

Wildacre Care Services Ltd

Wildacre

Inspection report

Raunds Road
Chelveston
Northamptonshire
NN9 6AB

Date of inspection visit:
09 April 2019
15 April 2019

Date of publication:
16 May 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Wildacre provided personal care and support to up to eight people with learning disabilities. There were eight people living there at the time of the inspection. The accommodation is in a rural village in Northamptonshire.

People's experience of using this service:

The service worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control over their own lives, choice, and independence.

Improvements were required to ensure that the systems in place to monitor the quality of the service and drive improvements were consistently maintained.

People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences, however, these needed to be kept up to date.

The staff were friendly, passionate about their work and caring; they treated people with respect, kindness, dignity and compassion.

People were supported to maintain good health and nutrition and live fulfilled lives. They were protected from the risk of harm and received their prescribed medicines safely.

Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. They had access to the support, supervision and training that they required to work effectively in their roles.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider was aware of how to make referrals if people lacked capacity to consent to aspects of their care and support and were being deprived of their liberty.

Information was provided to people in an accessible format to enable them to make decisions about their care and support.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.

The service had a positive ethos and an open culture. The provider was approachable, understood the needs of the people in the home, and listened to staff and relatives.

The service met the characteristics for a rating of 'good' in four of the five key questions we inspected and rating of 'requires improvement' in one. Therefore, our overall rating for the service after this inspection was 'good'.

More information is in the full report

Rating at last inspection: Requires Improvement (published 13 April 2018)

Why we inspected: This was a scheduled inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Wildacre

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

Our inspection was undertaken by one inspector.

Service and service type:

Wildacre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC who was also the provider. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced inspection.

What we did:

We carried out the inspection site visit on 9 April 2019 and contacted families to find out their experience of the service on 15 April 2019.

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support the people receive.

The provider did not complete the required Provider Information Return. This is information providers must send us to give us key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We spoke with five people who used the service, two support staff, an assistant manager and the provider. We also spoke with one relative.

We reviewed three people's care files, looked at three staff files and reviewed records relating to the management of medicines, complaints and policies in place to manage the service.

After the site visit we asked the registered manager for details of the planned programme of training for staff, which they supplied.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were cared for safely and staff provided consistent safe care and support.
- People looked calm and relaxed around staff. One person said, "I am happy and safe here."
- Staff knew how to keep people safe from harm and knew what signs of harm to watch out for. One member of staff told us about being mindful of a change in a person's behaviour as this may be a sign they have been subject to abuse.
- Staff training in relation to safeguarding was refreshed each year and there was a safeguarding procedure in place for staff to refer to.
- The provider worked with the local authority safeguarding team when concerns were raised.

Assessing risk, safety monitoring and management:

- People had individual risk assessments in place which provided staff with the information they needed to manage identified risks. For example, managing the risk of falls for a person with mobility difficulties as they moved around the house.
- People knew what to do in the event of a fire and each had a personal emergency evacuation plan in place.
- The fire alarm was tested regularly, and fire drills were completed.
- Environmental checks were made, and maintenance of equipment was up to date.

Staffing and recruitment:

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place.
- Staff had been checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.
- Staff were visible and responded to people in a timely way.
- There was enough staff to provide the care and support people required. Staff had time to spend with people. We saw staff sit chatting with people and supporting them with activities.

Using medicines safely

- Medicines were safely managed. However, the provider needed to ensure that records of audits of medicines were maintained and kept.
- Staff received training in the administration of medicines and their competencies were tested before they could administer any medicines.
- We saw that people received their medicines within appropriate periods.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection.
- We saw that all areas of the home were clean and tidy, and that regular cleaning took place.

Learning lessons when things go wrong

- Accidents and Incidents were monitored, and action taken to address any identified concerns.
- Any lessons learnt from incidents were discussed with staff and action plans put in place to ensure similar incidents did not happen again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed prior to them moving into the home to ensure that the service could meet their care and support needs.
- Most people had lived together for several years so attention was paid to the compatibility of people when any new people came to live at the home.
- People and their families were involved in developing their care plan. One person said, "We review my care plan every year."
- People's preferences, like and dislikes were recorded and there was information about the persons cultural and religious background and communication needs.

Staff support: induction, training, skills and experience:

- People received support from staff that were competent and had the skills and knowledge to care for their individual needs. A relative said, "The staff really understand [relative] and know how best to help them."
- Staff training was relevant to their role and the training programmes were based around current legislation and best practice guidance. A member of staff said, "[Provider] has made sure most staff have a level 3 National Vocational Qualification and we are all doing training next week about epilepsy which will be good."
- Records confirmed that staff refreshed their training, such as health and safety, safeguarding and infection control, each year.
- New staff completed a thorough induction which included face to face training and shadowing more experienced staff until they felt confident to support people.
- Staff told us they had regular opportunities to discuss their performance and training needs.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were involved in choosing their meals. We saw one person looking at recipes, a member of staff was encouraging them to choose something they may like to help to make.
- People were offered drinks and snacks throughout the day and were encouraged to help in the kitchen to prepare food if they wanted.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- People were supported to access the local community whenever they wished. One person regularly went swimming each week.
- Records showed that people had access to various health professionals such as GPs, district nurses and

dentist.

- People were supported to attend health appointments in the community and were visited by health professionals when necessary.
- People had a 'My Health Action Plan' which set individual targets for people around their different health needs. However, these had not always been regularly updated.

Ensuring consent to care and treatment in line with law and guidance:

- 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager and staff were aware of their responsibilities in relation to the MCA and we saw that where DoLS applications had been made these were appropriate and people were being supported in the least restrictive way as possible.
- We saw that staff sought people's consent before they supported them.

Adapting service, design, decoration to meet people's needs:

- People had their own bedrooms which they had personalised to their tastes.
- The house from the outside met the conditions of 'Registering the Right support' in that it fitted into the residential area it was set in.
- A lift had recently been installed which ensured that everyone had full access to the house. One person said, "The lift is nice, I can use it myself, I can go up and down to my room whenever I want to which helps me to be independent."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People looked happy and relaxed around staff and we observed positive interactions between staff and people.
- One person told us, "The staff are nice, it's like a home from home here." A relative said, "Wildacre is brilliant, it's like another family, so supportive to everyone."
- Staff understood the need to respect people's diversity and ensure people were treated equally.

Supporting people to express their views and be involved in making decisions about their care:

- People's choices in relation to their daily routines and activities were listened to and respected by staff. One person said, "I like to help out and bake."
- People told us they got up when they wished and went to bed when they wished.
- Pictorial information was available, such as pictures of food, which enabled people with different communication needs to express their preferences and views.
- Staff spoke politely to people and we observed them asking people what they wished to do during the day.
- The provider manager was aware of the need for people to have access to an advocate if they needed support to express their views about their care.

Respecting and promoting people's privacy, dignity and independence:

- People were encouraged to do things for themselves, for example one person had a pet. They were responsible for making sure the pet was clean and well fed.
- Some people were free to come and go as they pleased and those with restrictions in place were supported to access the community when they wished.
- Staff spoke to people discreetly when they needed assistance.
- Care records were stored securely, and staff knew not to discuss people in front of other people.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.
- There was information about what was most important to people, the important people in their lives, and their hobbies and interests
- People took part in activities in the home and in the community when they wished. Some people attended a local day centre several times a week. One person told us they went swimming each week with their family.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, for example, we saw staff use pictorial aids with one person to help them make choices for themselves.

Improving care quality in response to complaints or concerns:

- People knew who to speak to if they were unhappy and wished to make a complaint. One person said, "I would speak to [provider] if I was not happy with anything."
- There was a complaints procedure in place which was also made accessible to meet people's individual communication needs.
- There had been no complaints in the last 12 months.

End of life care and support:

- At the time of the inspection there was no one who required end of life care.
- There was a commitment to ensure that people remained living at the home for as long as possible.
- The provider and staff were aware of the need to have individualised plans in place which took account of people's wishes and respected their religious needs.

Is the service well-led?

Our findings

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

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The systems in place to monitor the quality and standard of the service had not been consistently maintained. For example, audits of care plans were not being undertaken. This meant that the provider had failed to pick up that information in care plans was not always up to date.
- Audits in relation to medicine administration were not recorded which meant that if errors were made, any lessons learnt were not easily identifiable.
- Staff were clear about their roles and responsibilities towards people living in the home and felt listened to by the provider.
- Staff meeting minutes confirmed that staff were able to raise concerns and make suggestions as to how the service could be improved.
- The provider had notified the Care Quality Commission (CQC) about events they were required to by law.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People were at the centre of everything the service did; the provider ensured that people were involved with any decisions about the way the home was run.
- The provider focussed on providing the support and care people required to meet their individual needs and promote their independence and choices as to how they lived their lives. For example, by supporting people with activities inside and outside of the home and involving people in maintaining the home and garden.
- The provider was aware of and had systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns acted upon.

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

- The provider spent time with people and spoke regularly with families and staff about looking at ways to improve the service. One member of staff said, "[Name of provider] is very receptive to any ideas we may have."
- People living in the home met regularly to talk about what they would like in the home and what social activities they would like to access. People were empowered to speak up and say what they thought.

- Information was made available in a format which met people's individual needs. For example, information about food was in pictorial form.

Continuous learning and improving care:

- The provider looked at ways to engage with other professionals to share experiences and best practice.
- A lift had recently been installed to help a person remain as independent as possible, enabling them to be able to move around the house independently.

Working in partnership with others:

- The provider worked with the local authority commissioners and safeguarding authority to ensure the service developed and people remained safe.