One Six One Limited

244 Wootton Road

Inspection report

244 Wootton Road
Kings Lynn
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Tel: 01553676004

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 29 June 2017 and was unannounced. This was the first inspection for this service.

The service is registered to provide care and support for up to three people with a learning disability and autistic spectrum disorder. At the time of our inspection three people were using the service.

There was a registered manager in post. 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.

Staff were trained in safeguarding people from the risk of abuse and systems were in place to help protect people from all forms of abuse including financial. Staff understood their responsibilities to report any safeguarding concerns they may have. Appropriate action had been taken in response to the one safeguarding concern notified to us.

Risks had been assessed and actions taken to try to reduce these risks.

Staffing levels matched the assessed safe levels and were appropriate to the needs of the people who used the service. Recruitment procedures, designed to ensure that staff were suitable for this type of work, were robust.

Medicines were administered safely and records related to medicines management were accurately completed.

Staff training was provided and ensured staff were trained to meet people's current and predicted future needs. Formal support for staff through staff meetings, supervision and appraisal needed to improve.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS ensure that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. Where people's liberty needs to be restricted for their own safety, this must done in accordance with legal requirements. The service was operating lawfully with regard to MCA and DoLS.

People were supported with their eating and drinking needs and staff helped people to maintain good health by supporting them with their day–to-day healthcare needs. Some healthcare recording needed to be more robust to ensure people remained safe and well.

Staff were caring and treated people with kindness, making sure their dignity was maintained. Staff were

positive about the job they did and relationships were easy and relaxed. Staff had built up good relationships with the people they were supporting and caring for. Careful consideration had been given to people's communication needs.

People, and their relatives, were involved in planning and reviewing their care and were encouraged to provide feedback on the service. There was a commitment to ensuring care was person centred and met people's individual needs and specific preferences.

People had opportunities to follow a range of outside interests and hobbies.

There was a complaints procedure in place but no formal complaints had been made. Staff confirmed they would know how to support people if they wished to complain and advocacy services were available if needed.

Staff understood their roles and felt well supported, even though the registered manager was not permanently based at the service.

Effective systems were in place to assess the quality and safety of the service and action had been taken to address any concerns. There was good management oversight of the day-to-day running of the service. The manager had submitted required notifications regarding health and safety matters to CQC.

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.

There were enough staff and recruitment systems were robust.

Systems were in place and staff were trained to safeguard people from abuse.

Risks were assessed, action taken to minimise these risk and processes reviewed when any incident occurred.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received training to support people competently, but formal support through staff meetings, supervision and appraisal needed to improve.

People's rights were promoted and decisions were taken in their best interests where they could not make a decision for themselves. Staff followed legal requirements relating to depriving people of their liberty.

People were mostly well supported with their dietary and healthcare needs but some recording of healthcare needs could be improved.

Is the service caring?

Good

The service was caring.

Staff were patient, compassionate and kind and relationships between staff and the people they were supporting were relaxed and friendly.

People had been involved in decisions about their care.

People were treated with respect and their dignity maintained.

Is the service responsive?

Good

The service was responsive.

People were involved in assessing, planning and reviewing their care as much as they were able.

People's choices and preferences were recorded in their care plans and they were encouraged to follow a wide variety of interests and hobbies.

There was a complaints procedure in place but there had been no formal complaints. Advocacy services were available to help people to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led

The registered manager understood their role and responsibilities.

The required notifications had been submitted to CQC regarding health and safety matters.

An effective system of quality and safety audits was in place.

244 Wootton Road

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.

The inspection took place on 29 June 2017 and was unannounced. It was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 also reviewed other information we held on the service. This included statutory notifications that had been sent to us in the last year. A notification is information about important events, which the service is required to send us.

We spoke with two people who used the service, and observed care and support being delivered to all three people who used the service. We also spoke with two care staff, the deputy manager and the registered manger.

We reviewed three care plans, three medication records, two staff recruitment and induction files and staffing rotas for the weeks leading up to the inspection. We also reviewed quality and safety monitoring records and records relating to the maintenance of the service and equipment.

Good

Is the service safe?

Our findings

We found that staff knew how to spot the signs of abuse and take appropriate action. Staff had received training in safeguarding people from abuse and were able to tell us what they would do if they suspected or witnessed abuse. They knew how to report issues within the service and directly to external agencies including the local authority and CQC. Information related to keeping people safe was clearly displayed for staff.

We saw that lessons had been learned following the only safeguarding incident which had been reported since the service opened. The registered manager had appropriately referred the matter to the local authority and had notified CQC. They had also reviewed procedures and secured additional staff hours to reduce the likelihood of a similar incident taking place.

The service was responsible for keeping people safe from financial abuse and had clear systems in place to do this. We checked balances for two people's money and found that records were accurate. The registered manager had effective audit systems in place which were designed to ensure that any error would be spotted quickly and could be promptly investigated. Money records were externally audited twice a year as a further safeguard against financial abuse.

We saw that risks associated with the general environment were well managed. There were clear processes in place to monitor the safety of the service and staff carried out regular checks to ensure that the water temperatures did not pose a risk of scalding or of harbouring legionella bacteria. The legionella risk assessment was due for review and the registered manager confirmed to us that this was scheduled. Gas and electricity installations were appropriately tested and serviced.

The fire equipment was regularly serviced and maintained and regular fire evacuations took place, with the most recent recorded on 29 March 2017. Each person who used the service had a detailed emergency evacuation plan. These contained specific advice for staff to help them evacuate people safely. A business continuity plan set out how the service would continue to be provided in the event of an incident such as a fire or flood.

Risks related to people's day to day activities such as, eating and drinking, bathing, travelling in a car and taking medicines had been considered. Actions had been put in place to reduce risks as much as possible. Foods were kept safely and dates of opened foods were recorded so that foods could be disposed of before they became unsafe to eat.

We found that staff were clear about people's assessed risks and we observed how staff enabled people to be as independent as possible whilst keeping them safe. For example, one person's care plan documented how they liked to enter the kitchen but only at times when it was deemed safe. This was due to their particular sensory needs, which placed them at high risk of touching things that might burn or cut them.

When people were at the service we saw that two staff were always on duty, with one acting as a sleep-in at

night. People were assessed as needing one to one staffing in the community. Staff confirmed to us that this level of staffing was always in place and they felt this enabled them to keep people safe in the service and out in the community. If needed, in an emergency for example, staff could ask for additional staff cover from the sister service in the same road. An on-call system was also in operation to guide and advise staff. One staff member told us, "It works well and they have got here like a shot". Agency staff were not used which meant that people were consistently supported by staff who knew them well.

We reviewed staff files and found that the manager carried out all appropriate checks to recruit staff safely. This included checking with the Disclosure and Barring Service (DBS), to ensure that staff were suitable and safe to work in this setting. People who used the service had been involved in the interview process so that the registered manager could assess how staff interacted with the people who used the service and this helped them reach their decision about each staff member's suitability to work at 244 Wootton Road.

There were systems in place for the safe ordering, storage, stocktaking, administration and disposal of medicines. We found that staff who administered medicines were knowledgeable and competent. Staff had received training in administering medicines and were observed administering medicines on five occasions before they were deemed competent to do so without supervision. Stocks of tablets stored held in the medicine cabinet matched recorded totals in the records. This meant we could be assured that people had received the correct amount of medicines as prescribed. Creams and liquids were mostly dated but we did identify one undated bottle. Medicines were stored in a locked cabinet and weekly audits ensured the registered manager had oversight of any issues related to medicines. Two further external audits had been carried out this year and had identified no significant concerns.

Staff completed the medication administration record (MAR) charts fully and there were protocols in place for prescribed medicines which people took only occasionally (PRN). PRN protocols were very clear and had been recently reviewed to ensure they related to people's current needs.

Requires Improvement

Is the service effective?

Our findings

We saw that staff met people's needs in a skilled and competent manner which demonstrated that they knew the people well. We observed close relationships between the staff and the people they were supporting and caring for. Staff were able to tell us in detail about people's needs and preferences.

The registered manager told us that when staff first started working at the service they received a comprehensive four day induction which was carried out away from the service. In addition they then complete a workbook during their probationary period which further explored their skills and knowledge. We noted that the workbooks for two staff members were blank. We also noted that the four day induction for these two people, whilst very well structured, had taken place several weeks after they had started working at the service. This meant that we could not be fully assured that staff had all the skills and training they required before they started to provide care and support.

Training records showed that staff received a wide variety of training to help them carry out their roles. Staff were positive about the training they received which included nationally recognised qualifications in health and social care. One staff member spoke about the e learning sessions staff undertook saying, "We do this ourselves. It's our responsibility". Training included sessions on first aid, safeguarding, infection control, moving and handling people, person centred thinking and dementia. Staff received some additional training such as epilepsy training and training in conflict management and disengagement techniques. This training, although not currently relevant to any of the people who used the service, constituted excellent practice as it demonstrated that the registered manager was considering people's possible future needs. Staff told us that the disengagement training helped to equip them with skills to guide or redirect people which was of use when out in the community.

Staff told us they felt supported by the registered manager and their deputy. Both divided their time between this service and a sister service in the same road. Staff viewed the registered manager as being based at the other service but stated that he was always contactable by phone should they need advice and guidance. We found that formal supervision sessions and staff meetings had not taken place since September 2016. Although staff told us they felt the informal support was good we were concerned that oversight of staff performance and of staff concerns and issues could be improved. The deputy manager said, "I come down to sort out grumbles" but this did not demonstrate to us the most effective way of supporting and managing staff. We saw no record of an annual appraisal and the manager confirmed that these were overdue.

We found that people's consent was established before care and treatment was provided. Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff were clear about people having the right to make their own decisions on day –to-day matters such as how to spend their money and what to wear. Some decisions for people without the capacity to give their informed consent had been taken in people's best interests. Appropriate family members and health professionals had been involved in this structured process. For example, Best Interests meetings had taken place when one person had moved to the service and to consider if influenza vaccinations and blood tests were needed.

The registered manager told us that two applications to deprive people of their liberty had been granted by the local authority and a third had been submitted. Staff understanding of this process could have been clearer with one staff member unsure who had an authorised DoLS in place.

People who used the service were encouraged to make their own meal choices and help with the preparation of meals as far as they were able. Staff provided sensitive support to people who used the service to eat a healthy and varied diet. We saw that people had specific needs with regard to their eating and drinking and these were well catered for. One person, who was constantly on the move and burning a lot of energy, was encouraged to eat and drink enough to keep their energy levels up. We saw that they were given high calorie foods which linked to their specific preferences. Staff understood how to ensure the maximum calories were introduced into any meal this person had.

Another person's fluid intake was increased by adding sauces and gravy to their meals. This additional fluid was totalled up and included in their daily fluid total. Detailed notes were kept related to eating and drinking. Fluids targets were met, and mostly exceeded, and we were assured people were having enough to drink in the hot weather. People's weights were kept under review and we saw that one person with a clearly identified risk of losing weight had put on weight in recent months. Staff made appropriate referrals to healthcare professionals such as dieticians and speech and language therapists when people required this.

People who used the service were well supported with their healthcare needs and staff worked in close partnership with a variety of physical and mental healthcare professionals. These included GPs, psychiatrists and learning disability nurses. Records confirmed that staff supported people to attend regularly at dentist, chiropodist and optician appointments.

We noted that charts to record one person's bowel movements had not been filled in regularly. We asked to see the archived charts from the previous weeks and found significant gaps on these also. There was no record relating to action taken in response to this person failing to open their bowels. The manager and staff told us they thought this was a recording issue rather than a health problem for this person. Poor recording of this issue meant we could not be fully assured that this aspect of their health was being fully supported.

One person was well supported with regard to a particular health condition. Staff supported this person sensitively with the behaviours which accompany this condition. We also noted that forward planning had begun to take place with regard to any possible future complications related to this person's condition. This demonstrated good care practice which was focussed on people's developing needs. Staff at the service had also worked in partnership with healthcare services to support another person's health condition and they had made significant progress. This had included a trip to Norwich. Prior to this they had been unable to leave the service due to their debilitating condition.

Good

Is the service caring?

Our findings

We found that people's independence was promoted and they were treated with dignity, respect and compassion. We observed that people appeared very happy with the way staff provided care and support. Staff demonstrated that they knew people very well and the service was busy and full of laughter. All the people who used the service were very comfortable in the presence of the staff.

Staff were patient and gave people time to make their own decisions. We observed one person getting ready to go out for the day. The plan had been to go for a walk but staff had noted that the person had been complaining about their aching feet and so the plan changed to a ride in the car. The person was very happy with this suggestion. Discreet discrete

The people who used the service were not easily ale to tell us about their care but staff consistently demonstrated that they knew people's individual preferences and personal histories. They were able to tell us about important family relationships and significant events. People who used the service met with their keyworkers each month to review all the month's activities and make plans for the month ahead. Records were clear and showed how people had been involved in decisions about their care. Each person also had a decision making agreement called 'How I must be involved' and staff confirmed that people were consulted as much as possible with regard to their care needs.

Care plans documented how staff should support people in a way that ensured they remain calm and relaxed. One person required sensory stimulation and staff ensured that appropriate sensory equipment was always available to them. Staff understood how important this was for this person.

Staff acted as effective advocates for people and, when required, we saw that staff involved independent advocacy services to speak up on people's behalf. People were supported to communicate in a variety of ways. Information was shared with people in a format that they understood. Simple formats using pictures and photographs made written materials more accessible. One person used a sensory doll to help them communicate. For example, when they were ill they would be encouraged to point to an area of the doll to show where the problem was.

Communication plans were very detailed and set out exactly how staff should try to successfully communicate with people. We noted that staff supported people to keep in touch with family and made a lot practical arrangements to ensure that relationships were maintained. Where people were unable to communicate easily with words, we noted that they were supported to make phone calls to family members so that they could listen to their family member's voice. Staff told us people really enjoyed this.

Staff were committed to maintaining people's dignity and ensuring they were treated with respect. We observed staff adjusting one person's clothing before they went out into the community to ensure their underwear was not on view. They also sensitively distracted the person when they began to lift up their top. Throughout our inspection visit we found staff provided discrete and sensitive support to ensure people's dignity was maintained.

Good

Is the service responsive?

Our findings

Before being admitted to the service we saw that people's needs were assessed to ensure that they could be met. The service had worked closely with former providers during people's transition from other services and ensured important information about people's likes and dislikes had been handed over.

Each person had a comprehensive care plan which was person centred and contained information staff needed to help guide them to offer the right support and care. Information included how people liked to receive their care and documented people's specific needs and preferences. For example we saw that plans had sections such as: 'Good things about me'; 'What's important about me'; 'The best way to work with me' and 'My goals and dreams'.

Care plans were substantial documents which could be challenging for new staff. However we saw that one-page profiles were in place and records were person centred and reflected the people themselves very well. We saw that plans contained specific detailed guidance for staff. For example one plan had a section called, 'What to do when I return from my morning outing'. Another documented how staff should always provide a person with sensory stimulation. We noted that the person had a sensory box containing a number of items, such as shakers, which staff had made themselves.

People chose to spend their days in different ways and were supported to follow their own interests and hobbies. People had social diaries and the week's activities were planned on a Sunday night. Plans were fluid and people could change their minds if they wanted to. On the day of our inspection one person was doing a jigsaw at the table. They told us they liked to do this and did this with their relative when they visited. Later on this person went out for a car ride. Another person was planning to go for a walk and the third had planned a picnic in the garden. People had access to service vehicles and their own bus passes and there was a very strong commitment to enabling people to get out into the community. Records confirmed that people were supported to access numerous leisure opportunities.

One person, who had particularly high energy levels, was supported to take part in regular physical activity. Photographs in this person's care plan showed them walking in local woods and by the seaside as well as swimming. Daily records confirmed that these activities were regularly available to this person. Another person regularly attended social clubs and really enjoyed a local nightclub which held club nights for people with learning disabilities.

Resident meetings were not held, as it was felt this was not an appropriate forum to assess how people were feeling. Instead, keyworkers held monthly meetings which were clearly documented. Activities were formally reviewed as and when they were completed. This was to establish how successful they had been and identify any further improvements which could be made.

The service had a complaints policy and complaints procedure in place. No formal or informal complaints had been logged since the service opened. Feedback was invited from residents as part of the monthly

keyworker meetings and staff were clear about how they would support people to make a formal complaint, should this be necessary. Advocates were available to help people who used the service who wished to make a formal complaint.

Good

Is the service well-led?

Our findings

Staff were positive about the registered manager and deputy manager and told us they felt well supported. One person said, "[The registered manager] pops up to do the paperwork . We are left to get on with it but we can always contact him on the mobile…it works well".

Although staff meetings and supervision sessions were not being regularly held we found the impact of this was not significant. However the registered manager and deputy accepted that these should be held more regularly and gave us assurances that this would be implemented.

All the staff we spoke with felt able to raise issues informally with the registered manager if they needed to and were confident of a prompt response. The staff team was small and several people had worked together for some years. This meant that the staff knew each other well and we found they worked collaboratively to support the people who used the service. The registered manager delegated responsibilities to the staff and deputy manager and staff were enthusiastic about this, telling us they enjoyed the autonomy this gave them.

The registered manager told us they were in turn well supported by the provider. They had regular contact with their line manager and access to peer support from other colleagues. This gave them a chance to share ideas and benefit from other people's feedback. Recent initiatives which the provider had put in place included a pay increase following the successful completion of certain qualifications. It was hoped that this would further encourage good staff retention and we noted that the service was fully staffed at the time of our inspection visit.

The manager had kept CQC informed of significant matters relating to the health and welfare of people who used the service by submitting the required notifications. They had also submitted an extremely comprehensive Provider Information Return which demonstrated to us an understanding of the issues facing the service and a clear plan for its future development. Each week the senior at the service prepared a report which documented all issues at the service that week. We reviewed these and saw that they presented the registered manager with a good overview of the service. This was particularly important, as he was not permanently based at the service.

Record keeping at the service was good, apart from the issue we found with one person's health charts. Staff were able to locate promptly all the records we asked to see. Care plans documented people's current needs and were kept under review. Records were kept securely and people's information remained private.

A good system of audits and observations of staff practice was in place which aimed to ensure the safety and quality of the service. Staff carried out daily checks, such as water and fridge temperatures and these were reviewed by senior staff. Monthly audits covered medication, and kitchen health and safety while quarterly audits were undertaken regarding infection control and overall health and safety. External auditors reviewed medication practice and the management of people's finances. The registered manager's line manager carried out a regular quality assurance visit and required the manager to provide them with a

monthly report to ensure the organisation had good oversight of the current position of the service.