

Arcare Wanderers Limited

Wanderers House

Inspection report

35 Wanderers Avenue
Wolverhampton
WV2 3HL
Tel: 01902 330572
Website:

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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 

Overall summary

This inspection was unannounced and took place on 26 November 2015. At the last inspection in December 2013, we found the provider was meeting all of the requirements of the regulations we reviewed.

Wanderers House is registered to provide accommodation for up to seven people who require personal care and support. On the day of the inspection there were six people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us they felt safe living at the home. Staff understood their responsibilities in keeping people safe from harm, and knew how to report any concerns. People and their relatives told us there were enough staff to support people living at the home, and that staff had the right level of skills and experience. Staff received training that was relevant to their role. The provider had effective recruitment processes in place and carried out

Summary of findings

appropriate checks on staff before they were able to start supporting people. People received their medicines as prescribed and at the correct times. Systems for recording medicines that were taken away from the home were not always robust.

People were asked to give consent before care was provided. People's care and support was planned in a way that did not restrict their rights and freedom. Best interests meetings were held to ensure that decisions made were appropriate for the person involved. People were supported to have enough to eat and drink. Staff understood the importance of offering people meals that were appropriate for their dietary requirements or health needs. People were supported to maintain good health by staff that followed the advice given by healthcare professionals.

People and their relatives told us the staff were kind and caring. Staff understood people's individual needs and people's privacy and dignity was respected.

People were supported to take part in activities and go to places that interested them. People and their relatives felt confident to complain if they were unhappy and there was a system in place for handling complaints.

People told us they liked living at the home and relatives and staff told us they thought the home was well managed and felt they were listened to when they gave feedback to the registered manager or provider. There was an open culture at the home and people felt able to express their views and opinions. There were systems in place to manage the quality of the service and regular audits were carried out. Where feedback had been given by staff we saw that changes had been implemented to reflect this.

Summary of findings

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. Staff understood their responsibilities in protecting people from harm. Risks had been assessed and management plans were in place to manage risks to people's health and safety. There were enough staff to meet people's care and support needs. Medicines were, on the whole, managed and administered safely.

Good



Is the service effective?

The service was effective. People received care and support from staff that had the appropriate level of skills and knowledge. People had enough to eat and drink and enjoyed the food. People's health needs were met by staff that followed advice given by healthcare professionals.

Good



Is the service caring?

The service was caring. People and their relatives told us the staff were kind and caring. Staff understood people's needs and preferences and people were supported in a dignified way.

Good



Is the service responsive?

The service was responsive. People were involved in the planning and reviewing of their care. People were supported to maintain relationships with people who were important to them. There was a system in place to manage concerns or complaints.

Good



Is the service well-led?

The service was well-led. People's relatives and staff were complimentary about the management of the home. There were systems in place to monitor the quality of the service.

Good



Wanderers 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 November 2015 and was unannounced. The inspection team included one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was learning disability.

As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We met and spoke with the people who lived at the home, three staff members, a visitor, and the registered manager for the service. We looked at three records about people's care and support, medicine records, and systems used for monitoring quality.

Is the service safe?

Our findings

People told us they felt safe and they were confident to approach staff or the registered manager if they were worried about anything. One person told us, “I’m safe. The staff help you keep safe. I’m not frightened.” One person’s relative told us, “Yes they are safe there, I would have noticed and [name of person] would have told me if they didn’t feel safe.” Another relative said, “I think [person’s name] knows they are in a safe environment and that gives them confidence.”

People were protected from the risk of harm by staff who knew how to recognise signs of abuse. Staff understood their responsibilities in recognising and reporting abuse and knew how to raise concerns with both the registered manager and other relevant outside agencies if necessary. The registered manager and the staff team were proactive in their support of people keeping themselves safe. People were supported to attend groups that offered them advice about staying safe. The staff actively challenged discrimination when they became aware of it and this was reflected in the way that people were supported. The staff advocated for people when they were not able to challenge discrimination themselves; and were passionate about ensuring people were treated with respect by professionals and family members.

People were involved in decisions about their support and the risk management plans used by the home. The registered manager and staff told us they recognised that people were unable to live their lives free from risk. Risk assessments were in place to enable people’s support to be provided in a way that did not hinder them but enabled them to live their lives safely. People’s needs and anxieties were considered in relation to plans for emergency situations and people were asked to contribute to them. Staff told us about people who got very anxious when the fire alarm was sounded. Therefore plans were in place to deal with emergency situations and people were involved in developing these and practising an emergency evacuation of the home.

People told us staff were available to support them with their every-day needs. One person told us, “We have loads of staff, they are all nice.” A relative told us, “There are enough staff, yes definitely, always seems to be. It doesn’t ever seem to be understaffed.” We saw there were staff available to assist people with their personal care needs, as

well as to support people away from the home to follow their interests and chosen activities. On the day of the inspection some people were visiting a sister-home to participate in arts and crafts, while others spent the evening at a local disco. The registered manager told us that staffing levels were based on a budget, but that they had the option to bring in additional staff if people needed extra support or there were specific events taking place. The registered manager told us that new staff worked alongside experienced staff that had worked at the home longer. This ensured that people always had someone they knew to support them and also provided support for newer staff at the home. The registered manager told us that agency staff had not been used in recent times, and that the regular staff team helped out when they needed to cover staff absence. People’s anxieties about being supported by someone unfamiliar to them were therefore kept to a minimum.

We looked at the recruitment records for three staff members and found the provider had taken appropriate steps to ensure they employed suitable staff to work with people. We saw that they had requested references from previous employers as well as carried out all of the required checks to ensure that staff were suitable to work with vulnerable people. The registered manager told us in their PIR that people were included in the interview process for new staff and were invited to ask any questions to people who have applied for roles supporting them.

People received their medicines as prescribed. One person told us, “Staff give me my medicines, they don’t forget.” We saw that people were confident to approach staff and request their medicines, and staff responded quickly to meet their needs. We saw two people approach staff with concerns about their health, and staff responded sympathetically and administered the requested medicines without delay. We looked at the medicines for three people and found that they were stored safely, in accordance with national guidance and administered and recorded in a safe way. We saw that there were regular audits carried out in relation to medicines and staff had received training in this area and had their competency assessed. However, when people took their medicines away from the home we found that although the registered manager knew of their whereabouts, records did not always reflect that they had been taken. This meant that staff could not account for the whereabouts of some of the medicines.

Is the service effective?

Our findings

People were supported by staff who were trained to meet their individual needs. A relative told us, “The staff certainly do know [name of person].” Another relative said, “The staff are superb. They understand [person’s name] and know what they like.” Staff told us they felt they had the necessary skills to be effective in their job roles and were able to tell us about recent training they had undertaken. They explained how it gave them the knowledge that they could apply to their role. We observed that staff engaged and communicated with people in a sensitive way and there was light-hearted conversation happening between people and staff. One relative told us how their family member’s confidence had improved since living at the home, and how other people had noticed the difference.

Staff received supervision and support from the registered manager. These one-to-one meetings were held regularly. Staff told us they found these meetings helpful as they received feedback on their performance and were also able to discuss any concerns they had. The staff also used these meetings to request any additional training that they felt would help them to better support people. Staff who were new to the home were given an induction programme where they spent time shadowing other staff and reading people’s care and support plans before undertaking any direct work with people. The registered manager kept up to date with current guidance specific to the sector. This was through maintaining links with local organisations who provide support and advice in relation to the management of care homes and offer support in relation to staff recruitment processes.

We saw how staff sought people’s consent and staff shared with us examples of how they gained people’s consent before providing them with care and support. We observed how people were supported to make their own decisions and choices as far as possible. One member of staff told us, “I always ask people what they want; it’s about giving people choices. If I offer someone a shower and they say no, I leave them for a while and ask again later.” Staff were aware of people’s communication methods and how this could influence how they felt when they were offered choices. They told us, “It’s just about explaining things, giving people time. For some people I would try and

demonstrate what I’m asking them, for others I would show them, give them the options to make their own choice.” Where possible we saw that people had signed their care plans to show that they agreed with their planned care.

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 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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that it was. Staff understood the principles of the MCA and were able to explain how if affected people in their care. The registered manager explained to us that they had considered applying for a DoLS for one of the people who lived at the home, and had sought advice from the local authority about this. People were undergoing new capacity assessments at the time of the inspection and staff and the registered manager had received training in MCA and DoLS. This enabled them to plan people’s care and treatment in a way that did not restricted people’s freedom.

We asked people about the food and one person told us, “It’s nice food. I like really hot food, they make it here. I like all the staff’s cooking.” People told us how much they enjoyed the variety of food that was available and appeared to enjoy the food provided. We saw people being offered a choice of what they wanted to eat for lunch and dinner. Some people were supported to make their own meals, while others, preferred for staff to make their food. One person told us, “I do cooking with staff, cooking all sorts of things. Sometime I cook lunch.” We saw that fruit was readily available in the kitchen for people to eat when they wanted to, and staff told us that this one way in which they supported people to make healthy food choices. There was an option of two different meals for dinner and we heard people being asked what they would prefer and expressing their views. One person was supported by staff to prepare the evening meal. Where people had been given advice from health professionals about their diet the staff

Is the service effective?

were aware of this and worked with people to encourage healthy eating and positive food choices. Where people had preferred diet choices the staff recognised this and meals were provided through both the day-to-day menu choices and through specific cultural evenings led by the staff.

People's healthcare needs were monitored by staff and they were supported to visit healthcare professionals for

both routine check-ups as well as in response to a change in their health care needs. One person told us, "They [the staff] check on you, you go to the doctor, or sometimes the dentist." Where healthcare professionals had given advice about a person's diet or health needs we saw that staff had followed their guidance to ensure that people's needs were met.

Is the service caring?

Our findings

We saw that people were supported with kindness and compassion. One person said, “The staff are very kind to me, all of them.” Another person told us about how they liked living at the home and how they felt the people and staff were like a family. Someone else told us, “Staff do respect you, they are very kind, they talk to you kindly, even the manager.” We also spoke to a family friend of someone who lived at the home and asked what they thought, they said, “The staff are absolutely wonderful. [Person’s name] has blossomed since coming to live here. [Person’s name] is much healthier and I think they are very contented.”

Staff talked to people in a caring way. We saw examples of staff giving people reminders about how to stay safe, and also prompting people to take care when using the stairs. We observed people responding positively to staff and people were laughing and smiling throughout our visit. People told us they were confident to approach staff if they needed anything or were worried about something. A member of staff told us, “I think people know we care because they ask for us by name, they know we will give them the right care and attention.”

People were allocated a key worker when they came to live at the home and we saw that this gave staff the opportunity to focus on people’s needs and interests. Staff were able to tell us about people’s likes and dislikes and they

demonstrated a good understanding of people’s routines and preferences. On a number of occasions we saw staff respond quickly to people’s needs or distress. Staff were concerned for people’s wellbeing and took time to comfort people. We saw people asked staff to support them to take their medicines to relieve their symptoms and staff acted without delay.

People were involved in decisions about their support and care. We observed people asking for the support they needed, when they wanted it. One person told us, “They [the staff] do talk to me. They’re good and make sure everything’s alright.” People were encouraged to be as independent as possible and staff were able to tell us how they encouraged people to do as much as they could for themselves. One staff member told us, “When we are shopping I encourage [name of person] to pay for things, I will support them to check the change, but they can do most of it.”

People’s privacy was respected and one person told us how staff supported them to maintain privacy within their personal relationships. Relatives and friends told us that there were no restrictions on visiting and they were made welcome whenever they visited the home. We saw that staff knocked on people’s doors before entering their rooms. Staff provided us with examples of how they protected people’s dignity when supporting them with personal care.

Is the service responsive?

Our findings

People were involved in the planning and reviewing of their care. We saw that where possible people had signed action plans that had been developed through discussions about their care and support. Relatives were also asked to contribute their thoughts on behalf of their family member, where appropriate. One relative told us, “Yes I speak to the staff, they ask me questions and are proactive.” People were given the opportunity to invite people who they wanted present to their review meetings. Care plans were developed in a format that was relevant to each person’s individual communication needs. People were able to express their wishes and the staff took action where necessary to enable people to live their lives in the way they wanted. Staff shared with us an example where a person wanted to be more independent. They told us how they had listened to the person’s request and tried to enable them with the least possible restriction. This had involved holding a best interests meeting to discuss how to best to support the person with this request.

Most people were engaged in activities on the day of the inspection and the home had a busy atmosphere, with people returning to the home throughout the afternoon and then preparing to go out again in the evening. People shared with us their plans for the evening and were excited to be attending a local disco. One person chose to remain at home, preferring a quieter environment. People shared with us their excitement about an upcoming event that they were preparing for. The registered manager told us that people had been asked what sort of event they would prefer this year and people had asked for them to organise a ball. One person told us, “They [staff] take us out, or play games...you don’t get bored.” People were offered activities that were relevant to them, and there were plans to ensure that people were able to do things that interested them.

Where people’s needs changed we saw that this was identified by the staff and appropriate action was taken. People’s care records reflected any changes that had taken place and staff were informed through the home’s communication systems. We saw one example where people had been given advice by their doctor and the staff had responded by making appropriate changes to the food choices offered to accommodate and support this. The registered manager told us in their PIR, “...we have compiled our training list to ensure we are responsive to the service user needs.”

People’s rooms were personalised to reflect their individual tastes and preferences. One person invited us to look at their room and we saw it was decorated in a way that the person liked. They told us they had chosen the paint colour for the walls and the pictures and other items displayed. We observed that staff used people’s care records to help them support people in the way that they preferred and one member of staff told us, “The care plans are useful, they help me get to know people.” People’s care records included information about important relationships and personal histories and this enabled staff to support people to stay in touch with people that mattered to them.

All of the people and relatives we spoke with told us with confidence they would talk to the registered manager, or the staff, if they had any concerns. There was a policy in place for handling complaints. We saw this was available in the hallway of the home and was written in an easy read format using visual picture information. The registered manager told us that they had not received any recent complaints, but staff we spoke with knew what action to take if anyone reported any concerns to them. Some people at the home would be unlikely to make a complaint due to their understanding or communication needs. Staff were able to tell us how people would communicate if they were unhappy about something. One relative told us, “I’m sure [name of person] would mention to the staff, or they’d notice a change in their behaviour if anything was wrong.”

Is the service well-led?

Our findings

Most people felt involved in what happened at the home and that their thoughts and ideas mattered. The provider held regular meetings to gather the thoughts of people that lived there, and asked people for their suggestions and opinions. Relatives told us they were aware that these meetings took place. The staff and registered manager told us that people were able to contribute ideas for holidays and activities through residents' meetings.

Staff were able to give feedback in regular staff meetings that were held by the registered manager and told us that they felt listened to when they did. One staff member said, "There is good communication, we tell them if we don't like something." Staff told us they were supported in their role and felt confident to raise any concerns directly with the registered manager or the provider. Another staff member told us, "I can give my opinion, I can talk about things, the manager understands. If we ask the provider for things they understand why we are asking." Another staff member shared with us how the provider had assisted them in supporting a person who lived at the home to access a course at college. They said, "They [the provider] encouraged me to support the person, and when the registered manager was not here, they were here regularly." All staff spoke positively about the leadership of the home.

The registered manager was present in the home on a daily basis and people knew who they were. People told us that they would talk to the registered manager if they were unhappy about something. We saw that people were comfortable to approach the registered manager who understood their needs and concerns. We spoke with the

registered manager and they demonstrated their understanding and knowledge of their responsibilities, including the needs of people living there, and their responsibilities as a registered manager. One staff member said, "Everything runs nicely, the manager is good, they are kind, I think it is well-led." We reviewed the information we held about the provider and saw that they had notified us of things they were required to do so by law.

People and their relatives gave positive feedback about the home. People told us they liked living there and relatives praised the staff team. One relative told us, "The home is excellent, they understand [person's name]'s needs and we all feel involved." The registered manager used questionnaires as one way of gathering feedback from people, their relatives and other external agencies who were involved in people's support. We saw examples of where the registered manager had made changes in response to this feedback and this had improved the support provided to people living at the home.

The provider had systems in place to monitor the quality and smooth running of the home. We saw that the registered manager carried out regular audits. These included health and safety, kitchen management and a review of accidents and incidents. We spoke with the registered manager about these audits and they explained how they used the information to make changes or improvements to the home. The registered manager shared with us an example of how they had made changes to the medicines systems following feedback from the staff. The registered manager told us they felt supported by the provider and said they were able to share ideas for improvements with them.