

HF Trust Limited

Wrekin Cottage - Telford (West Midlands)

Inspection report

Forbes Close
Ironbridge
Telford
Shropshire
TF7 5LE

Tel: 01952432065

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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

We inspected this home on 24 August 2016. This was an announced inspection. We gave the registered provider twenty four hours notice of our visit to ensure we would be able to speak with people using the service when we arrived for the inspection. The home is registered to provide residential care and accommodation for up to sixteen younger adults who all had a learning disability. At the time of our inspection the home was full.

A registered manager was in post. They were on annual leave during our inspection, and therefore the inspection was supported by the registered provider's regional manager. 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.

All five people we spoke with told us they felt safe. We observed people looking relaxed and comfortable with each other and the staff who were on duty. Relatives we spoke with had complete confidence that their relative was safe. Staff understood their roles and responsibilities to protect people from the risk of potential harm. Staff were aware of the provider's processes for reporting any concerns. There had been a recent turnover of staff and recruitment was on-going to ensure there would always be enough staff to support people. Recruitment checks were in place to help ensure that the staff employed were safe to work with people.

People were supported to manage their prescribed medicines. Where possible people were encouraged to participate in their medicines management. Staff had received training and ongoing checks to ensure they could undertake this part of their role safely.

Staff had been trained to support people effectively. This included learning about the specific needs and conditions people lived with. Staff told us that they received regular supervision and felt supported.

People were encouraged to make suggestions for food and meals they would like to have included on the menu. People were supported when necessary to access a range of health care professionals.

Staff did not fully understand their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be unable to make their own decisions. The registered manager has informed us she will address this with a number of workshops. We observed staff working consistently in line with good practice, which included seeking people's consent before providing any support.

We observed people and staff enjoying each other's company. Relatives and health professionals we spoke with were complimentary about the staff team. People had been encouraged to develop skills to help them be more independent. We observed staff ensuring people's privacy and dignity was maintained.

People told us about the range of activities they could undertake. Some people had recently enjoyed holidays, or had these planned for later in the year. We identified that more opportunities needed to be provided for people to do interesting things when they were spending time at home.

People and their relatives knew how to raise complaints, and described open and accessible communication with the registered manager. People and their relatives had confidence that their concerns would be taken seriously and acted upon.

There was a registered manager in post who was aware of her responsibilities, and who had the skills and experiences required to enable her to effectively lead this service. A range of checks and audits had been developed by the registered manager and registered provider to ensure they could ensure the safety and quality of this service.

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.

People were supported to live a full and active life, which included taking risks consistent with their needs.

People were supported by adequate numbers of staff who they liked, and who had been recruited following robust checks.

People could be confident their prescribed medicines would be well managed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received induction, training and supervision to enable them to do their job well.

Healthcare needs were well met, and people were supported to see a wide range of health professionals. Food and drinks that people enjoyed and which helped them stay well nourished and hydrated had been provided.

People's human rights were protected.

Is the service caring?

Good ●

The service was caring.

The staff team worked with kindness when supporting people.

People could be confident they would be treated with dignity and respect, and that their independence would be promoted.

At the end of life people's wishes were respected and people received compassionate care,

Is the service responsive?

Good ●

The service was responsive.

People were supported to undertake a range of activities and plans were in place to develop this further.

Individual talents and interests had been identified and used to help staff plan individualised care.

Opportunities were provided for people to raise concerns and complaints, and people had confidence the required action would be taken.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager who people respected, and who had the skills and support to lead the service.

Systems were in place to ensure the required notifications were made.

Audits and checks were in place to provide assurance that the service offered was safe, meeting people's needs and the requirements of the law.

Wrekin Cottage - Telford (West Midlands)

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 announced inspection took place on 24 August 2016. The inspection was undertaken by one inspector.

We looked at the information we had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We spoke with the people who purchase this service on behalf of the people living at Wrekin Cottage. They told us they had no concerns about the way this service was run.

During the inspection we met with all 16 of the people who lived at the home and spoke at length with five people. We spent time observing day to day life and the support people were offered. We spoke with three relatives of people and two care professionals to gain their views of the home. In addition we spoke at length with the regional manager, the team leader and four care staff. When the registered manager returned from holiday, we spoke with her at length on the telephone.

We sampled some records including parts of three people's care plans and medication administration records to see if people were receiving their care as planned. We sampled two staff recruitment files. We sampled records about training plans, resident and staff meetings, and looked at the registered provider's

quality assurance and audit records to see how the provider monitored the quality of the service.

Is the service safe?

Our findings

All five people we spoke with told us they felt safe living at Wrekin Cottage. One person told us, "I feel happy and settled," another person told us, "I'm really pleased to be living here. I feel very settled. I like it." We asked another person if they felt safe. They told us, "Yes. Absolutely." The registered provider had issued a questionnaire in June 2016 to the relatives of people living at the service. The results from these questionnaires demonstrated that all the relatives felt confident their relative was protected from harm. One relative we spoke with told us, "I have absolute confidence that [name of person] is safe. I have been able to go away on holiday, confident that they are happy and well supported. "

People living at the home were kept safe by staff who understood their responsibilities of protecting people from abuse. Staff we spoke with told us that they had received safeguarding training. Staff were able to describe signs of abuse and confidently explained how they would respond to and report safeguarding concerns. All the staff we spoke with told us they had no concerns about people's safety. One member of staff told us, "I have no concerns about anyone being at risk of abuse here." Staff were able to describe the actions they took and systems in place to ensure people's safety. All of the staff described the organisation as having 'zero tolerance' to abuse. Information was available and on display around the home to provide staff with guidance about raising concerns. The knowledge of staff, and policies and procedures within the home would ensure alleged abuse would be taken seriously and the relevant actions taken to keep people safe.

We looked at the ways the home managed risks to people. People had been encouraged and supported to live full and active lives, and risk assessments to support this had been developed. These risk assessments focussed on enabling the person's liberty and freedom to be promoted, rather than restricting it. Some people had risks relating to their health. These risks had been identified and advice from the relevant health professional had been sought when this was required. Risks had been kept under review and the written documents and support offered by staff had been developed and changed when people's support needs required this. This ensured people were able to take risks and that staff had been provided with the information they required to provide the appropriate level of support.

The number of staff on duty was adequate to provide care to people when they needed it, and we observed staff attend to people's support needs promptly. One person we spoke with told us, "I always have to go out with a member of staff, and there are usually enough staff on duty to support me." We were informed that recruitment was currently on-going to fill a number of staff vacancies that had recently occurred. Relatives we spoke with described a turnover of staff, and that recruitment was usually on-going. We spoke with the registered manager about this, who confirmed that staff turnover was monitored and that there were arrangements in place to ensure adequate numbers of staff were provided. The recruitment and selection process ensured that staff were recruited safely. Prior to staff commencing in their role a full employment history, criminal records checks and appropriate references had been sought. Staff we spoke with confirmed these checks had taken place. People we spoke with told us they had the opportunity to meet potential new staff members and if they wished to participate in the interviews. The combination of safe recruitment practices and involving people, ensured people were supported by staff they liked and who were suitable for

this work.

Staff supported people with their medicines in the individual way each person required, encouraging each person to be as independent as possible. Each person's medicine was stored in their bedroom, so that they could receive it privately. One person we spoke with told us, "Staff help me with my medicines. It's fine." A relative we spoke with told us, "I have complete confidence in their ability to administer medicines. They are also stored safely in each person's bedroom." We sampled the Medication Administration Records (MARs) and they had been correctly completed which indicated medication had been given as prescribed. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and when the medicines should be used. Information booklets detailing what each medicine was for had been developed and these had been written in a format that was easy for people to access.

A number of measures had been employed to ensure medicines were managed safely. Staff competency assessments were undertaken to ensure staff remained able to administer medicines safely. There were regular audits of medicines to ensure any problems or discrepancies would be identified quickly. These audits could not be undertaken effectively during our inspection as medicines carried forward from the previous month had not been accurately recorded. We were shown evidence that this was an isolated occurrence. A medicines audit had been undertaken by the supplying pharmacist. This confirmed that medicines were well managed. People could be confident their medicines would be well managed, and administered as prescribed.

Is the service effective?

Our findings

People were being supported by a team of staff who they got on well with. One person told us, "I get on alright with all the staff." People told us they felt happy and confident with the support staff offered them. One relative we spoke with told us, "The staff are experienced and well trained. They understand about autism, and a wide range of other needs. They contact me if they need to, but usually they are able to cope well with [name of relatives] needs."

We were informed that all new staff completed an induction before starting work in the home. One recently recruited member of staff told us about their induction and described it as, "Very good." They confirmed they had been offered training and shadow shifts (working alongside a more experienced member of staff) and when this was complete they felt ready to start work. New staff were required to complete the Care Certificate. The Care Certificate is a nationally recognised induction course which aims to provide staff with a general knowledge of good care practice.

Staff described the opportunities provided for them to ensure they were able to provide safe and effective care and support. Staff spoke highly of the training provided and told us, "This is a really good organisation for training," and "I feel training has been provided that helps me meet the diverse needs of the people that live here." The records of training undertaken and planned showed that staff were being provided with the knowledge they needed to work safely as well as the opportunity to learn about the specific needs and conditions of the people they were supporting. As we spoke with staff and observed their practice we saw them demonstrate their knowledge about people's needs and how to meet them. This ensured people were supported by staff with the appropriate skills and knowledge.

We asked staff if they received regular supervision and they confirmed that they did. Supervision is an important tool which helps to ensure staff receive the guidance and support required to develop their skills and understand their role and responsibilities. Staff told us, "I feel well supported by the whole team as well as my manager. "There were staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities.

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 whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager described their growing understanding of the MCA and the way it applied to the people she supported. At the time of our inspection relevant assessments had been undertaken, and when required referrals had been made for

Deprivation of Liberty Safeguards (DoLS) when people's liberty was being restricted. Staff we spoke with were unsure about how the MCA applied to their role and the people they supported. Staff were not sure if anyone had been subject to a DoLS or how this impacted on the care and support they required, the registered manager agreed further work was required and suggested she would arrange a number of staff workshops to address this. Staff we met and spoke with were aware of the need to seek people's consent, and we saw them working in ways that empowered people and encouraged their freedom and independence. People we met and our observations showed that people were supported and encouraged to be as involved in their care and decisions about their life as possible. People's liberty and their human rights were protected.

People had been supported to have their nutrition and hydration needs met. We observed people being asked for suggestions of meals they would like to see included on the menu. Visual communication aids were available and utilised that supported people to make these food choices. We sat with people during the lunch time meal, and heard people chatting and enjoying the social occasion that the meal provided. After the meal we overheard people thanking staff for the meal, and their comments included, "That was a nice lunch. Thank you "and" I really enjoyed the lunch." The day of the inspection was warm, and jugs of cold drinks were available for people to help themselves to. Relatives we spoke with also commented on the quality of the food provided, and that on most occasions it was a fresh meal cooked from scratch. One relative told us, "There is an abundance of very nice food." People had been supported to eat and drink food which they enjoyed and which enabled them to maintain good health.

People had access to a range of health and social care professionals both within the community and those that visited the home. People we spoke with confirmed they received the support they needed to stay healthy and told us, "Yes. I'm supported to stay healthy. I have to see the optician soon." People were aware of their care and support needs and described being involved in developing and reviewing their care plans. People told us, "I get involved with the care plan to ensure I get help how I want it to be," and "Yes, I help write my care plan." Staff had supported people to develop records that detailed how they wished to be supported in various healthcare settings. This ensured people would receive the right support in the event of them needing to be treated in hospital. These were called Hospital Passports and are recommended by the Department of Health as good practice for people living with a Learning Disability. Health professionals we spoke with confirmed that people were referred promptly when staff identified changes in their health care needs. They told us staff were well informed about the medical conditions people experienced. This ensured people would receive the support they required to maintain good health.

Is the service caring?

Our findings

People told us they felt relaxed and comfortable living at Wrekin Cottage. One person told us part of the reason they felt happy was that they had a good key worker. A key worker is a member of staff with specific responsibility for supporting a person with important aspects of their care and well-being. They went on to tell us, "She makes me feel very special." We observed staff treating people with kindness and compassion, and staff we spoke with were enthusiastic about the people they were supporting. We asked the staff what they were most proud of about the service offered at Wrekin Cottage and three of the four staff described seeing the happiness and contentment of the people they were supporting. The comments from two staff included, "I am most proud of the fact the guys that live here are so happy," and "We are not perfect but everyone who works here is doing their best for the people we care about." Relatives we spoke with praised the compassion and positive attitude that staff showed towards their relative. Two comments we received were, "All the staff are lovely. There are many long standing staff that do this work because they really want to." Another relative said, "It's exceptional care." People we met and spoke with also demonstrated compassion and concern for the other people who lived at Wrekin Cottage, their family and members of staff. This showed a caring and compassionate culture and atmosphere had been nurtured in the home.

Staff we spoke with were aware of the need to protect people's privacy and dignity and were able to give examples of how they achieved this. We observed all staff knocking and waiting for permission before entering people's bedrooms. One person we spoke with told us, "I need staff in the room with me if I have a bath because of my medical condition. They do try and be discreet, but I want them there, as it's for my safety." During our visit we observed staff encouraging people to do as much for themselves as possible. This included people being encouraged to make decisions about their own care, to undertake and plan activities and to cook or make drinks for themselves. We also observed some staff practice where people's dignity had not been well protected. The registered manager accepted this feedback and assured us that work to address these issues would be undertaken. Health professionals we spoke with told us that they had observed staff supporting people with kindness and compassion. One health professional described the positive and sensitive support offered to people when attending health appointments, which for some people can cause them anxiety.

Relatives we spoke with told us that they were always made to feel welcome. They described how people were supported to stay in touch in person and by using the phone and text messages. Some people we met had developed personal relationships and they described the support they had from staff to go on dates and to spend time together with their loved one. This helped people maintain relationships with the people most important to them.

The registered provider had developed a self-advocacy group. This meeting gave people the opportunity to raise ideas or concerns with management staff not directly linked to the home. Health professionals that we spoke with described the action undertaken by staff to represent the wishes of people who were unable to do this for themselves. We were informed that through staff's persistent and professional representation of one person's wishes had resulted in them receiving the care at the location they had chosen at the end of their life. People could be confident their voice would be heard and that staff would support them or

advocate on their behalf when they were unable to represent their own wishes.

In the pre inspection information the registered manager described the work undertaken in recent months to provide end of life care to a person who had recently passed away. We saw that the home had received compliments about the support they had provided for the person, and the way they had worked collaboratively with other health professionals to ensure the person's wish to remain at home until the end of their life was achieved. People could be confident they would be cared for with compassion and kindness at the end of their life.

Is the service responsive?

Our findings

We looked at the opportunities people had for accessing activities of their choice. People were able to access a range of activities provided by the same registered provider at a day centre and garden centre nursery on the same site as their home. We saw people enjoyed the independence they had to travel between their home and work placement without support and they spoke favourably about the gardening, craft activities and design and technology activities they could partake in. People had the opportunity to access the local community independently or on planned activities with the staff, according to their support needs. Recent activities included going to the park, going out for meals and shopping trips. People we spoke with were looking forward to holidays they had planned for the near future. One person told us, "I can't wait." Another person told us about their holiday and said, "Last year I went on the beach. I really laughed." One member of staff told us some people enjoyed attending a local church. People we spoke with and records we looked at confirmed people were supported to attend church when they wished.

We observed that when people were not at the day activities or out in the community there were very few home based activities for them to participate in and enjoy. Some people helped with tasks to keep the home tidy and with meal preparation, however for the majority of the time people sat in the lounge. Although the TV was on, no one was actively choosing a programme or watching the TV during our observation. One relative told us, "Things to do day to day need to improve." We spoke with the registered manager who described recent cuts to people's college placements and the plans that had been developed to help people fill their day with interesting activities. Our observations showed that the number of staff on duty wasn't always adequate to help people undertake activities of interest to them when they were within the home. People we spoke with described things of interest that they liked to do, and while opportunities to undertake these were not always provided with the frequency people or their relatives wished for they had been provided. People had access to a range of activities that they enjoyed, and there were plans in place to improve and develop the frequency and choice available to people.

People's written care plans were individual and reflected people's individual needs and wishes. People told us they were involved in writing their plans and keeping them under review. When people wished their relatives or other health professionals joined in the review as well. We saw that people had been supported to dress, and to decorate their bedrooms for example in a style that was unique to them. A relative we spoke with told us, "My relative is very artistic. They [the staff team] get that. This is recognised and valued in [name of person]." Another relative described how their loved one could become unsettled if things changed. They described how staff understood the need for stability and reassurance and did their best to ensure this was reflected in their care. Another relative told us, "Although this is quite a big home, they do cater for the needs of each individual." These were ways in which people's individual needs were recognised and valued.

There were systems in place for staff to share important information about people's changing needs. We saw a handover occurred between staff teams at key points during the day. There was also a communication book to draw staff attention to important changes.

We looked at the systems in place to make sure people felt confident to raise any issues, concerns or

complaints. The complaints procedure was accessible and available within the home. People that we spoke with told us they knew how to complain and were able to tell us of occasions when they had raised concerns which had been dealt with appropriately. One person told us, "If something was really wrong I'd speak to the registered manager. Things would improve after that." Another person told us, "We have house meetings where we can talk about how we feel and what's going on." Relatives felt able to raise concerns or complaints although they commented that they had not needed to do this. They went on to tell us, "It is a care home. There will always be some issues and niggles, but nothing that can't be settled quickly." Another relative told us, "If there is something I would like to see done, I tell them and they make sure it gets done." There had been no complaints made in the last twelve months. People felt confident that their concerns would be heard and the required action taken.

Is the service well-led?

Our findings

We received positive feedback about the registered manager and the regional manager of this service. People we spoke with told us they felt able to approach and speak with both the registered manager and regional manager. During our inspection we saw people freely approaching the regional manager for reassurance and to discuss matters of importance with her. Relatives we spoke with told us, "The manager is fantastic. She works very, very hard and goes above and beyond what you could expect."

Relatives told us that the culture of the home was 'open' and 'transparent' and described feeling confident to raise any matters. One relative told us, "They do take notice of you and listen to what you say." Another relative told us, "I really appreciate the transparent and open culture. You feel free to ask anything and have confidence they will tell you about anything you need to know about."

Staff we spoke with were not clear about the leadership structure within the service when the registered manager was not on duty. Comments we received included, "When the registered manager is not here, no one is actually leading the shift. We work on our own initiative." While no one shared any evidence that this had resulted in harm, or poor outcomes for people, this did not provide evidence that there was consistent leadership in place. Staff told us that staff meetings were held regularly. Staff we spoke with told us these provided an opportunity for staff to raise ideas and suggestions, and to receive training and support. One member of staff told us, "We have regular staff meetings. I could raise ideas there or in supervision. To be honest at anytime. The management team are supportive."

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to use this system. Our inspection visit and discussions with the regional manager identified that they understood their responsibilities and felt well supported by the registered provider. In the pre inspection information the registered manager described ways in which they were keeping themselves up to date with changes to regulations introduced in April 2015. During our conversation it was apparent the registered manager had understanding of these changes and support from the registered provider to meet people's needs as well as the requirements of the law.

The registered provider had developed audits based on the inspection methods used by the Care Quality Commission. This had helped the registered manager and registered provider identify areas in which the home was meeting people's needs well, and where they could concentrate efforts to further improve. This ensured people were benefitting from a service that was complying with the law, and was continually looking for ways to develop and improve.

There were processes in place for monitoring and improving the service. When adverse events occurred these had been recorded and analysed by both the registered manager and registered provider. Whenever possible, action had been taken to prevent a similar incident from reoccurring. The registered provider had established a quality team who had undertaken audits of the service. These included obtaining the views and experiences of people who were using the service. These ensured the service was meeting people's

needs as well as compliance with the regulations.