

Arcare Wanderers Limited

Wanderers House

Inspection report

35 Wanderers Avenue
Wolverhampton
West Midlands
WV2 3HL

Tel: 01902330572

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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

What life is like for people using this service:

The property was clean, comfortable with plenty of room for people to live.

People told us they felt safe and happy and the service was their home. One person told us, "There are no problems here, I am happy."

There were safeguarding systems and processes in place that sought to protect people from harm. Staff knew the signs of abuse and what to do if they suspected it. There were sufficient staff in place, all of whom had passed safe recruitment procedures to ensure they were suitable for their role. There were systems in place to monitor people's safety and promote their health and wellbeing, these included risk assessments and care plans. The provider ensured that when things went wrong, incidents and accidents were recorded and lessons were learned.

People's needs were assessed in detail before moving into the home so the provider knew whether they could meet a person's needs. Staff were sufficiently skilled and experienced to fulfil their roles, received training and were supported through supervision and appraisal. People were prompted to eat and drink healthily and could choose what foods they wanted to eat. 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.

People were treated kindly and compassionately by staff. People were supported to express their views and make decisions about the care and treatment they received. Staff respected people's privacy and dignity and supported them to be as independent as possible.

People received personalised care because their support needs and preferences were detailed in their care plans. People were supported to lead meaningful and fulfilled lives through activities of their choice. The provider had a complaints policy and process in place; people told us they would feel comfortable raising complaints. There were no people at the end of their life, but the provider worked with people to establish their wishes at such a time, so that they could support people if their health changed.

People and staff thought highly of the area manager and deputy manager. Staff knew their roles and understood what was expected of them. The area manager and deputy manager understood their responsibilities in the absence of the registered manager, to ensure people received a safe, high quality service. People and staff were engaged in the service and their opinions were sought. There were quality assurance systems in place to assist the provider to monitor and improve its care and treatment of people. The service had built local community links to benefit the lives of people using the service.

This service met characteristics of Good in all areas; More information is in the 'Detailed Findings' below.

Rating at last inspection: Good. The last report for Wanderers House was published in January 2016.

About the service: Wanderers House is a residential care home that provides personal care for up to seven people with learning disabilities. At the time of the inspection seven people lived at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor the service to ensure it meets its regulatory requirements

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 remains Safe.

Details are in our findings below.

Good ●

Is the service effective?

The service remains Effective.

Details are in our findings below.

Good ●

Is the service caring?

The service remains Caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service remains Responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service remains Well-Led.

Details are in our findings below.

Good ●

Wanderers House

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: The inspection was carried out by one inspector.

Service and service type: Wanderers House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. The registered manager was on leave of absence during our inspection process. The provider had appointed a deputy manager and an area manager to oversee the running of the home while the registered manager was absent. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection: The inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection visit, we reviewed three people's care records to ensure they were reflective of their needs, and other documents such as medicines records. We reviewed records relating to the management of the service such as quality audits, people's feedback, and meeting minutes. We met six people who lived at Wanderers House to gather their feedback and one person's advocate. We also spoke with a care worker,

the deputy manager and the area manager.

Is the service safe?

Our findings

Safe - People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes

- People told us they felt safe and that the service was their home. There were policies and procedures in place for staff to follow to keep people safe from harm. The safeguarding policy described the different types of abuse vulnerable people might face and information for staff to follow in case they suspected abuse. All staff had read this policy as part of their induction. Staff had also completed safeguarding training. This meant staff knew how to keep people safe from potential harm or abuse.
- We saw detailed records were kept of safeguarding concerns and alerts and that, where necessary, information was shared with the local authority and the Care Quality Commission (CQC). We saw concerns had been investigated properly and fairly in a timely manner. This demonstrated the provider acted appropriately when there were safeguarding concerns.
- There were easy read posters throughout the service so people knew about abuse, that it was not tolerated, and that they should talk to staff if they had concerns. This showed that the provider thought about how to communicate with people about keeping safe.

Risk management

- Staff knew people well and had been working with people for several years. They had developed a good understanding of the risks to people and the steps they needed to take to reduce those risks. For example, people had detailed risk management plans for when they had health conditions such as epilepsy. The information described the type of seizures they had, how staff should avoid harm to the person whilst having a seizure, and when staff needed to call for emergency assistance. Staff followed the risk mitigation plans.

Staffing levels

- The provider had completed robust checks to ensure staff were suitable for their role. These included checking their references and completing checks with the Disclosure and Barring Service (DBS). DBS certificates verify people's criminal history and suitability for working with vulnerable adults and/or children. This meant the provider recruited employees suitable for working with vulnerable people.
- There were a sufficient number of staff at the service. The deputy manager told us, "Yes we have sufficient staff, and are able to bring more staff in if people want to take part in activities or go out." We saw a person requiring support was attended to immediately. The provider maintained a rota and ensured there were enough staff on shift at all times. This meant people received support in a timely manner and felt they could rely on staff to help them meet their needs.

Using medicines safely

- Each person at the service had their own medicines care plan. These plans contained important information and documentation about people's health and the medicines they required. These folders were detailed and described people's health needs, what allergies people might have and when they needed to be referred back to the prescriber of their medicines for a medicines review. This showed the service

supported people to stay healthy and well whilst providing person-centred care.

- We checked people's medicines and their medication administration record (MAR) folders and found staff recorded and logged people's medicines correctly and in line with the provider's policies and best practice guidance.
- Staff were trained to administer medicines and their competency checked to ensure their understanding of processes and procedures. We spoke with staff and were confident they knew how to administer medicines and knew what to do if there were administration errors. This meant people were supported to receive their medicines in a safe way.

Preventing and controlling infection

- There were effective measures in place to ensure risk of infection was prevented and/or minimised. Staff understood the principles of infection control. Cleaning materials were kept in a secure and safe place. Staff used hand gel and sanitizers when interacting with people to prevent the spread of infection. Colour coding was used to identify the usage of some cleaning materials, and kitchen utensils, to prevent cross contamination. The service had been awarded a five-star food hygiene rating. This meant people were kept safe from infection as much as possible.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. There was an accident and incident policy and accidents and incidents were recorded and shared with the provider. The provider and management team analysed incidents and shared learning across the organisation to prevent future occurrences. For example, a recent medicines incident had prompted the provider to review medicines procedures, and update medicines paperwork across their group of homes.

Is the service effective?

Our findings

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

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 needs were assessed before admission to the home. These assessments were comprehensive. They covered people's physical and mental health needs as well as their background. Records showed the individual support people needed. When people's needs changed, their support requirements were re-assessed to ensure people always received a service that met their needs.

Staff skills, knowledge and experience

- Staff received an induction upon starting work at the service. The induction included training, reading policies and meeting people and staff. It also included learning about the role by observing experienced staff so new staff knew how to care for people at the home. Induction and training in the first few weeks of their employment was based on a recognised care qualification, to ensure staff had the skills they needed. This meant staff were trained in how to provide effective care and support to people.
- Staff received relevant, ongoing refresher training for their roles. Systems were in place to check staff kept their training and skills up to date. A staff member said, "The training we are given here is really good. We have regular updates and can ask for support in attaining qualifications. The provider is supportive of this." There were development opportunities for staff and we saw that some staff had completed national vocational qualifications in health and social care. The deputy manager also coached staff in understanding the values of the provider and how these needed to be achieved. This demonstrated staff were given the right guidance and knowledge to support people.
- Staff received adequate supervision in line with the provider's policies. Supervision meetings with staff and their manager took place every few weeks. The provider also arranged spot checks on the performance of staff and regular observations of their practice. Staff told us they felt supported by the provider in their role. One staff member said, "They have really helped me develop and empowered me to take on new responsibilities." This meant that staff were supported to carry out their jobs and develop.

Eating, drinking, balanced diet

- The service promoted healthy eating and monitored people's weight where appropriate. People could make choices about what they ate each day, and met to decide on meal plans and menu choices. We saw the fridge, freezer and cupboard were sufficiently stocked, so that people had access to food and drinks whenever they chose. People were encouraged to help staff prepare food, and learn cookery skills, to ensure they understood the principles of healthy eating.

Healthcare and wellbeing

- People had access to health professionals. Staff took people to regular hospital, dental and clinical appointments to maintain their health. Where advice was provided from health professionals, care records

were updated, and staff followed the advice. This ensured that people received the right support to manage their health and wellbeing.

Staff providing consistent, effective, timely care

- Staff communicated effectively with other staff. There were systems in place, such as daily care records and a communication book, to share information amongst staff. This meant that staff knew what was happening in people's lives and when changes had occurred that might affect how their needs were met.
- Staff considered people's feelings, and regularly checked if people were okay. For example, we saw staff check with several people if they needed a snack or a drink. They also checked if people were anxious, felt well, or needed help with their daily tasks or plans. This meant staff could respond if people became unwell.

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about the premises and environment; they could decorate their room how they liked. One person told us of plans to decorate their room how they wished. We saw one person's room, they had decorated it with pictures and possessions that were important to them. People felt comfortable in their home and they could take ownership of where they lived.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 whether any conditions on authorisations to deprive a person of their liberty were being met and found the service to be compliant. There were DoLS in place for people who had restrictions in their care plans to keep them safe from harm. The provider kept record of the authorisations and applied for them appropriately.
- Mental capacity assessments were undertaken, along with best interest's decisions, for more complex decisions such as managing finances, where people lacked the capacity to make these decisions without support.
- Staff had received training and understood their responsibilities around consent and mental capacity. We witnessed staff seeking consent from people before providing care and support.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported

- We saw staff being kind to people and involving them with the tasks and activities they wanted to do. Staff communicated with people in a warm and friendly manner, and gave people the time they required to communicate. One person told us that staff were, "Very caring." Another person responded immediately when a member of staff said they had thought about retiring and said, "Please don't leave us." These responses indicated that people were well treated and enjoyed the company of staff.
- Staff responded compassionately to one person when they appeared anxious when they were waiting for a friend to arrive. We saw staff used techniques to distract the person and provided emotional support whilst they waited to go out. This showed that people were supported in a compassionate manner.
- People were supported to receive care and support from others. When people needed support in their lives that was beyond the remit of the provider, the provider advocated for people and sought appropriate support. For example, people were supported to meet with clinical and welfare professionals, advocates and representatives that could help people to express their wishes. This meant that people's human rights were upheld.

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

- People were involved in decisions about their care. We saw easy read forms as well as notes and checks to ensure things were explained to people before they signed documents. We also saw that the service used pictorial cards to assist people make decisions and to understand what was going to happen. This meant people were involved, as much as possible, in making decisions about their care and treatment.
- People living in the home could not always use verbal communication to express their wishes but staff were skilled in looking out for other signs and body language which people used to communicate their preferences. Care files had good communication profiles which detailed how each person communicated which meant that staff had a consistent understanding of how to communicate with people.
- House meetings were held regularly. Discussions were focussed about people's choices and any changes to the service or the environment. For example, what activities people enjoyed, food choices, and where people would like to holiday. This showed people were involved with decisions about how they spent their time and supported to express their views.

Respecting and promoting people's privacy, dignity and independence

- People had their own rooms and told us their privacy was respected. People had keys to their room, and could choose when they spent time alone.
- The service followed data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

- People's independence was promoted. On the day of our inspection people went shopping with staff, out to a local community centre, or out with friends. We saw evidence in people's care plans of activities the provider had sought for people to promote their independence as much as possible. For example, local community groups taught people how to improve their cookery skills. We saw one person on the day of the inspection helping staff to prepare their meal. Another person told us they had done their own laundry earlier that day.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

Personalised care

- Each person had detailed care plans that identified and recorded their needs and goals and highlighted any risks. Care plans covered topics from physical and health needs, domestic needs, activity engagement, daily routines, preferences and risk assessments. There were also plans for when situations arose such as safeguarding and positive behaviour support. Care plans were outcome focussed, this meant people's long-term goals and wishes were discussed, and staff supported people to achieve them. For example, one person had recently expressed a wish to carry on with their interest in photography. The provider had made sure the person had a camera and was able to travel to places they wished to photograph.
- The deputy manager explained all care records had recently been reviewed and updated following a comprehensive review of all people's care needs. This meant care records were relevant and based around each person's individual needs and staff knew how to support them in the best way possible.
- People had communication care plans to instruct staff on how best to communicate with them. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people effectively. This included electronic equipment, foreign language packages, hearing aids and visual aids, pictures and large print documents.

Engagement and interaction

- People were supported to take part in activities of their choice. One person told us, "We went on holiday last year to the beach, we went to Dover. It was lovely, we stayed in a hotel." They went on to explain, "I am going out today with friends for a meal. I can choose what I want to do."
- The provider kept records of activities people enjoyed, and photographs of enjoyable days out were on display around the home. This helped people remember and plan for future activities they might enjoy. People told us they went out almost every day, if they wished. One person told us about a community centre they visited which offered craft, cookery and art activities to people. This meant people were enabled to live rich and satisfying lives.

Improving care quality in response to complaints or concerns

- People were supported to raise concerns. A person told us if they had any problems, "I'd just say."
- The provider had a complaints policy and procedure that staff were aware of and these had been provided to people in an easy read format. Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people receiving care have information made available to them that they can access and understand. The easy read information told people how to keep themselves safe and how to report any issues of concern or raise a complaint. The service had a complaints log, however, they had not received any complaints since 2016.

End of Life care and support

- No one at the service was at the end of their life, or in need of end of life support. In a circumstance where people needed end of life support, the provider had policies and procedures in place to ask them about their wishes.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person centred care; supported learning and innovation; and promoted an open, fair culture.

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

Plan to promote person-centred, high-quality care and good outcomes for people.

- People and staff told us they thought highly of the managers and staff at the home.
- The area manager and deputy manager were able to convey the provider's commitment to providing person centred care, and from people's feedback and our review of records, we found people were at the centre of the work the service provided. The systems in place focused on the individuals using the service and sought to meet their needs and provide them with high quality care. These systems measured and monitored outcomes for people with a view to making improvements where possible and thereby making people's lives better.

Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements

- The service was well run. Staff told us they were confident in the management team, were clear in their own roles and understood what the provider expected from them. Regular training, supervision, meetings with their manager, and checks on their competency ensured they were supported to keep their skills and knowledge up to date. The provider had staff on site 24 hours a day, and an 'on call' arrangement was in place to ensure staff could always get support and guidance if needed. This meant people received good treatment from staff who knew what they were doing.
- The deputy manager was relatively new in post, and was supported by an experienced area manager who had previously been a registered manager. They understood their role and regulatory responsibilities, whilst the registered manager was absent. The latest CQC inspection report rating was on display. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments. This demonstrated the management team was clear about their role and in being so, provided people with a good service.
- In the absence of the registered manager the provider had also recruited a consultant to review some of the quality assurance procedures at the home, to ensure the home continued to be well led. The provider also worked alongside care staff, as they enjoyed being a care worker at the home. This meant the provider maintained close relationships with staff and the management team, as well as people at the home.

Engaging and involving people using the service, the public and staff

- People were supported to complete surveys for the service to capture their views and opinions. Surveys were in an easy to read format, and staff were available to assist people to complete them if required. The most recent survey showed people were happy with the care they received. We saw evidence that indicated service users feedback led to changes at the home, for example, décor updates were based on people's ideas and wishes. In this way the service could find out people's preferences and involve them with how the

service worked.

- Resident meetings were held and discussed topics including activity and holiday choices and any changes in the staff team and the home. These meetings demonstrated that people were supported to engage with each other and be involved with the running of their home.
- Staff meetings were held where topics including mental capacity, equality and diversity, and expectations within employee roles, and any changes at the home or provider's other services. This showed staff were involved in shaping and understanding the service.

Continuous learning and improving care

- The provider completed various audits to assess the quality of care and support in place. These included audits for medicines, infection control, health and safety and quality audits of the entire service. All actions from audits were added to an action plan that the deputy manager and area manager oversaw. These audits and action plan allowed the provider to monitor and improve care for the people using the service. For example, following a recent medicines audit, the way medicines were monitored was changed, to ensure people always received their prescribed medicines.

Working in partnership with others

- The service had links with external services, such as community groups and commissioners of services, that enabled people to engage in the wider community. These partnerships demonstrated that the provider sought best practice and was innovative in enhancing and developing the service to ensure people received high quality care and support.