Wildacre Care Services Ltd

Wildacre

Inspection report

Raunds Road
Chelveston
Northamptonshire
NN9 6AB

Date of inspection visit:
22 February 2018
28 February 2018

Date of publication:
12 April 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 22 and 28 February 2018 and was unannounced.

Wildacre is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 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." Registering the Right Support CQC policy.

Wildacre is a residential care home for 10 people with learning disabilities and those living with dementia. There is one premises with two buildings; the larger main house, which is registered to accommodate seven adults with learning disabilities and the smaller house that is home to three people with learning disabilities who may have more physical needs. The main house has five first floor rooms and three ground floor rooms and several have separate living and seating areas. The smaller house has three specially adapted rooms to meet people's more complex needs.

At our last inspection, we rated the service as good. At this second comprehensive inspection we found that the service had deteriorated and we have rated it overall as Requires Improvement.

There was a registered 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

Recruitment practices were not robust and had not been consistently followed to ensure staff employed were suitable for their role. We observed that essential employment checks for some staff had not been obtained. Effective quality checks had not carried out in order to check that the service was meeting people's needs and to ensure people were provided with a safe, quality service.

People continued to receive safe care. There were enough staff to provide care and support to people to meet their needs. People were consistently protected from the risk of harm and received their prescribed

medicines safely. Staff followed infection control procedures to reduce the risks of spreading infection or illness.

Staff had access to the support, supervision, training and on-going professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care.

People developed positive relationships with the staff who were caring and treated people with respect, kindness and compassion. Staff made sure that people's privacy, dignity and confidentiality was maintained at all times.

The service had a positive ethos and an open culture. The manager was a visible role model in the service. People had personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.

People had their diverse needs assessed and had personalised plans of care in place to enable staff to provide consistent care in line with people's personal preferences. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive. Information was available in various formats to meet the communication needs of the individuals.

Staff felt valued and said they were well supported by the management. Staff were committed to the work they did and had good relationships with the people who lived at the service. People interacted in a relaxed way with staff, and enjoyed the time they spent with them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Recruitment practices were not robust to reduce the risks of unsuitable people working with people using the service.

Staff were aware of the different types of abuse and to report any they witnessed or suspected. Risk managements plans were in place to protect and promote people's safety. There were adequate numbers of staff employed to meet people's needs.

There were systems in place to ensure medicines were managed safely. People were protected by staff that followed procedures to help prevent and control infections. People could be assured that staff continually learnt from incidents and improvements were made when things go wrong.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality audits on important quality issues such as staff recruitment, infection control and the environment had not been completed to ensure safety and drive improvement at the service.

There was a positive, open and welcoming culture at the service. Staff were well supported and were aware of their rights and their responsibility to share any concerns about the care

provided at the home.

Wildacre

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 was an unannounced comprehensive inspection, which took place on 22 and 28 February 2018 and was undertaken by one inspector.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed other information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We sought feedback from commissioners who had placed people and monitored the service.

One the first day of our inspection we visited the service, spoke with staff and people using the service and reviewed records. One the second day we made telephone calls to relatives of people living at the service. During our inspection, we spoke with four people who used the service and two relatives. In addition, we spoke with four staff members that included the manager, the assistant manager and two care and support workers.

We looked at the care records of four people to see whether they reflected the care given and three staff recruitment records. We examined other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and minutes of meetings with staff

and people and arrangements for managing complaints.

Requires Improvement

Our findings

Appropriate staff recruitment processes had not always been followed by the provider to protect people from being cared for by unsuitable staff. For example, we saw that one staff member had only had one reference from a previous employer. The provider did not provide applicants with an application form to complete and we saw that staff had completed a curriculum vitae (CV). These varied in quality and the amount of information provided. For example, some did not record a full employment history. In addition, there was no health declaration to show that people were physically and mentally fit to undertake tasks that were intrinsic to their employment.

We discussed these concerns with the manager who said they would implement an application form for any further recruitment of staff and they provided us with a copy of this following the inspection. The application form contained sections for a full employment history to be recorded, a signed statement to say that people had no criminal convictions and a health declaration. The manager also said they would ensure that all appropriate employment checks were completed before any new staff commenced work at the service.

We saw that the provider had completed Disclosure and Barring Service (DBS) checks for staff before they commenced work, to ensure that staff were suitable to work with vulnerable people. In addition there was proof of ID such as copies of passports, driving lessons and birth certificates.

People continued to feel safe living at the service. One person told us, "Yes I'm safe. [Name of staff member] is my friend." A relative said, "Without a doubt very safe." Staff understood their responsibility to keep people safe, and how to follow safeguarding procedures. One member of staff told us, "I would report to the manager straight away if I saw anything that worried me." We saw that staff were trained in safeguarding procedures.

Staff provided consistent safe care and support. There were risk assessments in place, which gave staff clear instructions about how to keep people safe. For example, risk assessments had been undertaken to identify any risk when people went out in the community or when receiving personal care. Each risk assessment contained appropriate controls for staff to follow to reduce and manage these risks.

There were sufficient staff to meet the needs of people living at the service. One person said, "Yes there are always staff. They take me out." A relative commented, "I think there is enough staff. [Name of relative] is always out and busy. Staff were visible and responded to people in a timely way. Rotas demonstrated that staffing was consistent and suitable to meet people's needs.

Medicines were safely managed. Staff had received training, their competencies were assessed, and there was detailed guidance for staff to give people their medicines as they preferred. Medication records were competed fully; there were regular audits in place and any shortfalls found were quickly addressed.

People were protected by the prevention and control of infection. We saw that all areas of the service were clean and tidy, and that regular cleaning took place, following cleaning schedules. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection. However, there was no infection policy in place to provide guidance for staff. Following the inspection the manager provided us with an infection control policy that they had implemented since our visit. The service had a five star food rating.

The service understood how to record and report incidents, and used information to make improvements when necessary. Actions were taken to make any necessary improvements and any lessons learned from incidents were discussed with staff with appropriate action plans in place. For example, when errors in recording of medicines were found staff were reminded of their responsibilities and further training was given. Protocols and procedures were revised.

Good

Our findings

People's needs were assessed prior to them moving into Wildacre. Particular attention was also paid to the compatibility of the people living in the home. The assessment covered the person's health and medical background as well as their emotional and social support needs. The information gathered was used to produce a plan of care that was reviewed and updated as staff got to know the person.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "The staff are good. They look after me." Staff told us and records confirmed that all staff received an induction training package before starting work at the service. Records confirmed that training was kept up to date.

Staff received regular supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development. Staff said they were well supported and encouraged to do more training.

People were supported to maintain a healthy balanced diet. People at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to the dietician and speech and language therapist had been made when required and their advice followed. People were involved in deciding what meals they had each day and helped to prepare them.

The service worked and communicated with other agencies and staff to enable effective care and support. We saw that people had input from a variety of professionals to monitor and contribute to their on-going support. This included reviews and input from funding authorities, and communication and investigation around any safeguarding alerts and concerns

People had regular access to healthcare professionals and staff sought support from health professionals when needed. One member of staff said, "If we have any concerns we will always seek advice from the Community Learning Disability team."

People were supported to access health care professionals as required. Some people using the service had complex health care requirements, which staff understood well and were proactive in seeking medical assistance as required. Records showed that people's health requirements were documented in detail and updated as needed.

Wildacre had been modified to meet people's individual needs. The provider ensured that the environment was well maintained and free from hazards. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. There was an on-going programme of maintenance and people had been encouraged to personalise their bedrooms. Following the inspection the provider informed us they had also replaced two bathrooms, had the block paving levelled, created a storage cupboard, decorated two resident rooms, decorated the hall and replaced the carpet.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff gave examples of how people's best interests were taken into account if a person lacked capacity to make a decision. For example, people with learning disabilities were supported to make decisions through the use of care plans, with their involvement. We saw that people's had DoLS in place if they were being deprived of their liberty.

Good

Our findings

People and relatives told us that staff were kind and caring in their approach. A relative said, "The carers are always friendly and very caring." Another relative told us that staff provided care that was tailored to meet their relative's needs. They said, "They [meaning staff] have a really good understanding of how to meet [name of relative] needs."

People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well. People's choices in relation to their daily routines and activities were listened to and respected by staff. One person said, "I can do what I like. I can go out or stay at home I can."

The manager told us about one person who was on end of life care and had been taken to the local hospital. The service ensured they had a member of staff with them at all times so they didn't feel alone and to make sure their needs could be met by staff that knew them well.

People were treated as individuals and care plans, which they or their relatives were involved in completing and reviewing on a monthly basis. We saw that people's goals had been agreed with them and their choices respected. For example, one person told us they were going on holiday soon and were excited about that. People were encouraged to express their views, were offered choices and made decisions about the way they wanted things to be done. We asked one person if they had made any decisions that morning. They told us, "[Name of staff member] is going to take me out for a coffee because I asked if we could go."

At the time of our visit, two people were using the services of an advocate. This was in place to support them if they felt they were being discriminated against under the Equality Act, when making care and support decisions.

Staff were knowledgeable about the people they supported and what was important to them, such as family members and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit. They were able to explain to us about the care and support people needed. Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service.

All staff respected the privacy and dignity of each person and people we spoke with confirmed this. We saw that staff always asked people's permission before undertaking any task. Relatives also said they thought

the staff provided dignified care. One relative told us, "They are very respectful people. They respect all the people who live at Wildacre." Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

Good

Our findings

People received care that met their individual needs. A relative told us, "[Name of relative] has everything they need. They are well looked after."

The assessment and care planning process considered people's values, beliefs, hobbies and interests along with their goals for the future. People and where appropriate their relatives were involved in developing their detailed care plans. Staff knew people very well; their backgrounds and what care and support they needed. One staff member said, "We ask the families for as much information as possible so we can fully meet people's needs."

Care plans were person centred and comprehensive, identifying people's background, preferences, communication and support needs. Throughout our inspection, we observed that staff supported people in accordance with their care plans.

People were supported to follow their interests and take part in social activities. We asked one person what they enjoyed doing in their spare time. They replied, "I like shopping. I go shopping with [name of staff member]." A relative commented, "[Name of relative] is always busy. Always doing things. On the day of our visit, four people were out throughout the whole day attending their activity placements. Other people were involved in activities around the service such as listening to music and art and craft activities. Some people told us they were going out in the afternoon.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, we saw that some information was provided to people with pictures and symbols that were meaningful to them.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. When complaints were made, we saw that the service followed a complaints policy and recorded and responded to each complaint promptly. Information from complaints was fed-back to staff when required, so that learning and development could take place.

At the time of the inspection, nobody was receiving end of life care. The staff had worked previously with people to provide end of life care. They had been supported by other healthcare professionals such as the community team for learning disabilities (CTPLD) who helped them to put together an end of life plan. We spoke with a relative whose family member received end of life care at the service. They told us, "The staff were absolutely wonderful. Nothing was too much trouble. They went out of their way to provide [name of relative] with a dignified death. I couldn't have coped without the support from the staff."

Requires Improvement

Our findings

Some quality audits were in place to assess, monitor and evaluate the quality of people's care. Audits carried out and included medication, care plans and daily records. These helped to highlight areas where the service was performing well and the areas, which required development. However, there were no audits undertaken on important quality issues such as staff recruitment, infection control and the environment. For example, the service had not consistently followed robust recruitment processes to ensure staff were recruited safely. Necessary employment checks had not always been completed before staff commenced work at the service. There were no systems in place to monitor the safety or the cleanliness of the service. Following the inspection the manager sent us a policy in relation to infection control and had implemented quality audits regarding infection control and the safety of the environment.

There was a registered manager who was also the registered provider. There was also another manager who undertook the day-to-day management of the service. The registered manager was not available to support the inspection on the day of our visit due to personal difficulties. '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.'

The service was open and honest, and promoted a positive culture throughout. The staff we spoke with told us that the management of the service was good, and they got the support they needed to confidently perform their roles. One staff member said, "[Name of manager] is very supportive. I feel that they value us as a staff team."

People, relatives and the staff team were able to have their voices heard and were engaged and involved in the development of the service. Staff were able raise ideas or concerns within team meetings and people and their families were asked for their feedback through surveys and care reviews. For example, staff had raised concerns that the menus were not accessible to people, because they were held in a folder out of sight. We saw that a big print menu had been placed on the fridge door in the kitchen so it could be seen by everyone at the service.

Regular residents meetings were held to provide people with a further opportunity to share their views. The minutes of the last meeting showed that preferred activities and menus were discussed and peoples choices were acted upon.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals. The service worked positively with outside agencies. This included holding strategy meetings where appropriate and liaising with the local authority.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.