

Accomplish Group Support Limited

Wyboston Lodge

Inspection report

123 The Lane
Wyboston
Bedford
MK44 3AS

Date of inspection visit:
17 December 2019

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29 January 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

About the service

Wyboston Lodge is a residential care home that was providing personal care to four people at the time of the inspection. The care home accommodates up to four people who have a learning disability in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can 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, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Risks had been identified but not all risk assessments were in place to ensure the risk was minimised appropriately. Medication protocols for medication prescribed to be administered as required did not provide staff with detailed information about when to administer the medication. The storage area for the medication was recorded to be above the recommended levels. The registered manager was taking action to reduce the temperature to ensure medication remained effective.

Staff had an understanding of safeguarding procedures and knew who to contact if they needed to report any concerns. There were enough staff deployed to support people, so people were not at risk of harm. There was a system in place to learn lessons from incidents or accidents.

Care plans were in place which guided staff to provide support that met people's needs which were in line with their preferences.

Leadership of the service was good. Quality assurance systems were in place, the management team always worked collaboratively with external health and social care professionals. People, relatives and others were asked for their views about the service. Staff felt their views were listened to.

Staff received a suitable induction, training or support to ensure they were able to effectively meet people's needs.

People told us that staff were caring and kind and that they tried to do their best for the people they were supporting. People were comfortable with the staff and enjoyed their company.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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.

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

Why we inspected

This service was registered with us on 14 January 2019 and this is the first inspection. This was a planned inspection based on our methodology.

Follow up

We will continue to monitor information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Wyboston Lodge

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Wyboston Lodge is a 'care home'. People in care homes receive accommodation and 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

We carried out the inspection visit on 17 December 2019. We gave the service four hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at the service to speak with us. It also gave staff the time to discuss our visit with the people to reduce their anxieties.

What we did before inspection

We looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider must let us know about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We

used all of this information to plan our inspection.

During the inspection

We saw how the staff interacted with people who lived at the service. We spoke with two people who lived there. We spoke with four members of staff: one senior support worker, three support workers and the registered manager.

We looked at one person's care records, as well as other records relating to the management of the service, such as internal audits and the service improvement plan.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Profiles for medication given as required or directed did not provided staff with detailed instructions on how and when to administer the medication. The only instruction available was 'as directed' or 'as required'.
- Temperatures of the storage area were at times recorded higher than the recommended guidelines. The registered manager told us they would ensure that measures were put in place to reduce the temperatures to ensure that medication remained effective.
- Staff had undertaken training in medicines administration and had their competency checked yearly.

Assessing risk, safety monitoring and management

- Whilst risks had been identified, detailed information on how to reduce the risk was not in place. For example, one person was at risk of choking and staff were able to explain how the risk could be reduced. However, this had not been recorded in the person's risk assessment
- Staff undertook regular checks of all equipment and systems in the service, such as the fire safety awareness system, to make sure people, staff and visitors to the home would be safe. Staff had completed a personal emergency evacuation plan (PEEP) for each person so that emergency services would know how to support them in the event of a fire. All staff had received fire safety training, had been part of a fire drill and knew where the PEEPS were located.

Systems and processes to safeguard people from the risk of abuse

- People's facial expressions and body language told us that they felt safe and comfortable with the staff.
- Systems were in place to protect people from abuse. Staff understood what to look out for and who they should report any concerns to. One member of staff said, "I would always report any concerns to [name of registered manager]. I have confidence that action would be taken."

Staffing and recruitment

- Staff told us that most of the time there were enough staff on duty to meet people's needs and keep them safe. One member of staff told us, "Staffing levels are pretty good. We do use agency and bank staff when needed."
- The provider's recruitment process ensured as far as possible that new staff were suitable to work at Wyboston Lodge. Prospective staff underwent an interview process. A member of staff told us about the pre-employment checks, such as references, proof of identity and criminal records checks through the Disclosure and Barring Service.

Preventing and controlling infection

- People were protected from the risk of infections, staff received training and followed guidance.
- Systems were in place to ensure infection control was sufficiently managed.
- The laundry room was quite small limiting people undertaking their own washing. The registered manager told us that plans were being put in place to create a larger room. Although no timescale was yet in place.

Learning lessons when things go wrong

- The registered manager reviewed incidents and events. Staff confirmed that any learning was discussed with them at staff meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The registered manager ensured that staff delivered up to date care in line with good practice and that the service had equipment available that would enhance people's care and promote independence.
- Everyone living at the service had been in residential care for over ten years. The registered manager told us they would always complete a thorough assessment before they would admit a new person, this would also include a transition period of short stays. This would be to ensure the person would be as compatible as possible with people already living at the service.

Staff support: induction, training, skills and experience

- Staff were satisfied that they had received enough training so that they could do their job well and support people effectively. One member of staff said, "We do a lot of training which helped us to do our job well."
- Staff felt well-supported by the registered manager and each other.

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

- Staff supported people each week to decide what they wanted to eat each day. People could choose an alternative if they wanted to.
- Staff knew each person's likes and dislikes and told us these could also be found in each person's support plan. Staff also joined people at mealtimes, which encouraged people to eat.

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

- Staff worked with a range of community professionals to maintain and promote people's health, and supported people to attend appointments where required.
- Staff worked with local hospitals and provided additional support to people in hospital if they needed it.
- Staff had a good understanding of people's health needs, which resulted in positive outcomes for them.

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

- People's rooms were personalised to their own tastes.
- There was a plan in place for re-decoration of communal areas, including the kitchen and the laundry room.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew how the MCA and DoLS applied to their work. One member of staff said, "We always assume capacity unless we're told otherwise. We spend time with people who lack capacity, so they are given the opportunity to make their own choices."
- Staff talked to each person about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff and the registered manager knew the people they were supporting well. Staff responded to people's communication such as signs, gestures and vocalisations. Staff knew what these meant, and people were happy and relaxed being supported by the staff team.
- Staff knew people's likes and dislikes and respected these.
- People were supported and treated with dignity and respect; they were involved in making decisions about their support.
- People's care plans and daily records were written in a respectful manner.

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

- People were allocated a keyworker to help them express their views and check they were happy with the support they were receiving. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.
- People's views were sought daily, and they had choice and control in their daily lives.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and that no one entered their room without knocking first and being invited in. Some people chose to spend periods of time alone in their bedrooms. One staff member said, "I always knock before entering someone's room and check that it is ok to go in."
- People were encouraged to be as independent as their abilities allowed.
- Special occasions were celebrated with people, including their birthdays.
- There were no restrictions on visiting times and family members were free to visit at any time.
- People were supported to maintain important relationships.
- Staff were seen to support people in a calm and measured way when they became anxious.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans which detailed their care and support needs and staff knew people well. In addition to the care plans a one-page profile was available to give staff a brief overview of people's needs.
- Staff were passionate about supporting people in a person-centred manner. One staff member said, "We like to make time for people. We put their wants and needs first."

End of life care and support

- The provider had an end of life policy in place and people could remain at the service at the end of their life if this was their wish

- People's end of life wishes had not been discussed with them or their families

The registered manager told us they would start to talk to people and their families about end of life wishes and ensure these were recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people were unable to communicate verbally and were supported to communicate using signs, pictures and symbols.
- Staff had a good understanding about how people communicated and used this knowledge to support people to make choices and have control over their care and lifestyle.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to take part in a wide variety of activities of their choosing. One person liked to go out for a drive in the country side most days.
- The registered manager and staff team encouraged people to take part in groups in the community. Records showed people accessed a range of activities, which included pub lunches, arts and crafts and shopping. People also had the opportunity to go on holidays if this was their choice.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. There was also an easy read version available for the people living in the service.

- Staff told us told us no formal complaints had been received about the service since the service was registered. Staff told us they discussed any concerns people had when they reviewed their care and support plans.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a registered manager and they were supported by an area manager, a deputy manager and senior care workers.
- People and staff said the registered manager was approachable and accessible and were confident they could raise issues which would be dealt with.
- The registered manager and staff team were passionate about supporting people in a person-centred manner. Our observations during the inspection showed that staff knew people well and always ensured that people were happy with their care and support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager reported information to the local authority or CQC appropriately.
- Staff knew what to do in an emergency such as a fire or staff shortage. Detailed instructions were in place for staff to follow in these circumstances.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a system in place to monitor the quality of the service. Audits of the service had been undertaken. Action had been taken or was in progress.
- The registered manager analysed incidents and accidents. Staff told us that these were also discussed at staff meetings to discuss any learning. This meant that measures to prevent recurrence had been put in place.
- The provider said that there was good leadership in place at the service. Staff confirmed that the registered manager was a good leader. Staff reported that a caring culture had developed in the service and they all felt able to speak to the management team if they had any concerns.
- Staff felt supported by the management team.

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

- The registered manager encouraged people, their relatives and the public to express their views about the running of the service and the quality of the service being provided.
- An annual survey had been conducted but the results were not yet available.

- Staff told us that they had staff meetings and felt their views were listened to.
- The registered manager had developed links with the local groups. People were involved in the local community.

Working in partnership with others

- The staff team worked in partnership with a range of external professionals and agencies, such as the GP and the local authority, to ensure that people received joined-up care.