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Wurel House

Inspection report

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Date of inspection visit:
05 May 2017

Date of publication:
25 May 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 5 May 2017 and was announced.

Wurel house provides domiciliary care and support services to people with a learning disability living in their own home. The service has an office in the garden of the house where the people they support live. The service currently provides support to three people in Sittingbourne who share a house. There were staff at the service 24 hours a day, including a member of staff who slept at the service. The provider owned the property, people could choose to be supported in their home by another agency and this would not impact their tenancy.

The provider manages the service on a day to day basis. As a registered provider, 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.

Risks to people were assessed and people were supported to take risks and try new things. People were encouraged to understand and manage risks themselves. Staff had clear guidance about what could make people anxious and the best way to support them to calm down. Staff could recognise the different types of abuse and knew who to report any concerns to, both within the organisation and externally.

Staff had an understanding of the Mental Capacity Act (MCA) and followed the principles on a day to day basis. People were assumed to have capacity, but formal capacity assessments had not always been completed for people. There was a risk people did not fully understand decisions they were making, we made a recommendation about this. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). For people who live in their own homes this is managed by the Court of Protection (COP). No applications had been made for people as none were needed.

Most staff were recruited safely although some people only had one reference. The provider resolved this after our inspection. Staff had induction training and were introduced to people by established staff before supporting them. Some staff completed basic training but some staff had not. The provider had booked this to be delivered in shortly after this inspection. Staff were in regular contact with the provider, who often worked alongside them and had regular one to one meetings. There were enough staff to meet people's needs and people told us they felt supported.

Medicines were managed safely and people were encouraged to be as involved as possible with their medicines. Staff worked closely with local health and social care professionals to manage people's health and develop new opportunities for them. Not all visits to health professionals were recorded, the provider told us he would address this with staff. When people's needs changed advice was sought and followed to make sure the staff could still meet people's needs safely.

People had good relationships with the staff who supported them. Staff knew people well and treated them with dignity and respect. People had opportunities to express themselves and have a say about their care on a day to day basis. People were involved in planning their support and writing their care plan, but people's care plans were not always in an accessible format. People's care plans needed more detail about what people could do for themselves.

People were supported to be part of their local community and follow their interests or hobbies. People were supported to maintain relationships with people who mattered to them. However, there were no personal goals recorded for people or plans to help people reach their goals. We made a recommendation about this.

People had support to eat healthily and planned their own menus. Some people had planners with pictures to help them plan their day. People took ownership of their home and shared the household chores between them. Some people attended local colleges to completed courses. Staff worked with people to develop skills both in the house and when out and about such as using public transport independently.

No complaints had been received, the service had an accessible complaints procedure and people knew who to speak to if they had a complaint. People's confidentiality was respected and records were stored securely.

There was an open culture, people and staff could contact or visit the provider whenever they wanted to. The provider spent time with people regularly to check if they were happy with the service and they were accessible to people, professionals and staff. The provider maintained contacts with service commissioners and provider's forums in order to maintain their knowledge and keep up to date with good practice.

Views were sought from people, relatives and professionals and were acted on. Audits were completed and actions taken to address any issues.

The CQC had not always been informed of any important events that occurred at the service, in line with current legislation. The provider stated they were unaware that they needed to inform us of certain issues but would do so in the future.

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.

Risks to people were assessed and managed; people were involved in managing their own risks.

People were involved in managing their medicines as much as possible, this was done safely.

Staff understood different types of abuse and who to report any concerns to. People were encouraged to keep safe and discuss any worries.

There were enough staff and they were recruited safely.

Is the service effective?

Good ●

The service was effective.

Staff were confident in their roles, some training was overdue but refreshers had been booked. Staff put into practice the training they had completed.

Staff followed the principles of the Mental Capacity Act on a day to day basis, but people's capacity to make certain decisions had not always been assessed formally. We made a recommendation about this.

People were supported to access health care when needed.

People were supported to choose a balanced diet and cook their own food.

Is the service caring?

Good ●

The service was caring.

People had built positive and caring relationships with the staff who supported them.

People were supported to maintain relationships with friends and family. People could access advocacy services when

required.

People's privacy and dignity was supported and promoted.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support, but care plans could be in a more accessible format.

People took part in activities they enjoyed and were increasing their independence. However, there were no personal goals recorded for people or plans to help people reach their goals.

There was an accessible complaints procedure and people knew who to complain to.

Is the service well-led?

Good ●

The service was well-led.

Audits were completed and the provider monitored the quality of care by working alongside staff on a regular basis.

People and staff told us that the provider was approachable and supportive. The provider attended forums to develop or maintain their skills.

We made a recommendation about the submission of notifications to CQC.

People, staff, stakeholders and relatives are asked for their feedback which was acted on.

Wurel House

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 5 May 2017 and was announced. The provider was given 24 hours' notice because the location provides a supported living service and we needed to be sure that someone would be there. We wanted to let people know when we were coming to give them the opportunity to meet and talk with us. The inspection was carried out by one inspector.

We did not ask the provider to complete a Provider Information Return (PIR), as we carried out this inspection earlier than expected. A PIR 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 reviewed information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the provider is required to send us by law, such as a serious injury.

During the inspection we spoke with two people using the service, the provider and one member of staff. We visited people in their homes and observed staff supporting people. After the inspection we requested feedback from one relative and three health and social care professionals.

We looked at documents including three care plans, medicines records, four staff files, risk assessments, audits, minutes of meetings for people and staff, training records and staff rotas.

This is the first inspection of this service since a change in the regulated activity provided in October 2015.

Is the service safe?

Our findings

One person told us "The staff help me keep safe, they come out with me so I know I am ok." Staff told us, "I know how to keep people safe, I would always make sure the person was ok first and get them help if they need it. Then I would contact the manager (provider)."

Staff had a good understanding of keeping people safe from abuse or harm and could say what they would do if there were any concerns. When concerns had been raised, the provider had spoken with the local safeguarding team. Staff had also sought advice from the local community learning disabilities team to make sure people had the right support. They had spent time with people discussing how to keep safe when using the internet and also when leaving their home.

Some people went out on their own; staff had spent time with them talking about how to keep safe and what to do if they were worried. People were involved in assessing any risks related to them. They were also involved in planning how to minimise the risks. For example some people were vulnerable to 'mate crime'. This is a form of crime in which a perpetrator befriends a vulnerable person with the intention of then exploiting the person financially, physically or sexually. Staff had worked with people and other professionals to help people understand the risks involved in mate crime and helped them develop ways to keep safe. People had spoken to staff if they were worried about how a friend was acting or if they were asked to do things they were not comfortable with.

People were supported to be as independent as possible with their money. If people could not manage large amounts of money there was an arrangement for them to access smaller amounts through the week. There were systems and checks in place to keep people's money safe. When people's money was managed by someone else staff supported people to request extra money if they needed it. People were supported to pay their bills.

There had been no accidents recorded however, behavioural incidents were reviewed and analysed to look for any similar themes. People's care plans and risk assessments were updated as a result. Some people could become anxious or angry. Risk assessments gave staff guidance about how to support people to calm and minimise the risk to them or anyone else in the service.

There were enough staff to cover all of the support hours and meet people's needs. Staffing was planned around people's needs and their activities to make sure they had support when they needed it. People could say when they wanted their support and would let the provider know if they wanted to change their times for one to one support.

Sickness and holidays were covered by the staff team and if needed the provider supported with people. Staff had access to information about each person so they knew the plans of the person they were supporting on that day.

Recruitment procedures were in place to make sure that staff were suitable to work with people. Written

references were obtained, however two staff only had one reference in place rather than two as detailed in the provider's policy. The provider addressed this and sent us information after the inspection to show this had been completed. Checks were carried out to make sure staff were of good character. People met prospective staff when they came for interview and were asked for their opinions before staff were employed.

People were supported to have their medicines in a safe way, and were involved as much as they wanted to be. Some people had been supported to try managing their own medicines, but had decided they preferred staff to manage them. People's medicines were stored safely and where people preferred. Temperatures were taken and recorded to ensure medicines were stored at the right temperature. Some medicines do not work properly if stored at the wrong temperature.

If people chose to buy 'over the counter' medicines staff supported them to check that they did not affect their prescribed medicine. Regular audits of people's medicines were completed and staff's competency in administering medicines was checked by the provider.

Is the service effective?

Our findings

One person told us, "Staff give me lots of choices, we decided what we have to eat and where we go." Staff told us, "I always encourage people to make their own choices, when we go shopping for food we work to balance what they need and what they want."

Staff completed induction training which included some basic training and learning about the people they were going to support. Staff also worked alongside experienced staff to get to know people and establish relationships with them before supporting them alone.

There was a training programme in place for all staff. Some staff were due to have refreshers of their basic training courses. The provider told us as they were such a small staff team of only four people, they had waited to have a full team before booking the training. They gave us evidence of the courses which had been booked for the team. Staff told us they were due to refresh their training and they were aware of the dates the courses were booked for. After staff completed training their knowledge and competency was assessed during one to one meetings and through observations while supporting people by the provider.

Training included basic training such as safeguarding and fire awareness. The provider had also given staff training about how to support people when they became anxious or displayed behaviours which could challenge. The provider role modelled for staff and staff told us that helped them to be confident in supporting people when they were distressed.

Staff had team meetings and regular one to one meetings with the provider to talk about any issues, and their own development. They told us could contact the provider at any time for support through an on call system. The staff we spoke to said they felt supported by the provider. This enabled them to support people confidently and consistently.

People were given choices and staff communicated these in a way people understood. One person told us, "It's up to me what I do, the staff just help if I ask." When people made joint decisions about communal areas in their home or joint activities, they were supported to bring their own ideas and discussed them as a group before making a choice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff understood the key requirements of MCA and how it impacted on the people they supported. Staff had completed MCA training and most put this into practice effectively, and ensured that people's human and legal rights were protected on a day to day basis. No formal capacity assessments had been completed for people to assess if they could make a specific decision. For example, one person had signed a document to

say they understood the risks of riding their bike without a helmet. The provider agreed they could not be completely certain the person understood all of the consequences of that decision and agreed to discuss this with the person and if necessary have a best interest meeting. We recommend the provider complete capacity assessments in line with the requirements of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people live in their own homes Deprivation of Liberty Safeguard (DoLS) authorisations must be applied for via the Court of Protection. No one using the service had needed a DoLS application to be made.

People had access to yearly health checks, flu jabs and other health screening programmes. Staff explained what these appointments were for and people were able to choose to attend or not. Referrals were made to health professionals by staff when needed. People were supported to attend appointments by staff if they wished, but staff had not consistently recorded details of the appointment and the outcome. For example, one person had seen their GP and there was evidence of medicine being prescribed as a result, but no record was completed by staff. The provider told us they would ensure records were completed after every visit.

Staff contacted health professionals quickly if there was deterioration in people's mental or physical health. Staff worked with the local mental health team to monitor people's wellbeing and keep people safe. When people attended day activities, staff communicated with the staff there about the person's health needs, if it was appropriate to do so.

People had decided to have a joint menu, and they all gave input into what they wanted to eat and made a shopping list weekly. They had agreed a rota for people to do the shopping and cooking for main meals. People were supported to have a balanced diet and they were given information about healthy eating and exercise.

People asked staff to support them if they wanted to prepare food or drinks. People told us they enjoyed cooking and were getting quite good at it. People's increase in cooking skills was not recorded in their care plan. The provider told us they planned to find ways to celebrate people's increase in skills.

Is the service caring?

Our findings

One person told us, "The staff are good fun." Staff told us, "People get on well and we all have a laugh together. It is great seeing people do things that make them happy." A health and social care professional told us, "The person I support is happy being supported by Wurel House and is doing well for himself. The service provided is a good one."

When we arrived at the service people had been prepared for our visit and were excited to see us. One person unlocked the front door and invited us to sit in the lounge. There was a small staff team supporting people so they got to know them well. People approached staff if they needed anything and were listened to. Staff introduced us to everyone and explained why we were in their homes.

Staff knew people well and talked about what people liked and what they had achieved. There was lots of laughing and smiling. People's photographs were on the walls showing them having fun and taking part in activities. The provider spoke proudly about the progress the people supported by the service had made. Some people had previously been reluctant to leave their rooms or try new things. Those people now spent time with their friends on a regular basis and planned trips out and about locally with staff.

Some people had increased their skills since being supported by the service; they were now going out unsupported and doing the housework in their own home. Staff and the provider celebrated people's successes with them. People had increased their confidence as a result. They told us, 'they had done things they never thought they could do.'

People had access to advocates if they needed support to speak out. An advocate is someone who supports a person to make sure their views are heard and rights upheld.

All three people supported by the service lived in one house together. People were supported to keep in contact with family and friends. One person told us staff often supported them to visit their relative who lived locally. People were offered support and reassurance if they were having difficulties with relationships.

Staff worked alongside people to support them with chores and activities. Staff gave people time and chatted to them about what they had been up to. Some people chose to spend time in their rooms, staff respected this. People chatted to staff about their family and friends, sharing photographs and future plans. Some people could become anxious staff reassured them and checked they were ok to speak to us.

People were encouraged to give each other space when required. They could secure their bedrooms if required. Staff spoke to people in their rooms about anything which could be personal. People's confidentiality was maintained, staff understood the need for this and records were stored securely. Information was given to people in a way they understood. Information was only shared if people agreed.

Is the service responsive?

Our findings

People said that the staff supported them to do what they wanted and to try new things. One person said "I am doing a computer course I really like it, I would like to work with computers one day."

People's needs were assessed before they were supported by the service. The provider met with people at an agreed place, with support from their family or care manager if they chose to invite them. People shared a house so compatibility with others was considered. The person would be invited to meet the current housemates if possible. People would come for a meal and an overnight stay before moving in.

The provider started a care plan using the information from the assessment. People's care plans gave a lot of information about how they preferred to be supported and what they liked or disliked. They also gave details of people's history and who was important to them. The provider involved people in developing and reviewing their care plans. People could have a copy of their care plan if they chose to do so. However, people's care plans did not give details of how what people could do for themselves and they were not always in a format people would understand. The provider acknowledged that people would benefit from having a more accessible format. After the inspection the provider informed us they had started working with people to design care plans in their preferred format.

People's care plans did not include details of people's aspirations or goals. Without a record and a plan there was a risk that people would not have the right support to achieve their goals. There were no plans to help develop people's independence. Some people had developed new skills but it was not recorded how they developed the skills and the steps they took. Records of how people learn new skills could be used to plan new goals and how to reach them. Staff talked to people about their plans both short and long term. We recommend the provider review their care plans to include people's aspirations, goals and plans to achieve them.

People's care plans gave clear information about the things which could cause people anxiety and how to support them to calm down. Some people could struggle to manage relationships and friendships which could lead to them feeling upset or angry. Staff had guidance about how to support people with their relationships and strategies to help the person minimise the risk of things happening again. Staff told us they would listen to the person and reassure them if they were upset. People supported by the service had had a reduction in the number of incidents of anxiety and behaviours which could challenge.

People had completed courses at local colleges and they told us they had enjoyed them. People told us, "I like to go to the local pub for a coke and relax." and "We go to the cinema and bowling, we only have to ask and we can plan it." Some people went out and about on their own, they would use a mobile phone to keep in touch and staff would chat to them about their plans and when they were due home.

People chose not to have activity planners; they chose what they wanted to do each day planning around any regular activities. Some people spent a lot of time out and about with friends and family. People told us, "If I want to try something new I talk to staff and we talk about how to do it and how much money I need."

People were given clear information about how to make a complaint. There was an easy to understand version of the complaints policy available. No complaints had been received since April 2016.

The provider regularly met with people to ensure they were happy with their support. People also completed tick box surveys about their support, the most recent responses were positive.

Is the service well-led?

Our findings

One person told us "I like the provider, he is very nice. We see him a lot." A staff member said, "I can always speak to the provider and I know he will listen to my thoughts and point of view." A health and social care professional told us, "The service can sometimes appear reluctant to contact other professionals, preferring to sort out issues themselves. But generally they do a good job."

The provider told us "The values and visions of the service are to support people to live the life they want and promote independence." and "We have built relationships with people's support systems from their families to care managers and we try to all work together towards the same goal. The best life for the person."

Staff told us they felt supported and involved in how the service supported people. Staff had regular meetings and told us that their ideas were listened to. Staff told us, "The provider will help at any time, they are always willing to give a hand and support the people who live here." Staff meetings showed staff being asked for their opinion and discussing issues such as training and ways of supporting people with social interaction.

Staff and people had access to phone numbers of managers on call and could call at any time. The provider met with people on a regular basis to see how they were doing or just have a chat. The provider was based in the office in the garden of the house where people lived, so people could go and see them at any time.

The provider worked closely with local authority commissioners and attended provider forums, where they could hear about examples of good practice and share experiences. The provider said the forums helped them to develop the service they provided and make improvements.

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. This means we can check that appropriate action had been taken. Some notifications had been received from the service but there had been a misunderstanding about when some incidents needed to be reported. The provider told us he would submit notifications in the future. We recommend the provider checks the guidance about notifications.

Audits were carried out by provider. The results of these and any actions taken or needed were recorded and signed when completed. Audits covered medication records, care plans, risk assessments and financial records. If any issues were uncovered they were addressed and fed back to the staff.

Accidents and incidents including behavioural incidents were reviewed and any learning from them was shared with the staff team and the provider. Changes were made to risk assessments, care plans and referrals to professionals were made or advice was sought if needed.

People were asked for their feedback through chats with the provider and surveys. Surveys were in an accessible format and were primarily a tick box with opportunities for people to comment if they wished.

The responses on the surveys were positive and no suggestions had been made by people about how the service could be improved.

The registered manager requested feedback from other people involved with the service such as health and social care professionals, relatives and staff. Feedback included, 'The service provides professional support. It is person centred and has helped people develop independent living skills through quality support.' Outcomes of surveys were shared with people and relatives.