

## Individual Care Services

# Individual Care Services - 11 Wembrook Close

### Inspection report

11 Wembrook Close  
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Date of inspection visit:  
23 January 2018

Date of publication:  
21 February 2018

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection visit took place on 23 January 2018 which was announced. This was a comprehensive inspection.

11 Wembrook Close provides accommodation and personal care for up to four people with a learning disability or autistic spectrum disorder. At the time of our inspection there were three people living at 11 Wembrook Close.

People in care homes receive accommodation and nursing and/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.

A requirement of the service's registration is that they have 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 and the associated Regulations about how the service is run. At the time of our inspection visit there was a registered manager in post, however they were not present during this inspection due to planned leave.

In December 2016 we rated this service as Requires Improvement overall because we had concerns around risk management and a lack of effective quality assurance systems. We completed a follow up inspection visit to the home in May 2017 to assure ourselves improvements had been made and rated Well Led and Effective as 'Good'. We did not change the overall rating because we only reviewed two outcomes. Since that inspection we have reviewed and refined our assessment framework, which was published in October 2017. Under the new framework certain key areas have moved, such as support for people when behaviour challenges, which has moved from Effective to Safe. Therefore, for this inspection, we have inspected all key questions under the new framework, and also reviewed the previous key questions to make sure all areas were inspected to validate the ratings. At this inspection we found the service was 'Good' overall.

People were protected from harm and abuse because staff understood their responsibilities to report any concerns they had about people's health and wellbeing. However, we found one incident involving a person's missing money had not been referred to us or the local authority as required. The provider had investigated this incident and has improved their checks to minimise this from happening again.

Staffing levels were flexible to ensure there were enough staff to provide responsive and effective care.

During our inspection visit some people went out and staff were able to spend time with the people that remained in the home so they could respond effectively to meet their needs.

Staff supported people in a kind, gentle and caring manner and treated them with dignity and respect.

Staff told us the training they received supported them in providing effective care to people. Following our visit we received a copy of the training schedule which showed some staff refresher training was required. However, the registered manager had planned to revise and update how staff received their training so it met their expectations and assured them, staff were effectively trained and skilled.

The provider used recognised risk assessment tools to identify any risks to people's health and wellbeing. Staff knew how to support people to reduce identified risks to people.

Staff promoted people's choices and independence which gave people a sense of worth and ownership in how their care was received.

Where there were changes in people's health and wellbeing, they were promptly referred to other healthcare professionals. Closer working with other healthcare professionals helped support and promote better outcomes for people and minimised potential impact of stress and anxiety being caused to people unnecessarily.

People received the food and drinks they preferred and staff knew who required special diets.

The deputy manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff monitored people who could not communicate verbally to ensure they were consenting to the support being offered. The provider was arranging advocacy services to ensure decisions were made in people's best interests.

The home was clean, free of odour and staff wore personal protective equipment (PPE) at the necessary times. Regular spot checks and effective monitoring ensured standards of cleanliness were maintained.

Medicines were administered safely and people received their medicines as prescribed. Time critical medicines were given at the required times and PRN protocols ensured staff provided those medicines as and when required, safely.

The management team carried out checks to ensure the safety of the environment and the standard of care people received was maintained. However, audit systems required improvement to ensure actions led to improvements.

Further information is in the detailed findings below.

## 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 remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

The management team carried out checks to ensure the safety of the environment and the standards of care people received was maintained. However, some audit systems required improvement to ensure actions led to improvements. Previous staffing issues meant management covered shifts so they did not always have time to keep on top of their own audit systems and build confidence in them to ensure they remained effective.

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## **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 visit took place on 23 January 2018. It was a comprehensive announced inspection and was conducted by one inspector. We told the provider 24 hours in advance so we could be sure people, staff and management were available to meet with us.

We reviewed the information we held about the service. This included information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We sent the provider a provider information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided.

During our inspection visit, people's level of communication and how they felt on the day of our visit, meant we only spoke with one person. To help us understand people's experiences of the service, we spent time during the inspection visit observing how people were supported by staff in the communal areas of the home.

We spoke with three care staff, the deputy manager and a registered manager from one of the providers other homes who supported the deputy manager for part of this inspection. We reviewed two people's care

plans and daily records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service, such as quality assurance checks, medicines and finance checks. Following the inspection visit, we spoke with the registered manager, we looked at their training schedule and discussed their plans for improvements.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

Staff told us they received safeguarding training and understood the signs that could indicate a person was at risk of harm or abuse. Staff had confidence to share any concerns with the registered manager, CQC or the police if needed. One staff member said, "I would report it because it is my duty." Planning this inspection told us the provider had not notified us of any safeguarding issues. However, we found one incident when a person's money (£10) had gone missing around Christmas time. The deputy manager gave us no reason why this wasn't referred to us. In response, the deputy manager had increased security measures when recording and holding people's monies. Staff told us and we saw, checks were made twice daily to count and ensure people's money was correct and locked away. One staff member said, "Daily checks and double signatures help to make sure it's always right."

Risk assessments identified where people were at potential risk, the likelihood of the risk occurring and the severity of the risk and the actions that should be taken. Staff understood the risks associated with the type of care and support people needed, especially people who needed support promoting their daily living skills, personal care and social involvement. For example, some people enjoyed going out on their own and meeting friends. Risk assessments such as transferring people safely in wheelchairs and the mini bus recorded what actions and equipment was needed, so staff could minimise risks.

There was sufficient experienced staff to meet people's needs. People were still able to do activities they had planned and one person, who wanted to go out, was encouraged to, which left enough staff to look after those left in the home. We were told, "Because people go out, we always have extra staff on duty, plus me (deputy manager) and the registered manager." If appointments or day trips were known, additional staff was planned for to ensure people received their care without delays. The deputy manager acknowledged staffing in the past was a problem but said it had improved.

People received their medicines as prescribed, from trained and competent staff. Systems ensured medicines were ordered, stored and administered safely. Medicines Administration Records (MARs) were used to record when people had taken their medicines and daily counts by trained staff made sure medicines were given as prescribed. MARs were completed correctly and for some people who had medicines on an 'as and when' basis, protocols included when to administer, the reasons and safe dosage limits. Time critical medicines were given to people at the specified times.

The home was clean and well presented. Staff told us they always wore PPE (personal protective equipment) when providing personal care. Regular monitoring of the laundry ensured dirty and soiled items were kept away from freshly laundered items. Staff monitored temperatures such as food temperatures and fridge temperatures when preparing and storing foods to ensure cross contamination risks were kept to a minimum. The deputy manager checked on the cleanliness of the home through regular daily walk rounds, and through monthly auditing checks on the safety and cleanliness of the home. We had not been notified

of any outbreaks of sickness or illness at the home since the last inspection.

Maintenance and safety checks had been completed for all areas of the service. These included safety checks of the home environment, infection control risks and water safety. Records confirmed these checks were up to date. There was regular testing of fire safety equipment and fire alarms so staff knew what to do in the event of a fire and how to keep people protected. People who used the service had Personal Emergency Evacuation Plans (PEEPs). These are for people requiring special provision to ensure staff and the emergency services know what assistance they need to ensure their safety in the event of an emergency. PEEP's were kept in their individual care file. We recommended to the deputy manager that all PEEP's were kept together so in an emergency, the folder could be given to the emergency services.

The deputy manager told us not many accidents and incidents had occurred at the service. They said when they did occur they were reviewed to see if patterns or trends emerged so appropriate action could be taken to prevent further similar incidents from reoccurring.



## Is the service effective?

### Our findings

At this inspection visit we found people continued to receive care and support from trained and experienced staff and from staff who provided people choices in line with their wishes. The rating continues to be Good.

Staff told us they received training although could not remember what they had completed. Staff said they received training relevant to supporting people in their care and felt they had the knowledge to support people effectively. Following our inspection visit the registered manager sent us their training schedule which showed not all staff had completed their training refreshers in line with the provider's expectation. Plans were in place to ensure staff training was completed by recognised and qualified training providers and that training for new inductees supported the Care Certificate. The Care Certificate sets the standard for the skills and knowledge expected from staff within a care environment.

Staff said they had supervision meetings and whenever they had any issues or concerns, they could approach management without a planned meeting. Staff felt their concerns were listened to and the management were very supportive.

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. 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 are called the Deprivation of Liberty Safeguards (DoLS).

The deputy manager had a good understanding of the MCA legislation and referred to their knowledge of people to assess whether people were being deprived of their liberty, or their care involved any restrictions. Three people at the home had an authorised DoLS. Staff knew who and why those restrictions were applied and supported people in accordance with their DoLS. For example, we saw that the front door had a key coded lock for both security and to restrict some people from leaving, although no one could move themselves independently. Some people had equipment to help keep them safe such as bed rails and foot and lap straps. For example, one person lifted their legs off the footplates of the wheelchair which meant they were at risk of sliding off the seat. Staff said these were used to keep people safe when transferring, instead of a means of restraint.

Where people lacked the capacity to make all of their own decisions, mental capacity assessments had been undertaken, to establish what support was needed. However, we found these were not always decision specific and if decisions were made in people's best interests, we did not see records to support this. One person who lacked capacity to make decisions did not have family who could be involved in their care. We saw an advocate was to be appointed to make sure their care was provided in their 'best interests' when discussing this person's future operation in hospital.

Staff understood the MCA and how to support people using the principles of the Act. One staff member said

people lacked capacity for some decisions but staff continued to offer and promote choice. Staff recognised facial and nonverbal signals that indicated people's choice and staff supported people in line with their wishes. Staff asked people what they wanted to do, if they wanted to go out, if they wanted something to eat and drink or whether they needed any support. Staff continually checked people were happy.

People were supported to maintain their healthcare needs and had access to other healthcare services. Staff worked in partnership with other healthcare professionals, such as doctors, speech and language therapists, dieticians and mental health support. This support helped develop care and support that was centred on meeting people's Individual needs.

The staff team worked well with a local hospital to ensure people received consistent, timely, co-ordinated and person centred care and support when referred to them for treatment. A consultant from this hospital praised the staff team. In a letter to the registered manager, they wrote, 'I am writing to express my gratitude for the care to you and your team have shown to one of your long term service users. I have always been impressed with how engaged they (staff) are with [person's name] care. I would really like to commend you and all the team for the work you are doing.'

The deputy manager told us about this person who frequently attended hospital for clinical procedures. It was recognised the waiting times in hospital caused this person a lot of anxiety and stress which had a negative effect on their overall health and wellbeing. With GP support, the deputy manager and GP agreed a protocol with the local hospital, so when the person arrived at hospital, important information is exchanged quickly, the procedure is carried out, and the person returns home as quick as possible. The deputy manager said this has helped because it limits the time the person is in hospital and away from their home. Meetings with multi-disciplinary teams were held to review and discuss people's changing needs. For one person, a meeting is planned in February 2018 to review their care needs as recent challenging behaviours have increased.

Each person had their own room located on the ground floor due to their levels of mobility. People had choice in how their room was decorated and furnished. In each person's room we saw their rooms were personalised, people had pictures and posters on their walls and people displayed personal items important to them. Rooms did not have ensuite facilities so people shared communal bathrooms and toilets.

The environment at the home supported people with meeting their individual needs. For example, everyone who lived at the home used a wheelchair. The corridors were wide and flat, with smooth floors, and were accessible for people to move around easily. This also allowed easy access to the garden area so people could access outside spaces with no restriction. The communal lounge had recently been decorated in a persons' favourite colour as they used this room the most. New furniture was delivered during our visit which was of a fabric that was easy to maintain.

# Is the service caring?

## Our findings

At this inspection, we found people were happy living at 11 Wembrook Close as they had been during our previous inspection. The rating continues to be Good.

One person we spoke with said of staff, "I like them....they help look after me." We saw staff interactions with people at the home were respectful, kind, positive and staff remained patient when waiting for people to respond. Staff spoke gently to people and cared how they were feeling, especially if they were of low mood. Staff responded to people's needs quickly, such as when people asked staff to help them or if it looked like the person needed help with a task.

Staff respected and maintained people's right to dignity and privacy. Staff told us personal care was only carried out in private rooms for those who needed it. Staff told us, when providing personal care, they always kept people informed of what they were going to do so people felt involved and knew what was happening. Staff also said whenever they provided personal care, they covered people as much as possible. One staff member said, "I leave them, give them privacy and say I'm only here, just call me." Staff ensured the doors were closed and curtains drawn so people did not feel vulnerable when receiving care of a more personal nature.

People were assigned a specific member of staff called a keyworker. Keyworkers were responsible for maintaining a closer relationship with each person they supported, ensuring their social and practical needs were met. Keyworkers also helped to maintain accurate care records for people to ensure they reflected people's current needs, although some care plans required further review which was planned.

The deputy manager was passionate about providing good quality care to people. Their passion was shared by the care staff who we spoke with. All were enthusiastic in their desire to provide the best quality of care to people. The provider was keen to recruit staff who demonstrated caring qualities and they acted as a role model for caring engagement with the people who lived in the home. Staff we spoke with showed they had the right skills, personality and attitude to caring for people.

Staff explained to us the qualities they felt made them a 'caring' staff member. One staff member said, "It's not just about helping with personal care and making dinners. It is more than that....it's listening and knowing what they need." They told us about one person who wanted a mobile phone. They said, "I gave them a pretend phone and they love it." Another staff member explained why they came into the care sector. They said, "This is more rewarding and I want to help by making a difference." They said one aspect of being caring for them was, "To give choices...it comes naturally to me." They told us about the people they cared for and how they knew what people needed when some people had very limited communication. They said, "You get to know them so you can help. If [person] needs a drink they will make certain noises. If they need the toilet, they make a different noise....you just learn."

Staff said recent staff changes meant they all worked well as a team and as a result – people living at the home benefitted. Staff were complimentary of each other, saying they all supported each other which

meant outcomes for people were improved. People's personal information, such as their care records, were kept secure so that only people authorised to access it, could view people's important and sensitive information.

## Is the service responsive?

### Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. We continued to rate 'Responsive' as Good.

Staff understood the value of knowing about people so they could respond effectively to any changes in their physical or emotional wellbeing. For example, one person had a health condition that caused them discomfort which resulted in regular visits to the hospital. Staff said this protocol helped them understand the signs and the action they had to take so they could monitor, when the person needed to go to hospital. Staff told us this monitoring and knowing the person well enough, helped them respond to the persons changing condition.

Another person had behaviours that could become challenging to them and others. Staff told us they recognised the signs and how to reduce any potential behaviours escalating. Staff said handovers at the start of their shift, helped them know exactly how people had been and how they were feeling now. They said for the person, who had behaviours that presented challenges, they would keep closer observations on them to ensure they remained supported.

Care plans were personalised and contained a detailed a picture of the person and their preferences. These records described people's preferred routines and how they wanted staff to support them. In two care plans we looked at there was some inconsistencies in the level of detail recorded. However, from speaking with staff we were assured staff knew how to respond to people. The deputy manager agreed that the care plans required updating and the care plans we looked at had not been reviewed for over 12 months, although some parts of the care plan had been updated in December 2017. Reviewing the whole care plan would give the staff confidence that the care they provided was consistent with what the person required. The deputy manager agreed to complete reviews of all three care plans.

People were encouraged to follow their interests and be involved in those activities that gave them pleasure. One person told us they liked to visit their friend and staff took this person to see their friend on a regular basis. Another person enjoyed going shopping for personal items and staff supported this person with this. The deputy manager told us this person enjoyed buying certain items and had to buy them first, before anything else, such as going for a coffee. They said by knowing the person and doing it this way around, meant the person enjoyed their trips rather than becoming anxious or withdrawn. It was this level of detail that the care plans required so staff continued to provide individualised care.

One person said if they were unhappy they would discuss this with staff. The deputy manager said there had not been any complaints but if there was, they would take prompt action to resolve them. Staff said because they knew people well and with the levels of support people had, any issues were dealt with quickly before they escalated. Some care plans recorded people's comments about the service in pictorial form using a happy or unhappy face. However, these had not been completed for some time but the deputy manager was confident that if people wanted to raise a concern, they knew what to do.

There was no one receiving end of life care at the time of our inspection visit. Plans had not been discussed with individuals living at the home and we saw no decisions had been recorded if people needed resuscitation. We discussed this with the deputy manager and whether people could understand what this meant and how those decisions were recorded. The deputy manager assured us this would be considered as part of their care plan reviews and consideration would be given to the use of the advocacy service to ensure decisions were in their best interests.

## Is the service well-led?

### Our findings

At the last inspection we rated this area as Good. This was because there was a registered manager in post and there were systems to monitor and audit the quality and safety of the service. However at this inspection, we found some improvements were required to ensure the quality of the service remained consistent.

We found some areas for improvements were required to ensure the provider fulfilled their regulatory requirements. For example, it is a legal requirement for the provider to display a 'ratings poster'. The regulation says that providers must 'conspicuously' and 'legibly' display their CQC rating at their premises. A copy of the report showing the ratings was displayed, however a ratings poster was not displayed as required by our regulations. Following our inspection visit, the deputy manager confirmed a rating poster was now displayed for people and visitors to see. Prior to our inspection visit we checked the provider's website and found they had displayed their rating there, and there was a link to the report for the home to our CQC website.

The provider understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. However, we found one statutory notification relating to a safeguarding incident in December 2017 that had not been referred to us. The deputy manager gave us their assurances any future safeguarding's would be sent to us without delay so we could monitor the service effectively.

Since the last comprehensive inspection, we found where improvements had been made, these improvements had not been sustained. For example, around completed mental capacity assessments, staff training and care plans that had not been regularly reviewed. The deputy manager said there had been some issues that had caused some instability. The registered manager and the deputy manager had tackled recent staffing issues that had affected staff morale. The deputy manager said, "We struggled to get shifts covered, so I and [registered manager] have had to 'go on the floor'. This has stopped us doing what we need to do." Staff said the recent changes had affected the shift but since actions were taken, it was much better. One staff member said, "I didn't want to come to work, now I love coming here."

We saw inconsistencies in the care plans being used. The deputy manager said they now had new care plans which the provider had brought out in the last 12 months. Out of the two we looked at, only one was the new version. The deputy manager explained to us they preferred the old version as they held more detail. However, there had been no attempt to update the other two care plans. There was also a lack of decisions and assessments that showed when people lacked capacity. This was identified and improved following the last inspection visit. However, this time, we reviewed a care plan with the deputy manager and decision specific assessments were not seen. However, speaking with staff satisfied us they knew people well and how to respond to their needs.

There was a system of regular checks and audits. For example infection control, weights, accidents and incidents, equipment, water quality, and health and safety. Some records were not always completed to

show checks continued to be made. For example, we saw a weekly audit was last completed May 2017. This checked finances, charts, food stocks and first aid equipment. The deputy manager was confident checks were made but a lack of time prevented them being recorded, which they recognised and were in the process of addressing.

Food and fluid charts were not consistently completed. This meant it was difficult to get a true picture of what people had consumed. There were no ideal goals, totals, or consistency when recording a portion size. The deputy manager agreed consistency was needed. They said they had tried, "But we are always supporting elsewhere." To address these issues, the deputy manager said they and the registered manager had a planned meeting imminently to come up with an action plan. The deputy manager was confident after this meeting, their actions would be swift and address these areas. Following the inspection visit we spoke with the registered manager who said they were pleased with the progress and actions agreed at this meeting. They said, "I know we have yo-yoed but I am confident we have improved with the changes we are making. These changes provide better structure and clearer roles and responsibilities."

Staff said the registered manager and deputy manager were very approachable, effective listeners and good at taking action. Staff had confidence in the management at the home and said, "If there are any issues, I know I can go to them anytime." Some staff gave us personal examples of how the management had supported them whilst working at the home. Staff consistently spoke highly of the registered and deputy manager and their commitment for providing a high standard of care to people who lived at 11 Wembrook Close. Staff told us the registered manager and deputy manager were on the floor and supported when required, which they valued.

Improvements in accessing other healthcare professionals had been made which benefitted people living at the home. The deputy manager described how important this was to one person who frequently visited hospital for treatment. Meetings were planned to review this arrangement to ensure it continued to have people's welfare at heart and whether the system could be improved. A letter of praise from a consultant recognised their commitment to providing good care for people.

Following our inspection visit the registered manager sent us their training schedule which showed not all staff had completed training the provider considered essential. The registered manager said improvements were being made to the quality of how their staff were trained. The registered manager said, 'due to a review of our training by myself and the operations manager in November/December 2017 we felt that the current training plan does not meet the needs fully and due to timescales etc we were struggling to ensure staff complete the five day classroom based training'. The registered manager said they had developed a new matrix using a traffic light system so that managers knew when training must be refreshed. They said, "This will enable targets for completion to be set and monitored within supervision." They said, "This will be easy to action and operations managers we will be able to review and monitor more effectively. The training is in a good place now."

People's personal and sensitive information was managed appropriately. Records were kept securely in the staff office, so that only those staff who needed it could access those records. This meant people could be assured their records were kept confidential.