ensure risks could be more effectively documented.
- Risk assessments included skin integrity, mobility, health and safety and medicines. Risk assessments provided clear guidance for staff on how to minimise risks.
- Staff knew people well and understood their individual care and support needs around their personal risks.
- Risks were discussed with people and people were able to make informed decisions about risks to their health and welfare. For example, healthy eating and drinking.

Staffing and recruitment; Learning lessons when things go wrong

- There were enough staff to meet people's needs.
- People benefited from a continuity of care from a regular staff team who knew them well.
- Staff were recruited safely. Staff files showed 2 written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- At the time of the inspection we saw a staff member had worked 31 days in a row. Although the staff member was happy with this, we discussed this with the registered manager because of the health and safety risks, who told us this would be reviewed. Following the inspection, the registered manager told us this had been reviewed and was no longer happening.
- There were systems in place to promote learning if things went wrong. The registered manager told us this

would be done in staff meetings, supervision and debriefs if there was an incident. At the time of the inspection there had been no incidents.

#### Using medicines safely

- People were supported to have their medicines safely and on time.
- Where required, people were supported to manage their medicines including, ordering, storing and administering.
- In supported living settings, people have their own flats / rooms under a tenancy agreement. People had lockable medicines cabinets in their flats / rooms where they are able to safely store their medicines. We saw the service had provided appropriate medicines storage for people.
- Where staff administered people's medicines, we saw clear and accurate records of administration.
- Staff had received medicines training. Following training, staff underwent a competency assessment to ensure they were safe to administer people's medicines.

#### Preventing and controlling infection

- Systems were in place to protect people from the risk of infection.
- Staff supported people to maintain cleanliness in their rooms. Where people were unable to be involved in cleaning, staff completed this task. We saw one person's room was clean and smelled fresh.
- The service's infection prevention and control policy was up to date.
- Staff told us they used Personal Protective Equipment (PPE) when working with people. Staff were able to access PPE when needed. The registered manager told us, "We use masks, gloves, aprons."
- Staff had received training in infection control, including COVID-19.
- Staff were encouraged to be vaccinated against COVID-19 and seasonal flu.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People's care and support needs were assessed in line with guidance and the law.
- People received a full assessment of their care and support needs before moving into the supported living service. This ensured the service would be able to meet their needs.
- Following the assessment, a care plan was created in collaboration with people. Care plans were regularly reviewed and updated if people's needs changed.
- People's protected characteristics, such as disability and faith, were fully incorporated into their care plans. This recognised people were individuals and care was tailored to meet those needs.

Staff support: induction, training, skills and experience

- Staff had the right training and support to enable them to effectively carry out their role.
- Staff had a comprehensive induction when they started working at the service. This included mandatory training such as safeguarding, mental capacity and health and safety. Staff also shadowed a more experienced member of staff before being allocated shifts.
- If staff had not already completed the Care Certificate, this was completed as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Regular training was provided to ensure staff were up to date with best practice.
- The registered manager was aware of the Oliver McGowan training in working with people with a learning disability. This is recommended training for all staff working in adult social care that may work with people with a learning disability. We saw the registered manager had booked a staff meeting the day after the inspection for staff and management to complete the training together.
- Records showed and staff confirmed, they received regular supervision to support them in their role. A staff member commented about their supervision sessions, "Yes, it's useful, helps me to improve more."
- The service had not been operating for a year at the time of the inspection, the registered manager had a programme in place for when staff required an annual appraisal.

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

- Where supporting people to eat and drink was an identified care and support need, this was provided accordingly.
- People's care plans documented what type of support people needed around eating and drinking.
- Staff knew people well and understood their likes and dislikes around food.

- Where people requested help to have a healthy diet, staff supported this. We saw one person was being supported around a healthy diet and staff were able to explain how they worked with the person to promote healthy eating.

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

- People were supported to access healthcare and support when needed.
- Records showed the service made appropriate referrals and supported people to access appointments.
- Staff knew people well and were able to recognise if they were becoming unwell and how to report concerns.

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

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 MCA 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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported in line with the principles of the MCA.
- At the time of the inspection, no people were under a Court of Protection order.
- Staff understood consent and the importance of seeking consent before carrying out care tasks.
- Staff had received training on the MCA and understood how it impacted on the care they provided to people. One staff member said the MCA was, "Put in place to protect the service user if they cannot make certain decisions. You need to support the individual to make their own decisions. If they are unable, you have to look at their best interest and involve the social workers and other health professionals."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated, and their equality and diversity respected.
- Staff members showed warmth and respect when interacting with people.
- People and relatives told us they felt staff were supportive and caring. One person said, "Yea, they [staff] are ok" and a relative commented, "The carers provided so far have been well trained and very supportive."
- Any equality and diversity care and support needs formed part of the initial assessment. The registered manager told us if any equality and diversity needs were identified, this would form part of the person's care plan.

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

- People were treated as partners in their care and had full input into planning care appropriate to their needs and wishes. One person said, "Yes, she [the registered manager] asked me some questions, I know it's there [their care plan]."
- People were enabled to make choices for themselves, and staff ensured they had the information they needed.
- People were fully involved in initial assessments and reviews of their care. Their views and opinions were respected.
- Staff supported people to maintain links with those that are important to them. For example, maintaining regular contact with family members.
- Staff understood the importance of kind and effective communication with people. One staff member said, "Knocking on people's door, verbally explaining why. Giving medicines explain, 'We are going to have medicine now', 'Can you sit up?' You need to speak to them [people] and talk things through about what you want to do."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Feedback we received from people supported this.
- Where people received personal care, this was provided in a dignified manner. Staff understood how to support people effectively and maintain their dignity and privacy. Staff commented, "We always treat people with dignity, we speak to them in an understanding manner. Kindness and communication is important."
- For people living in supported living services, the provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person centred and reflected people's needs.
- People and where appropriate, relatives, were involved in planning care. People's views and opinions were included in the care planning process.
- Care plans were reviewed regularly and updated if there were any changes in people's care and support needs.
- Staff knew people well and understood how people wanted to receive their care and what was important to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were effectively met.
- Communication needs were assessed at the time of referral and reviewed when any changes occurred.
- Care plans contained information on what effective communication meant for each person. For example, 1 person who's second language was English was able to understand if staff spoke slowly and clearly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the time of the inspection, there were no people being supported with activities as part of their care.
- People were supported to maintain relationships with family and friends.
- Who was important to people was documented in their care plans.

Improving care quality in response to complaints or concerns

- There was a complaints process in place which was given to people when they started using the service.
- The complaints procedure was also available in an easy read format. The registered manager told us, "[We have] easy read and we go through it with people."
- People told us they felt comfortable to speak to the manager if they wanted to make a complaint and felt they would be listened to. One person said, "I would speak to [the registered manager]."

- At the time of the inspection, there had been no formal complaints made to the service.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open culture at the service where people and staff felt comfortable sharing their views and opinions.
- Relatives told us they were confident with the support the service provided to people. One relative said, "Great customer service and is very much personalised and tailored to my [relative] and her needs. All in all, very happy with the service."
- People had the same staff working with them which meant people were able to build good working relationships with staff. This helped people achieve good outcomes.
- Staff were valued by the service and told us they felt supported by the registered manager. Staff told us the best things working at the service were, "Very supportive, she [the registered manager] leaves no stone unturned. For example, if you go to her with any issues, she will say pop to the office, and we will talk about it. She answers whenever we call and responds quickly. She's very hands on" and "The support and the teamwork. Addition to knowledge, we have lots of training and discussion. It's the best part!" The registered manager said, "We try to make the staff feel important and cared for."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- There was a clear management structure which staff were aware of.
- There were numerous audits in place to monitor the quality of the service. Where concerns were identified, these were quickly addressed. Audits included medicines, people's care records and health and safety.
- The registered manager carried out regular spot checks on staff to ensure people were receiving good quality care.
- There was good oversight of staff training and when refresher training needed to be completed. This ensured staff were up to date with best practice.
- At the time of the inspection, there had been no incidents where duty of candour applied. However, the registered manager was aware of the principles of the duty of candour and the importance of being open and transparent should anything go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were valued as partners in their care. The service regularly sought feedback from people to help improve the quality of care.
- The registered manager understood staff learnt in different ways and ensured training was delivered in a way which made staff feel included. For example, group face-to-face training sessions, which helped staff to be engaged around infection control and learning disabilities.
- There were regular staff meetings where staff were able to discuss any concerns and voice their opinion.
- The service worked closely with healthcare professionals to maintain and improve people's wellbeing.
- When people were referred to the service, the registered manager and staff worked closely with the referring authority, people and their relatives to ensure they were able to meet people's needs.