

Welmede Housing Association Limited

Palmer Crescent

Inspection report

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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

Palmer Crescent is a registered care home comprising three bungalows on one site, each of which can accommodate up to six people. The home supports adults with learning disabilities and/or autistic spectrum disorder. There were 17 people living at the home at the time of our inspection.

People's experience of using this service:

People were supported by consistent staff who knew them and their needs well. Permanent staff were supplemented by agency staff who worked at the home regularly. Staff communicated effectively with one another about people's needs and accountability for people's care had improved.

Opportunities for people to go out and to take part in activities had increased. This included day centres, in-house activities and leisure activities, such as eating out and shopping.

The leadership and management oversight of the service had improved. The registered manager and assistant service managers (ASMs) provided good support to staff and maintained an effective oversight of the service.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were enough staff on each shift to meet people's needs and keep them safe. The provider's recruitment procedures helped ensure only suitable staff were employed. Staff had the induction, training and support they needed to carry out their roles. They understood their roles in keeping people safe from abuse and felt able to speak up about any concerns they had.

Potential risks to people had been assessed and measures put in place to mitigate these. If accidents or incidents occurred, staff took action to reduce the risk of similar incidents happening again. Medicines were managed safely and staff maintained appropriate standards of hygiene and infection control. Staff supported people to maintain good health and worked effectively with any professionals involved in their care.

Staff were kind treated people with respect. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

At the last inspection the service was rated Requires Improvement. The report of this inspection was published on 30 June 2018.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service 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?

Good ●

The service was well-led

Details are in our Well-led findings below.

Palmer Crescent

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

Two inspectors carried out the inspection.

Service and service type

Palmer Crescent is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Before the inspection

We used the information the registered manager sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection

We spoke with six people who lived at the home and a visiting relative. We spoke with seven staff including the registered manager, two assistant service managers (ASMs) and four support workers.

We checked care records for four people, including their assessments, care plans and risk assessments. We looked at four staff files and records of team meetings and shift plans. We also looked at medicines management, accident and incident records, quality monitoring checks and audits.

After the inspection

The registered manager sent us further information, including the home's training record and Continuous Improvement Plan.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

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

Staffing and recruitment

At our last inspection there were not enough staff with appropriate knowledge and skills deployed to meet people's needs. Vacancies on the staff team had led to a reliance on agency staff, which affected the support people received and the demands placed on permanent staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 18.

- The consistency of care people received had improved. Agency staff were still used regularly but were block-booked by the home, which meant they effectively functioned as full-time staff.
- The agency staff we spoke with during the inspection all worked at the home regularly and knew the people they supported well. A member of permanent staff told us, "The agency staff we have now are very good and they know the people they are working with. You can see people are happy to be around all the staff here." An ASM said, "It's working smoothly now. The agency staff know the routines and the service users are much happier because they recognise their faces."
- People told us they felt safe when staff provided their care. We observed that staff maintained people's safety when supporting them during the inspection, including when using equipment.
- Permanent staff told us improvements in the consistency of staffing had also relieved the pressures on them that were present at the last inspection. One permanent member of staff said, "It's a lot better than it was last year. The residents seem happier because they know the staff and the permanent staff are less stressed. They can see things changing for the better."
- The way in which staff were deployed had been changed to better meet people's needs. At our last inspection, some staff worked 'sleep in' shifts at night. All night staff now worked 'waking night' shifts as some people who lived at the home spent much of the night awake.
- The registered manager told us the recruitment of permanent staff was ongoing. Four permanent staff had recently been recruited and were scheduled to start work soon after our inspection.
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend a face-to-face interview. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any potential risks to people. Where risks were identified, measures were put in place to mitigate these and recorded in people's support plans.
- The provider adopted a positive approach to risk-taking. Risk assessments highlighted the potential benefits to people as well as the risks involved in activities.
- Some people displayed behaviours which put themselves or others at risk. Staff were aware of these risks and planned people's care and support accordingly.
- There was guidance in place for staff about how to use any equipment involved in people's care such as slings, hoists and wheelchairs. We saw that equipment was regularly checked and serviced up-to-date. Staff had carried out a personalised fire risk assessment for each person.
- Each person had a 'missing person' (MISPER) form for use in the event of them going missing. The provider had a business contingency plan to ensure people would continue to receive their care in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff received safeguarding training and understood their responsibilities in protecting people from abuse. One member of staff told us, "I know to look out for signs of abuse and I would feel comfortable in reporting any safeguarding incidents to my manager."
- Where necessary, the provider had reported incidents or allegations to the relevant agencies, including the CQC and the local authority. The provider had investigated any potential safeguarding concerns and taken action to address them.
- Staff recorded any accidents or incidents that occurred. These records were entered on the provider's central IT system, which meant they could be reviewed by managers to identify themes or trends.
- If people had accidents, staff took action to reduce the risk of similar incidents happening again. One person had suffered an injury in a fall in their bedroom. Having reviewed the cause of the accident, staff had rearranged the furniture in the person's room which reduced the likelihood of the person falling again.

Using medicines safely

- Medicines were managed safely. Staff received training in medicines management and their practice was assessed before they were authorised to give medicines.
- Medicines administration records (MARs) were audited regularly. These audits had identified several errors in recording over recent months. The registered manager advised that errors had principally occurred because staff had taken some time to adapt to a change in the system used to manage medicines.
- The registered manager said they were confident staff were now competent in using the new system and staff confirmed this. The medicines records we checked during the inspection were accurate and up-to-date.
- We identified some ways in which medicines management could be improved, such as more regular checks on stocks of medicines held in the home. We discussed this with the registered manager, who implemented these measures straightaway.

Preventing and controlling infection

- Staff helped people keep their home clean and maintained appropriate standards of infection control. Staff attended infection control training in their induction and used personal protective equipment, such as gloves and aprons, when necessary.

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

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; Staff support: induction, training, skills and experience

- People's needs were assessed and reviewed regularly to ensure they received the right support.
- Care was delivered in line with relevant national guidance. Staff had access to an induction and appropriate training, which was primarily delivered by the provider's in-house training team. Staff were expected to complete the Care Certificate, which is a set of nationally-agreed standards that health and social care staff should demonstrate in their work.
- Agency staff received mandatory training, such as moving and handling and health and safety, from the agency which employed them.
- The induction and information about people's needs provided to agency staff had improved. An ASM told us, "If the agency sends new staff, we make sure they have an induction before they start working. They read the care plans and observe how we work with the service users." This was confirmed by a member of staff, who said, "I had an induction first and I spent a week on day shifts shadowing before I did anything with the clients on my own."
- A relative told us they had seen an improvement in the knowledge and skills of the agency staff deployed. The relative said, "They are training the agency staff to what is required and from what I have seen this seems to be making things better."
- The registered manager had introduced regular supervision for staff, which provided opportunities to discuss their performance and development. The registered manager had carried out a supervision with each member of staff when they took up their post to explain their vision of how the service could be improved. Since then, ASMs had assumed responsibility for the supervision of care staff.

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

- Staff supported people to maintain good health and to access healthcare services when they needed them.
- A health action plan had been developed for each person which detailed their healthcare needs and the support they required to maintain good health.
- We saw examples of how staff working with healthcare professionals had resulted in positive outcomes for people. One person had been referred to an occupational therapist and a physiotherapist as staff had observed a reduction in their mobility. The occupational therapist's assessment had led to a new bed, armchair and wheelchair being obtained for the person, which had improved their safety, comfort and well-being.
- Another person had been referred to the falls team for assessment after suffering several falls. Staff also arranged an outpatient orthopaedics appointment to ensure that the person had the correct equipment for

their needs.

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

- People were consulted about what they ate and were encouraged to participate in meal preparation. A member of staff told us, "People are given choices around food and the people that are able to get involved." Another member of staff said, "We offer people visual options of the food choices and we encourage them to help prepare food." We observed that staff encouraged people to choose and prepare their lunch during our inspection.
- Risk assessments were carried out to identify any risks to people associated with eating and drinking. If people had specific dietary needs, support plans had been developed to meet these.
- Staff had worked with professionals to ensure people were supported to maintain and improve their nutrition. One person had found it difficult to maintain a healthy weight, which potentially put them at risk. Staff had arranged a speech and language therapy assessment and sought the advice of the person's GP. Following the assessment, staff implemented the speech and language therapist's guidance about preparation of the person's meals. This had resulted in an improvement in the person's nutrition and a healthy increase in their weight.

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.

- People's care was provided in line with the MCA. Staff supported people in the least restrictive way possible and any restrictions involved in people's care had been legally authorised.
- Staff received training on the MCA and understood how this applied in their work. Staff told us they always sought people's consent before providing their support and our observations confirmed this.
- People were supported to make decisions about their care. We saw that staff encouraged people to make choices in their day-to-day lives.
- The provider had identified and recorded the support people needed to make decisions about their care. The PIR stated, 'Each person....has a decision-making profile that details the level of support they will require [to make decisions].'
- Where necessary, assessments were carried out to determine whether people had capacity to make informed decisions about their care. If people needed support when decisions about their care were being made, we saw evidence that relevant people had been consulted to ensure the decision was made in the person's best interests.

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

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

At our last inspection we made a recommendation because people's experience of care was affected by a lack of consistency in staffing. People were often supported by agency staff who did not know them or their needs well. Some of the agency staff on duty did not engage or communicate with the people they were supporting. At this inspection we found the provider had made improvements.

Ensuring people are well treated and supported; equality and diversity

- People were supported by a consistent staff team who knew them and their needs well. Staff engaged with people positively and proactively, sharing conversations and encouraging communal activities.
- People told us they liked the staff who supported them and got on well with them. People who did not communicate verbally showed in their expressions and behaviours that they enjoyed the company of staff. A member of staff told us, "I have a really good relationship with [person] and he seems happy around me when we are spending time together."
- A relative told us that the attitudes demonstrated by staff had improved, which had benefited their family member. The relative said, "Whenever I see staff with [family member] they are kind, caring and considerate. This has improved hugely recently and I am really impressed with [ASM] and [registered manager] for turning this around."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff treated people with respect and maintained their dignity. We observed that staff offered people choices and respected their decisions. People told us that they could have privacy when they wanted it. Staff said they always knocked on people's doors before entering and the practice we observed confirmed this.
- The support people received to develop their independence had improved. The registered manager said staff now focused on supporting people in a way which maximised their independence. The registered manager told us they had encouraged staff to, "Do things 'with' people, not 'for' them."
- We saw examples of how people had been encouraged to increase their independence, including people preparing meals with staff and being more involved in managing their medicines.
- A relative told us, "I have seen a change in the attitudes of staff. They seem to be more involved with people and encouraging them to be active and independent."
- People were supported to maintain relationships with their friends and families. Some people's relatives visited regularly and some people were supported by staff to contact their families.
- Staff ensured that people's families were kept up-to-date about their family members' lives. A relative told

us, "[ASM] 'phones me to tell me what is happening with activities or if [family member] is going out for the day and she shows me pictures of the trips they have had."

- People were supported to celebrate important events in their lives. One person told us they were looking forward to their birthday party the following day to which they had invited their family and friends.
- People's religious and cultural needs were known and respected. One person told us they were supported by staff to attend church on Sundays.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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

At our last inspection people did not have sufficient opportunities to take part in meaningful activities. People's planned activities often did not take place because there were not enough drivers on the staff team. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 9.

- People had regular opportunities to go out and to take part in activities of their choice. Day trips were arranged every other weekend and people told us they had enjoyed recent trips to the coast and to Windsor. Some people attended day centres several days a week and others attended activities such as hydrotherapy. Regular in-house activities, such as music, had been arranged and people were supported to eat out or go shopping if they wished.
- Staff and a relative told us the registered manager and ASMs worked hard to ensure people had access to activities, doing much of the driving, including at weekends. A relative said, "They are getting out much more, which is really good. The two of them [registered manager and ASM] work really hard." A member of staff told us, staff member "Since [registered manager] has been here, things have changed for the better. People are going out more and going to day services." Another member of staff said, "Activities have improved a lot. The residents look much happier; the smile is always there now."
- People's support plans were person-centred and individualised. They contained information about people's strengths and needs, life histories, interests and ambitions.
- The registered manager and staff had increased people's involvement in developing their support plans to ensure they were meaningful to people. One person used their support plan and the photographs in it to show us activities they enjoyed and important people in their lives.

End of life care and support

- The provider's care planning system included end-of-life care and people were asked whether they wished to record their wishes about this aspect of their support.
- Where end-of-life care plans were in place, these contained personalised information about people's wishes and preferences.

Improving care quality in response to complaints or concerns

- The provider had a procedure which set out how complaints would be managed. There had been four complaints in the previous 12 months, all of which had been investigated and resolved. Any shortfalls identified through complaints had been addressed and improvements achieved as a result. A relative told us that any issues they raised had been resolved promptly. The relative said, "[ASM] is very responsive, she always sorts out any issues that I report to her."
- In April 2019 an anonymous complaint about the home was submitted to CQC and the local authority. The provider investigated the concerns raised when asked to do so and provided a report of their investigation, which demonstrated that the complaint was not upheld.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and an individual 'communication profile' developed to meet these needs.
- Care plans contained guidance for staff about how to meet people's communication needs, including if they did not communicate verbally or had sensory loss. For example, there was a 'Vision passport' in place for a person who had a visual impairment.
- Staff used a variety of methods to support people to make decisions about their care, including photographs, symbols and objects of reference.
- Further training was arranged if necessary to enable staff to communicate effectively with people. For example, training in Makaton had been arranged for staff as one person used this method of communication.
- Information such as the complaints procedure and people's tenancy agreements was available in an accessible format.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

At the last inspection we rated this domain 'Requires improvement' as the provider had not taken sufficient action to address concerns raised about staffing and the subsequent negative effects on people living at the home. At this inspection we found improvements had been made.

- The management oversight and monitoring of the service had improved, which had benefited people who lived at the home and staff. A relative told us, "Since [ASM] and [registered manager] have been here things have been so much better. Both have made efforts to make people's lives more enjoyable."
- The registered manager had taken up their post in October 2018 and completed their registration with CQC shortly before our inspection. The registered manager understood their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.
- There were three permanent assistant service managers (ASMs) in post, each of whom was responsible for one of the three bungalows. The registered manager and ASMs met regularly to review and plan the support people received. An ASM told us these meetings were used to discuss, "Any updates from managers meetings, team meetings, any plans about how to improve, how improvements have been working."
- The management support provided to staff had improved. Staff told us the registered manager and ASMs were approachable and supportive. One member of staff said, "[Registered manager] is a very supportive manager." Another member of staff told us, "I feel supported by the managers here. I feel we are close and I can tell them when I have any issues."
- The registered manager had introduced team meetings, which staff told us were useful. The minutes of these meetings showed the registered manager and staff had discussed health and safety, medicines safety, people's support plans, handovers, team work and training,

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

- The provider's quality monitoring process included seeking feedback from people who lived at the home and their families. People were supported to express their views using their individual methods of communication.

- Staff told us they were encouraged to give their views about the care people received and how this could be improved. One member of staff said, "[ASM] is very good. She will ask me what is happening in the bungalow, she actively asks me for my opinion on how we may improve."

Continuous learning and improving care; Working in partnership with others

- Communication between staff and accountability for people's care had improved. Staff said they always received a handover at the start of their shift to ensure they were up-to-date about any issues affecting people.
- There was a shift plan in each bungalow that detailed which staff were responsible for ensuring people received the support they needed. The home had a Continuous Improvement Plan, which was regularly reviewed and updated.
- Staff told us the improvements in management support, communication and planning had improved morale. One member of staff said, "The staff mix is very good now and we all work well together." Another member of staff told us, "We always work as a team. I am happy to be working here."
- Staff had developed effective working relationships with professionals involved in people's care, such as GPs, community nurses and speech and language therapists.
- The registered manager met with other managers of care services operated by the provider to keep up-to-date with good practice and developments in the care sector. The registered manager had access to updates from relevant bodies in the sector, such as The National Institute for Health and Care Excellence (NICE) and Skills for Care.