

Welmede Housing Association Limited

# Welmede Housing Association

## Inspection report

Byfleet House  
2 Guildford Road  
Chertsey  
Surrey  
KT16 9BJ

Tel: 01932571666

Website: [www.welmede.org.uk](http://www.welmede.org.uk)

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

**Outstanding** 

Is the service effective?

**Outstanding** 

Is the service caring?

**Outstanding** 

Is the service responsive?

**Outstanding** 

Is the service well-led?

**Outstanding** 

# Summary of findings

## Overall summary

This inspection was carried out on the 18 and 19 January 2017. Welmede Housing Association Limited offers person centred support services to people with a learning disability living in their own homes. At the time of our inspection the service provided personal care to approximately 329 people spread over a large geographical area. Some people shared accommodation with others whilst some people lived on their own. There were other people who used the service that were not receiving personal care.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. We were supported on the inspection by the registered manager and the senior management team.

People's feedback about the safety of the service showed that there was a high level of understanding from staff of the need to make sure people were safe. People were supported to be safe whilst maintaining their independence.

The service used innovative ways to manage people's risk and keep people safe, whilst ensuring they had a full and meaningful life. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

There were sufficient staff at the service to provide care and support to people. Appropriate recruitment checks were undertaken before staff started work. People's medicines were managed in a safe way people supported to manage their own medicines.

People received support from staff that knew them really well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. The staff made people feel that they mattered and that they were contributing to their own care. People were supported by staff that had undergone a thorough induction programme which gave them the skills to care for people effectively. Comprehensive and detailed training was provided to staff to help them understand the specific needs of people.

People had detailed care plans in place which provided guidance for staff about how people liked their care provided. People and families were fully involved in making sure they planned care which suited their needs. People told us staff always respected the way they liked things done and respected their home. Staff received appropriate supervision to provide effective care to people.

All staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Staff were

aware of when someone may need to receive a mental capacity assessment and who to report this to.

Staff supported people's nutritional and hydration needs and people were supported to access any health care they needed. Staff supported people to stay well and they followed the guidance given by health care professionals.

Staff and management were committed to a supportive approach to caring and found ways to make sure that every person using the service were happy and comfortable. People were treated as individuals whose life and experiences mattered to the staff. The manager team and staff went out of their way to ensure that people and their relatives were comforted and looked after in a kind and compassionate manner and treated with dignity and respect. It was clear that staff understood people's needs and how to communicate with people. Staff had supported people to use information which helped them communicate more easily. People and relatives were at the centre of decision making about their care.

Care records were personalised, up to date and accurately reflected people's care and support needs. The care plans included information about peoples' likes, interests and background and provided staff with sufficient information to enable them to provide care effectively. The service actively built links with the local community that enhanced people's sense of wellbeing and quality of life. People were supported to participate in activities, hobbies and work placements.

Complaints, concerns and feedback were taken seriously and used as an opportunity to improve the service. The registered manager had informed the CQC of significant events. Records were accurate, well maintained and kept securely.

The service had a strong, visible person centred culture and is exceptional at helping people to express their views so they understand things from their points of view. People, their relatives and staff told us the management team were caring, friendly and approachable. The 'Cluster' manager and team leaders took a personal interest in people and knew them well. The management team worked in partnership with people's families and outside organisations to improve the care and support people received. The provider had systems in place which monitored health and safety and the quality of people's support. The systems were responsive and had led to changes being made. The provider was proactive with regard to how people's support could be improved.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service provided outstanding safe care to people.

The provider used innovative ways to ensure that people felt safe when going out and whilst they were at home.

People felt empowered and confident about their own safety.

Staff received training and were knowledgeable about safeguarding people.

New staff were recruited and introduced to people before they started caring for them.

People were supported with their medicines if they needed and other managed their own medicines with minimal support.

Risk assessments had been completed that were clear and provided staff with the necessary information to help people remain safe. The provider found ways to ensure people's safety whilst helping people to maintain their independence.

**Outstanding** 

### Is the service effective?

The effective care that the service provided was outstanding.

Staff had the skills and knowledge to do their job well. It was important to the organisation that the staff held values in line with the way support was provided.

Staff sought information to understand people's complex medical needs in order to provide the most appropriate care.

Staff received appropriate training specific to the needs of people. Staff had appropriate supervisions to support them in their role.

Staff had a clear understanding of the Mental Capacity Act and its principles. This was demonstrated in how people were supported.

People were supported with their healthcare needs, in

**Outstanding** 

interacting with medical professionals and in managing appointments.

People were supported to eat and drink healthily.

### **Is the service caring?**

The service was exceptionally caring.

Staff went above and beyond to ensure that people were treated with kindness and compassion.

People felt that staff always treated them with dignity and respect and we saw that this was the case.

People were able to express their opinions about the service and were involved in the decisions about their care.

Care was centred on people's individual needs. Staff maintained kind and caring relationships with people.

**Outstanding** 

### **Is the service responsive?**

The responsiveness of the service was outstanding.

Changes in people's needs were quickly recognised and appropriate; prompt action taken, including the involvement of external professionals where necessary.

People felt the service was very flexible and based on their personal wishes and preferences.

People were supported to pursue their interests and hobbies and the service actively built links with the local community that enhanced people's sense of wellbeing and quality of life.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement.

**Outstanding** 

### **Is the service well-led?**

The leadership and management of the service was outstanding.

The leadership team promoted strong values and a person centred culture.

Staff were proud to work for the service and were supported in

**Outstanding** 

understanding the values of Welmede. These were owned by all and underpinned practice.

There was strong emphasis on continual improvement and best practice which benefited people and staff.

There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

# Welmede Housing Association

## **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 took place on 18 and 19 January 2017 and was announced. We gave the service 48 hours' notice of the inspection. We wanted to visit people in their homes on the first day (with permission from people) and we needed to ensure that the registered manager would be in the office on the second day of the inspection. On this inspection there were three inspectors.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed the 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 questionnaires that had been completed by people, relatives and staff. We reviewed the information supplied by the registered manager and we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also spoke with one health care professional and one social care professional prior to the inspection.

On day one of the inspection, with the permission of the people involved, we visited them in their home to talk to them, talk to staff and observe care being provided by staff. On the second day we spoke with the registered manager and staff. Over the two days we spoke with 16 people, two relatives and 27 members of staff. We looked at a sample of 10 care plans of people who used the service, medicine administration records, 10 recruitment files for staff, and supervision records for staff. We looked at records that related to

the management of the service. This included minutes of staff meetings and audits of the service. We also received feedback from healthcare professionals after the inspection.

The service was last inspected on the 19 July 2013 and no concerns were identified.

## Is the service safe?

### Our findings

All of the 20 people that completed our questionnaire told us that they felt safe at the service. People we spoke with told us they felt safe. Reasons given by people included, "Staff are nice to me", "Staff treat me well. I feel safe and happy", "Staff are always with me to support me", "Knowing that someone (staff) is always around. I don't worry about how staff will treat me", "I feel safe when staff are around. I do not like my bedroom door to be locked. I feel safe when staff are around to keep me safe. Staff stop people that I do not want to go into my bedroom and this makes me happy. Staff keep me safe in the street. Staff in the street with me makes me safe",

"I feel safe with staff when I am in the kitchen. They teach me not to burn myself. I have burnt myself before and it hurts. I like staff sleeping downstairs. I do not worry when I go to bed as I know that I can call them if I need them and they will help me", When I do everything Gym, swimming, activities they really know how to keep me safe. I know I am safe with staff."

Relatives we spoke with felt the family members were safe. One told us, "I can go home and relax. I feel absolutely that she is safe here. No problems at all. If she was unhappy we would know. I don't worry when she is here." All of the relatives that completed the questionnaire felt their family members were safe from 'abuse or harm'. Health care professionals that completed the questionnaire felt that people were safe from harm.

The provider used innovative ways to ensure that people felt safe when going out. In one of the locations where people were being supported the provider had agreed with some local shop owners to have 'Save Haven Shops' where people could go to if they felt unsafe whilst out on their own. The provider promoted the use of 'The Pegasus card', which is available for anyone who has a disability or illness that may make it hard to communicate with the police in an emergency or difficult situation. In addition at each meeting with staff and people 'Hate Crime and Mate Crime' sessions were discussed that encouraged people to talk about how to keep themselves safe including using social media. Community police officers were invited to meetings to talk to people to give advice about how to keep them safe. For those people that had key safes to enter their homes, the codes were changed as soon as a member of staff left the organisation. These examples of the support offered ensured that people were as safe as possible whilst in their homes, or using the community, and had increased knowledge about the risks they may face.

One person told us how their life had improved since receiving support from staff at Welmede, "I didn't have the confidence to go out on my own (before). The support from staff has helped my gain confidence in the community. The team supported me to get to know the area so I didn't get lost. I still felt nervous but staff helped me to get a dongle (a tracking device). Having this has given me more confidence to go out and I feel safe when I get my coffee." Another person commented positively about their support. They said, "I feel very safe when staff help me to cross the road, to pay for my shopping and when I go to the bank. I do not get worried with my staff when doing these things as they always help me to do it. I was worried about learning to do these things at first.

There was a high level of understanding (by staff at the service) of the need to make sure people were safe.

The PIR stated that 'Welmede's safeguarding procedure dovetails with the local authority's and promotes individuals' right to live without abuse, giving staff clear guidance regarding the processes to follow if they suspect abuse has occurred.' We found this to be the case. Staff were clear on their responsibilities and what they needed to do if they suspected abuse of any type. One member of staff said, "If I suspected abuse I would report it through the whistleblowing policy. I have never had any concerns though." Another member of staff said, "I would report any concerns to my manager and I would talk to the victim and provide support." The registered manager told us that they continually told staff to use the whistleblowing policy if they had concerns about any of the carers. We saw that this was discussed at team meetings. There was a safeguarding adults policy that staff were able to access and staff had received training in safeguarding people. People were actively encouraged to raise their concerns in they felt their safety was at risk. One person (who lived on their own) raised concerns with staff that they had been the victim of theft from a bogus tradesman. With the support from staff the person's landline number was changed and had a chain fitted to the front door. The person told us, "I feel a lot more safe now and confident at home. They told us that with the guidance from staff, "I do not open my door to cold callers or strangers anymore."

People were supported by sufficient numbers of staff to meet their needs. Comments from people and relatives in relation to the staffing levels included, "Sometimes staff can cancel shifts but they find other staff to cover", "There are always enough staff", "There are always staff here. She always gets her one to one support from staff", "There are always staff when you need them" and "There are always enough staff to provide the one to one support each week." People said that if staff were going to be late then they will always get a call which gave them reassurance. The registered manager told us that staffing levels were always met and if a member of staff called in sick or was on leave they would be able to cover the care for people. One member of staff said, "There are always enough staff. Very seldom we use agency but if they do they will send the same face." Another member of staff said, "One good thing here is that there is always staff back up."

Staff were able to recognise when people were not safe. They found ways to ensure that people could still live their lives to potential whilst ensuring people's safety. Due to one person's behaviours this put them and other people at risk when they went out. As a result the person did not go out as much as they wanted. Staff worked extensively with the person and provided detailed guidelines for the staff team to assist the person. For example for staff to pick up on the subtle signs of the person's behaviour and strategies to de-escalate this. The person is now able to enjoy trips out with staff. We saw recent photos of the person visiting the seaside and local parks.

Staff showed empathy and had an enabling attitude that encouraged people to challenge themselves whilst recognising and respecting their lifestyle choices. Two people had befriended people in their town. They had disclosed personal information about their home to the people they befriended. Staff worked with both people to put in place security measures to make their home safer and allow them to be confident in dealing with similar situations again. CCTV cameras were installed (with the permission and full support of the people) and staff now have regular meetings with the people to discuss how to keep safe whilst maintaining their independence.

We asked the provider how they ensured that staff turned up to people's homes where they lived on their own. They told us that some staff had a 'tag phone' system and would clock in when they arrived at a person's home. If the member of staff did not clock in this would trigger an alert to the manager. Other people (that did not have the 'tag phone') would be able to use their emergency care line or were able to call the head office to say that no one had turned up. All staff and people received rotas four weeks in advance so it was clear who was expected to turn up.

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed, they had not been able to begin work at the agency until all checks had been carried out. The provider also interviewed agency staff to ensure that they were suitable to work with people.

The PIR stated that 'Service users feeling secure in their own homes is very important and discussed and acted upon as necessary. We support people to manage the risks involved in exercising control over their lives by promoting positive risk management. We take precautions to reduce the risk of harm to staff and those we support.' Risks to people were assessed and measures to enable people to live safely in their homes were recorded. Risk assessments included the risks associated with people's homes and risks to the person using the service. We saw examples of staff supporting people to undertake tasks where there was an element of risk. One person was making cakes in their home and whilst a member of staff was present the person was using kitchen utensils and equipment that they could have hurt themselves with. Staff were aware of the risks to people. One member of staff explained in detail the risks to a person when they ate and what they needed to do to reduce the risks of the person choking. The care plan guidance for the person reflected what the member of staff had said. Risk assessments were detailed and specific to the person. These included risks of falls, road safety awareness, personal care, kitchen burns, being out in the community and health related risks.

The provider used innovative ways to ensure that the risks to people were reduced. Specialist advice was sought from the local Fire Safety Officers at Surrey Fire Brigade in relation to one person who is profoundly deaf. Different methods were used to warn the person of a fire or smoke in the home. As a result of their continual refusal to use a vibration pillow, alternative arrangements were made to ensure that the Fire Brigade had the information about their disability and would, as a special arrangement, send an additional fire engine to provide rescue in a fire incident. The service also had an 'Information Sharing Agreement' with the local Ambulance service that meant that if an ambulance was called the paramedics would be able to access people's complex medical information prior to their arrival on the scene. Accidents and incidents were recorded and action taken to reduce the risk of them re occurring. For example additional a pattern of accidents was identified for one person that resulted in a rheumatology appointment, input from occupational therapist (OT) and referral to the falls team.

The PIR stated that 'Our medicine management procedures include SU self-medication assessment, storage, administration, disposal, consent, PRN (as and when medicines) protocols and management of drug errors. Robust training and competency assessments support our staff to give medicines safely.' This was reflective of what we found at the inspection. One person told us staff supported them to take their medicines safely. Staff had worked with the person to identify a system which would enable them to manage their medicines safely and independently. (This was an alarm with reminders when to take medicines. If the person did not cancel the alarm to indicate they had taken their medicines, an alarm would be triggered at a monitoring service.) People confirmed through our discussions with them that where they needed support with medicines they had this. Whilst others were capable of managing their own medicines. One person said, "I prefer doing my own medicines so I have these in a safe in my room" whilst another told us, "I know what medicines I need and I manage this myself." Other people said that whilst they were not on regular medicines if they needed a pain killer for something they would just discuss this with staff. One said, "If I have a headache I will just take a paracetamol." Where appropriate staff maintained a record of people's medicines which included the amount received and when medicines should be taken. All staff had received training in the safe management and administration of medicines. One health care professional commented on the 'success in supporting one person to withdraw from their medicines.'

## Is the service effective?

### Our findings

All of the people that completed the questionnaires said that 'My care and support workers have the skills and knowledge to give me the care and support I need.' Relatives that completed the questionnaire also agreed with this statement. This was also reflective of what people told us. One person said, "I have never felt that staff don't know what they are doing. Before staff start work here they shadow another member of staff."

One relative told us about the impact that the effective care had for them and their family member. "When X was able to leave hospital (after a short stay) staff at Welmede supported this in a positive way not only by making sure that X received the extra care but understood Xs need to be able to regain his independence. With the care and support provided (by staff) this is where X is today. Staff have made a huge difference in very difficult circumstances." Another relative told us, "As parents, we can hardly believe that our (family member) is blossoming into such an independent young man - the impact on us as a family has been really positive, as I no longer worry so much about what will happen to X when I am not around to look after him."

One health care professional praised the staffing team for their 'good work' with another person whose health had improved dramatically since the support from staff at Welmede had begun. One social care professional said that 'Welmede was praised as an example of exemplary practice' with regards to the support they provided to people.

People were supported by staff to give effective care that had positive outcomes for people. The PIR stated that 'The service users we support have a diverse range of learning disabilities and health conditions. Each person has a tailored support plan and is involved in all aspects of their support provision.' We found during our visits that there were examples of effective care being provided that reflected this PIR. One person had a condition that meant that loud noises would make them anxious particularly the fire alarm when it was being tested. Staff received training in this condition and used this training to help the person overcome this anxiety. The person told us that the noise did not alarm them anymore and they even asked if they could be the fire safety officer within the home. Another person could not verbally communicate when they first moved into their home. Through working with staff in smaller home than the person was living in before, undertaking regular one to ones with staff they were now able to have full conversations with them. We saw this person verbally communicating with staff during our visit.

People were supported by staff that had undergone a thorough induction programme which gave them the skills to care for people effectively. Staff told us they were not asked to work alone until they had received all required training and they felt confident in their role. One member of staff told us, "I did shadowing in the first week. They gave me all the information I needed. They ensured that I felt confident in my role. I feel they are encouraging to new staff. " Another told us, "It was a very robust induction process, very structured. It prepares people very well, I can see that. They equip you to know what Welmede is all about and what they expect of you." One senior member of staff told us that the induction programme would be extended for staff where they felt it was needed. All new staff at the service were required to complete the Care Certificate which is a set of standards that social care and health workers work to. It is the new minimum standards

that should be covered as part of induction training of new care workers. Agency workers were provided a bespoke induction programme before they provided care to people.

The service sustains outstanding practice and improvements over time and works towards, and achieves, recognised accreditation schemes. The service has membership on the following forums where latest news, best practice and new information is shared including Skills for Care Core Network, Kingston Parliament Kingston Partnership Board, Surrey Learning Disabilities Partnership Board, North West - Valuing People group: (that one of the people living at the service chaired). The service has accreditations in 'Investors in People' and 'Positive about Disabilities' and managers attend events and conferences such as the Care Showcase, The Autism Show, CQC events and Surrey Care Association seminars. They use the latest NICE (National Institute of Clinical Excellence) guidance when writing guidelines on practice, for example pressure area care.

There was evidence of how staff maintaining this level of training impacted the lives of people that had the support from Welmede. One person, who had a physical disability and lived on their own was at risk of malnutrition and had a history of self-neglect. Staff were provided with bespoke training in the person's manual handling and extra support was provided to staff from the occupational therapist, dietician and other health care professionals. As a result the person's weight was being managed more effectively and the person was now consenting to personal care being delivered. The person told us, "The staff help me a lot and I like having my meals cooked for me. Nothing is too much trouble. I am eating well and I have lost weight. When I first started getting care I was not able to stand very well but now I am walking around my home with a frame. Before (receiving support) I had not taken a bath for many years (only showers). Now I enjoy having many spa baths."

Due to the training that staff had received in supporting people there occasions where people were no longer required to be under the care of the Psychiatric team at the local Mental Health Trust. One health care professional said in a report to the service, 'I understand that my colleagues were involved in helping staff to understand and manage Xs challenging behaviour' and that 'There has been a significant decline in challenging behaviour since X was given the support (by staff).' Another example was staff were provided with additional training in 'social stories' that supported a person to successfully move into a new home. By using the 'social stories' the person was able to be more involved in the decisions regarding their move. The person had been unwilling (before the support from Welmede staff) to visit the dentist and doctors however the person has now achieved this. One member of staff said, "Over Xs time with us all we have realised X relies solely on 'social stories' to inform her of any changes." They said that they had noticed a significant change for the positive in the person.

Managers and staff were keeping up to date with best practices and were knowledgeable, skilled and competent to meet the needs of each individual. The service has monthly 'Managers days' where presentations on new innovations in practice take place with guest speakers, examples include, iCare, with the learning disability liaison nurse from the local acute hospital. These manager's days have also included presentations on 'Transforming Care, Quality of life Indicators, malnutrition, and person centred support planning. We could see this had been used to enhance the way each care plan was developed with the inclusion of people and families. The staff that we spoke with confirmed that they are all told about good practice and latest guidance about the care they provided for people. For example one person had a diagnosis of a rare condition. As a result of researching the latest guidance on this condition staff were able to provide the most appropriate support. The relative of the person said, "I could tell that Welmede had a huge depth of expertise. One thing that stood out for us is the team's ability to listen to any anxieties, but offer gentle ways to ensure X could move forwards rather than dwelling on things. This has been a great help because, as with most people with X Syndrome, X sometimes suffers with anxiety and can become a little

fixed on certain worries."

There were 'Dignity' champions in every team and recently champions had been identified across the organisation in areas such as end of life care, dementia, autism and technology. Champions are intended, and were being used, to improve the practice of all staff by remaining up to date with the latest practice, being a first point of contact for advice and generally raising awareness. Senior Managers regularly visit the services to see for themselves the delivery of good practice, to update staff and feedback their findings.

Staff were complementary about the training that they received. Comments included, "We have a training matrix that we follow. I asked to for some training in Makaton (a type of sign language) which I found very helpful. This helped me communicate with X"; "The training is good. I like training refresher courses. I like to learn new things, the training is very engaging" and "They want me to learn and develop." Another member of staff said, "So impressed with the training. It's second to none." They told us that a trainer had even come to the home they worked at to help staff with a particular issue.

We saw that staff's competencies were assessed regularly and recorded. There were regular checks by the team leaders in each locality on the staff that provided care to ensure that care was being delivered appropriately. Staff confirmed that they had one to one meetings with their managers. Things discussed included any additional training needs and feedback on how staff were performing. One member of staff said, "I have one to ones with my manager and it gives me a chance to give my opinion. It's the one time you can privately discuss concerns that you have." Another told us "(The manager) is very supportive and we will discuss the good, the bad and how we can improve service user's lives."

People told us that they were supported with their health. One person told us, "If I'm not feeling well, straightaway they will arrange an appointment for me. I could not have done it by myself." Where people had complex and continued health needs, staff sought to improve their care and treatment. One person had a particular health need and had been in hospital for a period of time and had now returned home. Staff wanted to ensure that the person remained at home for as long as they could and took steps to involve a team of health care professionals to support them with the person's health. The person had been able to remain in their home as a result of this support. The service PIR stated that 'Health action plans are based on needs identified at initial and ongoing assessments. Plans are reviewed three monthly. Health Action Plans include Care Passports and evidence of ongoing referral, consultation and review. The staff team and service manager continually observe for any changes in health. A multidisciplinary approach is taken and teams have good relationships with GPs, district nurses, SALT, physio, OT, and specialists within local hospitals, including Learning Disability Liaison Nurses.' This was what we found on the inspection.

People were encouraged and supported to lead healthy lifestyles. One person told us, "I have worked in the catering trade and I buy and make my own meals. I know what is healthy for me." Another person told us that staff encouraged them to eat healthily but knew that they could make their own decisions about what they ate. Another person was supported to attend a local weight management club. People were supported to participate in sporting activities including attending the local gym and attending dance exercise classes. One person told us how much they enjoyed going to Zumba. Where appropriate people told us that they would make their own appointments with health care professionals about their health care for example the GP or the dentist. One member of staff told us that they supported a person with weight loss. They said "She has lost a lot of weight which has increased her confidence and she's going out more and doing more things independently."

Where people needed support with meals and had complex dietary and nutritional needs, relevant health professional involvement was sought. Where people had particular food and drinking needs there was

detailed guidance for staff on how to support them. One person was at risk of having to have a PEG (a tube fitted into the person's stomach through the abdominal wall through which liquid nutrition is supplied instead of orally) fitted. Staff told us how much the person enjoyed eating their meals. Staff followed strict guidelines when supporting the person to eat. They allocated a member of staff to the person during meal times and gave the person the time they needed to eat each meal. One member of staff told us that meal times could take some time but they could see how much the person enjoyed being able to eat. At present the individual does not require a PEG and continues to enjoy a normal diet.

People told us that they were able to make decisions about their care. One person said, "I have full capacity and staff never make decisions for me." Another person said that staff explained to them the 'pros and cons' of making the particular decision and then let them decide for themselves. People told us they enjoyed living at the service because there were no restrictions upon them. They said they could live the life they chose and that staff supported them to do this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices.

Staff had received training and had a good understanding of the principles of MCA. They were clear about respecting people's rights and of the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received. One member of staff said, "We must assume capacity and let people make informed decisions, even unwise decisions. There are such things as positive risks. We would hold best interest meetings with professionals if necessary to decide on the least restrictive option." They described one person who was due to have a medical procedure and it was decided that she did not have the capacity to make the decision around the procedure. Through a best interest meeting it was suggested a least invasive operation was possible and the person had the capacity to understand and make a decision on this. Another person required an operation but they refused. The member of staff said the person understood the implications of not having the operation but because they had capacity they had to respect the decision.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We noted that DoLS had been completed and submitted DoLS applications in line with current legislation to the local authority for people living at the home for example in relation to the doors being locked or people needing constant one to one supervision. Staff had knowledge of DoLS and how to put this into practice. One told us "It's where someone lacks the capacity to make their own decisions. If we apply for a DoLS, this is restraint and must only be done in someone's best interest." There was an 'easy-read' MCA/DoLS policy available for people.

## Is the service caring?

### Our findings

People and relatives valued their relationships with the staff team. All of the people who completed the questionnaire told us 'I am always introduced to my care and support workers before they provide care or support' and that they were 'Happy with the care and support I receive from this service.' It was clear from our observations that people felt comfortable with staff and people showed signs of affection towards them. All of the people and relatives we spoke with were very complimentary about the caring nature of the staff. Comments from people included, "Staff are nice, they help me budget my money", "They (staff) are wonderful with her. They are very caring and it's like a family atmosphere", "Staff are caring. My keyworker knows when I'm joking. You can talk to her"; "Staff are very caring. I enjoy their friendship. They come out on days out with me", "Staff make me happy and cheerful", "I am happy with the staff that come here. I get on really well with them." One relative said, "I've been relieved to discover that staff seem to get the right balance between respecting Xs choices and wishes whilst also listening to parents and taking their concerns and views into account" whilst another said, "The kindness they show to my son and the family is immeasurable."

People and relatives felt that staff often went 'the extra mile' for them, when providing care and support. They gave us examples of how staff did things for them that they felt went beyond what was expected. One relative said, "They bend over backwards to help. If a film comes out they know he would like to see they will book it for him (even when they are not working) to make sure that he does not miss it." One person told us that a staff member accompanied them to a concert on the members of staffs day off because they knew the person wanted to attend. Another person said that a member of staff took over the organisation of their birthday party. They said, "I know I would have forgotten something. I was so proud of the help that they gave me." A relative told us that when they arranged a birthday party for their family member staff that were off duty made the effort to attend. They said that this made their family members evening. Another person told us that they never normally enjoyed Christmas but this year they had "The best Christmas ever. It was a special Christmas." They said that this was down to the staff making it special for them. One member of staff taught a person to play the guitar, because, "She loves music" and said that the rest of the house really liked it when the member of staff and the person play to them. The member of staff said, "You can see it has boosted (the person's) confidence." On another occasion staff supported one person to run a half marathon.

People were able to build positive and caring relationships with the staff that supported them. The PIR stated that 'Person centred support is at the core of all we do and the organisation's values are embedded within practice. Our values were developed in consultation with service users and staff; Person centred, Responsibility, Excellence, Integrity, Respect and Passion' and we found this to be the case. The provider ensured that people's keyworkers had common interests with the people they supported. One person told us the impact this had on them and said, "(The key worker) likes doing what I do. Having a younger support worker means they have the same interests." We observed another person (who had only been at the service a short while) show affection towards their key worker by gently stroking the member of staff's head. We were told that the person when they first moved in found it difficult to give any eye contact with any staff. Staff told us that having a mixture of ages of staff working at the service helped to give people different

perspectives. People we spoke with agreed with this.

The enthusiasm from staff was tangible and translated into the care that they provided to people. You could see that staff were happy in their work and people responded to that. There were examples of staff being empowered to go 'the extra mile' for people when it mattered. One person was nearing the end of their life. In order to make the person's birthday special staff arranged a garden party where they organised a DJ to attend and a magician. For Christmas, as the person was unable to go to Lapland with other residents in the home, staff arranged for reindeer to come to the house so that the person could have a memorable Christmas. When the person passed away staff planted roses in memory of them. The relatives fed back to the service, "X clearly meant a great deal to many of you and it was always very reassuring to us to know how well looked after he was. Your support has been a great comfort."

On another occasion staff took it upon themselves to arrange the wedding for two people who used the service. Hen and stag parties were arranged by staff along with catering, flowers, photography and support for the people themselves. One member of staff said, "It's been a year of change as together X and X have enjoyed greater independence as they celebrate their first years anniversary." Relatives of the people fed back to the service, 'We were pleased with the lovely wedding you gave to X and X. It was exactly what a wedding should be and everyone, especially the bride and groom, were very happy indeed.' In addition to this staff supported the groom to obtain a passport so that he could enjoy a holiday abroad with his wife. The people involved told us, "Support (from staff) helped us arrange the day. It was amazing and we have lovely photos. We could not have done any of this without the support from Welmede." One member of staff told us, "The nature of our business is to promote independence, not many are able to achieve it. Staff are not those who boast about their achievements and probably didn't even consciously think what has been achieved is totally amazing; it's their job, a job they care passionately about and things like this should be happening."

People said that staff were always respectful and treated them with dignity. Comments from people included, "When I am in my room they give me my privacy", "Staff knock on my door before they come in. Staff understand me and understand my needs." We saw that staff spoke and treated people with respect and dignity. One person we wanted to speak with was in their room. Staff knocked to let them know we were there but did not open the door as they knew the person would be getting dressed. They allowed the person time to get dressed and left it up to the person to decide whether they still wanted to talk with us.

People's care records confirmed that staff had taken time with people to gather the outcomes and goals that people wanted to achieve, for example to remain living in their own home.. One person told us, "I like living here. I have my own independence and get support from staff if I need them" whilst another said, "I have choices; I make decisions about what I want to do. I always get to play my music" whilst a third person told us, "I feel independent living here. I live my life the way I want to." Staff understood how to support people to remain as independent as they could. One told us, "I help people to choose their own goals. It's their passion that drives my passion." Another member of staff said, "I will also ask if it's okay that I do something and in what order a person would like me to do it in. I would ask people to choose their own clothes, and the ladies to choose their own scent." Whilst another said, "Getting people to clear away their own dinner plates, or setting the table. Those who can make a cup of tea will do so, so they don't lose the skill. I will ask people to help with the laundry too." We observed staff encouraged people to make their own lunch, drinks and supported people to clean the homes that they lived in. Where appropriate people were supported to travel on their own and live their lives as independently as they could. People were supported to maintain loving relationships with other people.

The management and staff team were determined and committed to enabling people and their relatives to

live their lives as they wished and ways to overcome obstacles. The impact on improved independence for one person's was great. The person told us that as a result of the support from staff they were now able to walk and get them self out of bed each day. Their relative said, "X can do so much more now than before. They have helped him achieve so much." The person told us they now chose not to have care visits on weekends. The person said, "That's my choice." The person told us they had been able to make this choice since becoming more independent. The person told us staff had discussed with them the possibility of supporting them to use public transport independently. The person said they were looking forward to this as they would value the ability to travel independently.

People and relatives said they felt involved in the planning of their care. Where care plans were reviewed this was done in consultation with the person and the family where appropriate. People said that staff always asked them about how they wanted their care to be provided. One person told us, "They asked me what I wanted before I moved in and how much help I thought I needed." Staff told us that it was important to involve relatives where appropriate. One relative told us, "We feel very involved with their care planning. At the end of the day it is up to (the family member) what she wants."

It was clear from observations and discussions that staff knew people well and cared for the people that they supported. Comments from staff included, "I like the people here. It's a different feeling every day. It's nice knowing I've helped someone achieve their goals in life", "I love it here. I really enjoy my job and working here, from the heart. If you can make a difference each day it's a job well done", "It's being there for them in any situation. Pick up from where it's going wrong and giving emotional support." Whilst one person was talking with us they had difficulty expressing their words. A staff member recognised this and assisted them with strategies to help with this.

## Is the service responsive?

### Our findings

People's care and support was planned proactively in partnership with them. Everyone that we spoke with, without exception said that when their care was being planned at the start of the service the manager spent time with them finding out about their preferences, what care they wanted and needed and how they wanted this care to be delivered. One person said, "They came and visited me before I moved in. They (staff) wanted to know if I would be happy living here." They said they were asked what type of support they felt they needed. A relative said that their family member was asked to visit the staff and people there were going to be sharing with to see if they were happy. They said, "X adapted very well as they (staff) understood her needs before she moved in." One member of staff said, "One service user wrote their own care plan from beginning to end. They had a 30 page PCP (person centred plan)."

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. These were reviewed on a regular basis and changes made to the support they required and the times and frequency of visits they needed. One relative told us that their family members care was constantly being reviewed and updated. They said that since receiving the care their family member's needs had changed and they needed less support. They said that they updated the care plan to reflect this. The provider had enabled the person to receive support from staff they preferred. The member of staff told us they had supported the person when they began to use the service but had moved to different team since then. Because the person receiving care had expressed a strong preference to be supported by this member of staff, the provider made arrangements for this to continue after the staff member's move. All the people we met had a keyworker, with whom they met regularly. One person invited us to observe a keyworker meeting. The keyworker sought feedback from the person about the activities they did and asked them about their health and if there were any issues they wished to discuss. Keyworker meetings were also used to review any goals people had set previously and the support they needed to achieve them.

Staff were kept fully informed about the changes in visits and the support people required. This was either by the senior managers in person or via text or email. When visiting the service we saw care workers come in to the homes and discuss changes in the needs of some people they supported. Staff told us that they ensured that they read people's care plans before they provided supported. One member of staff said of the care plans, "They are detailed and easy to follow." They said if there were any changes these were discussed at team meetings. Another member of staff said "Team meetings are where we can obtain the most information possible about people." A third told us, "New staff read all the plans before they start working with people. If something changes we are told about this during handover and we read and sign to say we've read it." We saw that staff had signed to say that they had read the care plans.

People received personalised care that was responsive to their individual needs and preferences. People told us that the agency was responsive in changing the times of their visits and accommodating last minute additional appointments when needed. Care workers were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive

service. One person told us, "Thanks to the range of activities provided I have many experiences to choose from." As a result of staff understanding their preferences they had been offered a flying lesson and had travelled around Europe on a boat.

There was a robust system in place that ensured prompt action was taken to address changes in people's needs. The recording system detailed what change was required, action taken, completion date and by whom. For example, when we visited people in their homes one person had become very unwell. This had been reported by the time we visited the office the following morning. As a result arrangements were made for a review of this person's care by a health care professional and information passed to all the staff that supported the person to inform them of a change. All the actions were completed within 24 hours of the change in the person's circumstances.

The service actively built links with the local community that enhanced people's sense of wellbeing and quality of life. People told us that the registered manager and care workers had an excellent understanding of their social and cultural diversity and needs. Care workers supported people to access the community and minimise the risk of them becoming socially isolated. People told us staff supported them to access activities and events that were important to them.

One person told us staff had supported them to access a drama group as they had an interest in performing. Staff had supported one person to work towards a horticultural qualification with the aim of securing employment in this area and another person had chosen to attend courses in assertiveness, money management and IT with the aim of becoming more independent. Some people had been supported to access voluntary work placements. One person told us they were interested in securing paid employment. They said staff had supported them to access an employment support service, through which they had received support in interview skills and writing a CV. Another person said that they had been offered a job with the local garden centre as a result of staff support. When asked what this meant to them they said, "I was so proud. The staff were marvellous."

People were supported to pursue their interests and hobbies. One person who supported a professional football team regularly attended matches. Another person enjoyed going on holiday and told us staff supported them to do this. This person showed us their photographs of holidays they had taken and clearly derived a great deal of pleasure from seeing the photographs again. A third person enjoyed the music of a particular band and had been supported to attend several of their concerts. One member of staff said, "They have a very busy and varied schedule." Other people we spoke with attended college, some of whom were working towards nationally accredited qualifications.

The service viewed concerns and complaints as part of driving improvement. People told us they could approach staff if they were worried or had a concern. One person said, "If I was worried about something, I would talk to (member of staff)." Another person said, "I would complain to (staff member) and I feel listened to." They said that they had complained about the noise at night from other people's rooms and said that the manager discussed with them all and that it was now better. One relative said, "If I have a problem I will happily leave it with (the manager) and I know it will get dealt with." One member of staff said, "There are always plenty of opportunities for people to raise concerns. We are always checking if they are okay with everything. I would know if people were unhappy by their demeanour and we have house meetings so people could raise concerns then." We saw that the service complaints process was included in information given to people when they started receiving care and this was also in picture format. There had been 15 complaints since March 2016. There was a tracker at the front of the file which recorded progress and when the complaint was closed. On-going monitoring took place and a monthly report was logged with open complaints, closed complaints and compliments received.

## Is the service well-led?

### Our findings

The service had a culture which was positive, open and inclusive. The people who used the service were at the heart of everything the staff did from care staff to senior management. Despite the large size of the service it was clear throughout the inspection that the registered manager and all senior staff that worked at the service were passionate about delivering good, quality care. Quality of care was not compromised regardless of the amount of people that were being supported. There was a large structure of management support for all staff from care staff, team leaders, 'cluster managers', regional managers and the registered manager. It was evident to us how people and relatives felt about the management of the service. Comments included, "I know I can always walk into the manager's office and get an answer", "The manager has always been nice to me", "We have a very nice manager here. Easy to talk to."

People and staff were involved in creating the vision and values of the organisation. Workshops and presentations were undertaken with people and staff involvement. People were keen on simpler wording for the visions and values which was easier to understand. As a result of the feedback from people the new proposed final version would be 'Welmede's vision is of a world where people with disabilities are equal and can live the lives they want'. The vision and values for Welmede was shared across the organisation and included, 'A world where people with disabilities are equal and can live the lives they want' and 'Person Centred, Excellence, Passion, Respect, Integrity, Responsibility.' We found that these visions and values underpinned the care the care and support that were provided to people. The provider used social media, their website and posters to show people what values were and had mugs made with the values on.

People's and relatives views about the quality of the service they received were important to the staff and managers. The service also obtained the views of people and relatives in the form of questionnaires. The questionnaires were analysed and formed part of the service improvement plan. Improvements covered a wide area including one person requesting a bird table in their garden which was actioned to staff being provided additional training. People were also involved in the making of a 'recruitment video' for potential new staff.

The service worked in partnership with key organisations to support care provision, service development and joined- up care. Welmede worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. One person lived on their own and was at risk of self-neglect and high risk of falls. The provider told us, "A network meeting had been arranged at the hospital to discuss options moving forward. All professionals felt that it would be in Xs best interest to move to 24 hour supported living and X agreed with this. However, social services were of the opinion at the time that his needs did not meet their criteria for extra funding and they felt that he could continue to live alone in the community. This view was not the opinion of Welmede and other professionals and a further meeting of concern took place. It took many conversations and emails to demonstrate that X desperately needed increased support. Eventually, after a lot of hard work from Welmede coordinating different teams to demonstrate this need, social services agreed to fund four weeks of respite in one of Welmedes 24 hour supported living serves." They said that assessments were ongoing to ensure that this was able to continue. The person told us, "For many years I had lived independently. I enjoy living where I am now. It's good to

have company around. I feel safe here knowing there is staff around should I need something. I would like to stay here." Other organisations that Welmede work in partnership with included the Autistic Society, Surrey Police and South East Coast Ambulance Service. In working with these organisations people received a joint up approach to care for the best outcome to people.

There were systems in place to make sure high standards of care were delivered. One manager said, "We set the tone and have high expectations. We are always striving for better and ask the question 'Is this good enough for your relative?'" The provider set up an in house bespoke training room to help the staff with their practical training, including positive behaviour support, manual handling and stress management for staff. Staff appreciated having more hands on training in these areas.

Staff understood their role; what was expected of them; were happy in their work; were motivated and had confidence in the way the service is managed. Comments included, "They are person-centred and the needs of service users come first. There is excellent team work", "I am proud of Welmede and what they do because I love seeing the guys progress – it's a pleasure to see", "It's a great staff team. Everyone wants to do the best. There are enough of us to support people and we all have different techniques." They added, "Service users grow and develop each day. It makes me feel very proud. I do care for them all and it makes me really happy that I'm with them every step of the way", "I enjoy working for a company that is at the forefront of changes", "We do what we say we are going to do" and "My only regret is not working here sooner."

The service had a variety of up to date policies and procedures which ensured all staff were kept informed of the agency's expectations and legal requirements. Policies were well written and informative; where appropriate they gave contact details to enable staff to seek further advice. Staff were able to attend meetings at the service to be updated on policies. One senior member of staff told us, "There are monthly meetings for staff and those staff who provide 'outreach' care (care to those people that live on their own) can meet at our satellite offices where other staff go."

The registered manager had systems in place to ensure that staff were valued and congratulated for their performance. Any thank you cards and letters from people and family members were shared around for staff to see. These included, 'Thank you staff for putting his bike together', 'I can see a lot of work and thought has gone into running the club, and it was a pure joy 'and,' trampolining – absolutely inspired choice. One of the best activities you could have chosen for him. Absolutely delighted that he is going to it.'

Without exception staff told us that they felt valued, involved and appreciated. One member of staff said, "I was given the opportunity to join 'Staff Forum' and 'Stress Focus Group'. Both of these groups are to ensure the Staff are represented at all levels and that all views are inclusive. Welmede are a person centred company which does not stop at their service users. Management recognises that staff can be nurtured to take on more senior positions with greater responsibility. I truly feel the organisation is extremely well led and I feel honoured that I can be part of this and knowing that our policies, procedures and mission statement make a difference to people's lives every day. Another member of staff said, "(The managers) are role models in regards to how a manager should lead a team and extract all the best work and by supporting people to gain confidence in themselves and doing their job to the best of their ability."

Other comments from staff included, "Our area manager is so good. It's been a real journey. I recently got nominated for the Surrey Care Awards as a result of all the hard work I put in", "I feel valued and supported by the managers and the team. I get praised for doing things", "I felt privileged to be asked to be a team leader. I felt valued. I can't fault the company", "I feel supported. It's the best management I have ever known." We asked staff what action was taken to show that they were appreciated and valued. Comments included, "Through the emails I get – they are so nice." I was nominated as Employee of the Month and

families had written in and their feedback was fed back to me", "Because I got regular letters from Welmede and had been nominated for the care awards",

Quality assurance arrangements were robust and the need to provide a quality service was fundamental and understood by all staff. The registered manager reported to a governing board. They told us this board had good oversight of the operations of the service and presented challenge to them over operational as well as day to day issues. We saw that board members attended some operational meetings, and met with people being supported to hear their views. This helped ensure they were in touch with issues that affected people directly. We also saw evidence from minutes of senior staff and team leaders meetings that they were working much of the time supporting staff with direct care and modelling good practice. 'Cluster' managers, Team leaders and support staff were required to actively contribute to decision making processes, such as giving feedback on improvements. This helped to ensure 'ownership' and understanding of ideas throughout the organisation. One member of staff said, "I had asked if we could have a shed put in someone's garden so that they had somewhere to smoke if they wanted." They told us that this had now been done. Another told us, "I feel listened to and encouraged to voice my opinion" , "One social care professional told us that the quality assurance in place for the service was "Very robust."

Records both at the service office and in people's homes were well maintained, clear and comprehensive. Some records were being computerised and these were maintained in accordance with the Data protection Act. There were facilities at Welmede for the safe destruction of records, which were no longer needed. Records, policies and procedures were updated regularly and were available in formats to meet people's needs, for example easy read versions or on DVD. People's private information was kept confidentially.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events.