

Wellbeing Care Limited

Wellbeing Care Support Services

Inspection report

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Date of inspection visit:
07 June 2021

Date of publication:
05 July 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Wellbeing Care Support Services is a supported living service providing personal care to 10 people living in their own flats.

People's experience of using this service and what we found

People told us they feel safe at the service and knew how to raise concerns if they were worried about anything. Staff understood the meaning of safeguarding and how they could protect people from the risk of abuse.

There were appropriate care plans and risk assessments in place, reflecting the support people required from staff. People had input in these where possible.

Medicines were managed, monitored and administered safely.

Infection prevention and control procedures were in place to reduce the risk of the spread of COVID-19.

The service had a new manager who was registering with the Care Quality Commission. They had already developed a positive relationship with people using the service and staff. Positive comments were made about the manager.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the Safe and Well-led domains;

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported in the least restrictive way possible and were encouraged to build independence and learn new skills. Care was person centred and individualised care plans were in place reflecting people's different personalities. The new manager had positive attitudes and values based around supporting people to lead as full and active lives as possible.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (report published 20 October 2017)

Why we inspected

The inspection was prompted in part due to concerns received about two of the other services owned by the provider. A decision was made for us to inspect all of the providers services to ensure these were safe and well-led.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Wellbeing Care Support Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in ten 'supported living' flats, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager who was in the process of registering with the Care Quality Commission. Once registered, this means that they and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided. In the interim the provider is legally responsible.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We spoke with Suffolk County Council about any information they might have which could help us plan our inspection. We reviewed the contents of notifications sent to us by the service. Notifications are made to the Care Quality Commission when incidents occur which they are required by law to notify us of.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people using the service. We spoke with four staff including the new manager and care staff.

We reviewed records such as care plans, medication records and a range of records regarding the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had processes in place to reduce the risk of abuse. Staff were aware of how to recognise and report abuse and had received safeguarding training.
- Staff and the management had acted where one person was at risk of abuse and worked with the person, social services and the police to reduce this risk. Clear care plans were in place instructing staff how to support this person to remain safe.

Assessing risk, safety monitoring and management

- Each person had a detailed set of care plans and risk assessments in place. These set out the risks to the individual and how staff could support them to reduce this risk.
- Staff and the management understood the concept of 'positive risk' and how they could reduce the risk of people coming to harm without restricting their independence or violating their right to privacy. For example, supporting people to go out independently without staff support.

Staffing and recruitment

- There were sufficient staff to meet people's needs. People benefitted from having a regular group of staff supporting them. This included two key workers. Where a person's regular member of support staff was leaving, they were supported to choose another member of staff to take their place in line with their preferences. One person told us about being able to choose another key worker as one of theirs was leaving. This gave people choice and control over who supported them.
- Staff recruitment procedures were robust. Appropriate checks were carried out on prospective staff to ensure they had the character, background and experience for the role. This included criminal records checks.

Using medicines safely

- Medicines were monitored and administered safely. The support people required to take their medicines was clearly set out in their care records.
- The service encouraged people to be as independent as possible and carried out assessments around whether people could safely self-medicate. The service was supporting one person to self-medicate which increased their independence, and there was appropriate risk assessment and care planning around this.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The support people required with keeping themselves safe during the COVID-19 pandemic was set out in their care records and risk assessments.

Learning lessons when things go wrong

- There was a system in place for analysing accidents and incidents, which was capable of identifying areas for improvement. This reduced the risk of reoccurrence.
- Where a safeguarding incident had occurred, action had been taken to ensure that all staff were aware of how to protect the person from abuse and exploitation. Records were clear about how the service was ensuring the persons safety and working with other organisations to protect them.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a culture of caring, kindness and understanding among the staff team and management. It was clear from observations that staff had developed individualised and positive relationships with people who they knew well.
- The new manager had only been at the service for a short time, however it was clear from observations that they had already built positive relationships with people. We observed that they were encouraging, empowering and kind when speaking with people. They had a focus on independence and had already supported one person to secure their first work experience placement, which is something they had wished to achieve. The person told us they were happy about this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and continuous learning and improving care

- There was an appropriate system in place to monitor the quality of the service and identify areas for improvement. This included audits of care plans, risk assessments, staff practice and medicines.
- The manager also carried out a service wide compliance audit, which assessed all areas of service provision. The last one had been carried out on 27 May 2021. They had identified several actions that were required, and these formed an action plan. This included ensuring more frequent staff supervision sessions, arranging training for staff who required updates and more frequent medicines audits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People we spoke with told us they knew how to complain about the service, express any worries they might have or tell staff about anything they would like to change. Easy read copies of the complaint's procedure were available in a format people could understand.
- Whilst we were present, the manager explained to three people the purpose of CQC and asked them if they knew they could contact us. They didn't know this, so the manager explained how they could find out and signposted them to a CQC poster in the office. This assured us that people were empowered and encouraged to voice their opinions.
- People were given opportunities to feed back their views in meetings and surveys. People were also actively involved in meetings between the service and other professionals such as social workers.

- A staff survey had been carried out in March 2021. Some staff expressed that communication could be better and that more staff could be needed for them to have a better work/life balance. This had been taken forward and the new manager was working on improving this.

Working in partnership with others

- The service had good relationships with other organisations such as the local council, mental health teams, doctors' surgeries and social work teams. They worked closely with other professionals in a joined-up way to ensure people received all the support they required to live a full and active life.
- The service engaged the support of other organisations where required and had worked with the police following concerns about the risk of one person being exploited. As a result, plans were in place on how to reduce this risk.