

Our House Waingroves Limited

243 Church Street

Inspection report

Our House Waingroves Limited
243 Church Street, Waingroves
Ripley
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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

243 Church Street 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.

This is the first inspection since the provider registered this location on 1 November 2017. The service had been in operation for five months at the time of this inspection.

243 Church Street is registered to accommodate five people with a learning disability and associated conditions in one adapted building and provides personal care. There were two people using the service at the time of our inspection. Both people had their own bedroom with ensuite wet rooms. There was also two communal bathrooms, a communal lounge, sensory room, conservatory and large dining kitchen that they could access and a secure outdoor garden space.

243 Church Street met the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received support from sufficient numbers of trained staff who were available to meet their individual needs. People received support from staff who understood their role in protecting them from the risk of harm and reporting any concerns. People were supported to keep safe as environmental risks were assessed and managed. People could spend time doing things they enjoyed because they were supported to take reasonable risks. People were supported in a safe way to take their prescribed medicine. The staff's suitability to work with people was established before they commenced employment. Staff supported people to keep their home clean and systems were in place to guide staff on the prevention and control of infection.

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. People and their representatives were involved in their care to enable them to make decisions about how they wanted to receive support in their preferred way. People received a balanced diet that met their preferences and assessed needs. People were supported to access healthcare services and received coordinated support, to ensure their preferences and needs were met.

Staff knew people well and understood the support they needed and their preferences on how this support was delivered. People were treated with consideration and respect by the staff team and they were supported to maintain their dignity. People were supported to maintain relationships with those who were important to them; such as family and friends.

People were supported to maintain their interests and be part of their local community. The manager and staff team included people and their representatives in the planning of their care. There were processes in place for people and their representatives to raise any concerns about the service provided.

People and their representatives were consulted and involved in the ongoing development of the service. Staff were clear on their roles and responsibilities and felt supported by the management team. The provider understood their legal responsibilities with us and systems were in place to monitor the quality of the service, to enable the registered manager and provider to drive improvement.

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.

Risk associated with people's care and support were managed safely whilst promoting their independence. Staff could recognise any signs of potential abuse and were clear about their role in safeguarding people from harm. People were supported to take their medicines as prescribed and safe practices were followed to reduce the risk of errors. There were enough staff available to support people in an individualised way. Recruitment checks undertaken prior to employment were thorough to ensure staff were suitable to support people.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were skilled in meeting their needs and received on-going training and development to enable them to deliver effective support that met people's individual needs. People's rights to make their own decisions were respected and they were supported in the least restrictive way possible. People were supported to maintain a diet that met their requirements and preferences. Staff supported people when they accessed health care services and their health was monitored to ensure any changing needs were met.

Is the service caring?

Good 

The service was caring.

Positive relationships existed between people who used the service, their relatives and the staff team. People were supported by staff to be as independent as possible, to enable them to live the life they chose. People's rights to privacy and dignity were valued and respected. The service had a person-centred culture that focused on the promotion of people's rights to make choices and live a fulfilled life which resulted in people being valued and treated as individuals. People's right to

confidentiality was respected.

Is the service responsive?

Good ●

The service was responsive.

People received support that was responsive to their individual needs and promoted their autonomy. The management and staff team placed a strong emphasis on ensuring people's needs and wishes were central to the support they received. This was achieved by working in partnership with people and their representatives and enabling people to understand and communicate their wishes and needs. The complaints policy was accessible to people and their representatives and complaints were addressed in a timely way.

Is the service well-led?

Good ●

The service was well led.

There was a strong commitment to deliver personalised care to people. The culture of the organisation was open and people who used the service, their representatives and the staff team were included in the development of the service. The quality assurance processes in place ensured the safety of people and quality of the service was continuously monitored to drive improvement.

243 Church Street

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 comprehensive inspection took place on 16 October 2018 and was announced. As this is a small service, the manager was contacted at 4pm on the day before the inspection. This was to check that staff and people that used the service would be available for the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was also informed by other information we had received from and about the service. For example, information from the local authority who commission services for people. We also looked to see if the provider had sent any statutory notifications. A statutory notification is information about important events which the provider is required to send to us by law. We used all this information to formulate our inspection plan.

During the inspection, we spent time observing care in communal areas and saw how the staff interacted with people who used the service. We also spoke with the registered manager, the nominated individual and three members of the care staff team. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at support files of both people that used the service, to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited and the training and support they received. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

Neither of the people that used the service could verbally express their views regarding the support they received. Our observations throughout the day demonstrated that they were relaxed with the staff that supported them. We looked at the recent comments the registered manager had received from the relatives of both people and we saw these were positive regarding the safety of their relations. One had written, 'I feel [Name] is safe, there is a lot of empathy and a relaxed atmosphere.'

Staff were clear on what constituted abuse or poor practice, and systems and processes were in place to protect people from the risk of harm. Staff knew how to recognise and report potential abuse to keep people safe. One member of staff told us, "If I had any concerns at all I would speak to the manager, they are always available and very supportive. I am confident they would inform safeguarding if there were any concerns."

The provider had recognised the risks people faced due to their learning disability and associated autistic spectrum disorder. The provider used a nationally recognised tool to support people in managing their behaviour. People had risk management plans in place and these were rated according to the level of risk identified. Where identified risks were high these were recorded in red with lower levels of risk recorded in green. This alerted and provided guidance to staff, along with information about how to mitigate these risks. We saw these proactive measures minimised identified risks. For example, we saw that staff supported people to follow their routines and preferences. This reduced the risk of the person becoming anxious or upset. One member of staff told us, "[Name] doesn't have a set time when they get up. Some days it's early and other days they might decide to have a lie in. When they do get up, they have a very set routine of having a shower, then their breakfast. As soon as they have finished we must be ready to go out with them. They would get upset if they had to wait, so we have to be very organised and ready to go when they are."

Safer support plans were also in place that identified any environmental or health risks for the person. For example, both people needed support when using the kitchen as they did not understand the dangers of appliances in the kitchen. We saw staff followed information within support plans to minimise risks to people, such as emptying the kettle when drinks had been made. One person could not drink from glass receptacles as they tended to bite down when drinking; therefore, plastic ones were used to maintain their safety. Staff understood people's level of risk and could communicate with them in a meaningful way that promoted their safety.

People were supported to keep safe in the event of a fire or other emergency that required their home to be evacuated. Plans were in place to support staff in responding to emergencies, such as personal emergency evacuation plans. The plans were updated at regular intervals and provided information on the level of support the person would need in the event of fire or any other incident that required their home to be evacuated. A grab bag was also in place with essential information for use in the event of an emergency.

Staff enabled people to achieve a fulfilling life whilst keeping them as safe as possible. Both people that lived at the home received varying levels of support that was dependent on their assessed needs. Both

people were supported by a consistent staff team that knew them well. Staff could tell us about the people they supported and this reflected what we read in their support plans. Throughout our inspection visit we saw that staff had time to meet people's needs and to interact with them individually, without rushing and at a pace that suited them.

The provider checked staff's suitability to work with people before they commenced employment. The provider and registered manager were passionate about ensuring that staff with the right attitude and values were employed at the service. In the provider return the registered manager had written, 'Our staff recruitment is value based. Staff members are recruited based upon their values matching our service values.' Staff told us they were unable to start work until all the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

We looked at how staff supported people to take their medicines. The provider had processes in place to receive, store, administer, and dispose of medicines safely. Both people that used the service required support to take their medicine. Staff confirmed and we saw they had undertaken training to enable them to support people safely. Medicine administration records (MAR) were kept and staff signed when people had taken their medicine. We checked the medicines against the MAR and they corresponded. This showed us that people had received their medicines as prescribed. A protocol was in place for staff to administer medicines that were taken 'as required'. This provided staff with clear guidance on when 'as required' medicines should be given.

The home was maintained to a good standard and was kept clean. Both people that used the service were supported by staff to keep their home clean to ensure hygiene standards were maintained. Staff confirmed a cleaning schedule was in place and told us this was undertaken each day. The registered manager completed audits of infection control and health and safety to ensure any areas for improvement had been identified and action taken as required.

We saw that continuous monitoring was in place to ensure accidents or incidents were reviewed and actions taken as needed. The provider's systems enabled the registered manager to look for any patterns or trends; to enable them to act as needed. For example, it had been identified that one person needed prompt pain relief when they experienced acute pain; to shorten episodes of pain and reduce their anxiety which caused them to demonstrate behaviours that put them at risk of harm.

Is the service effective?

Our findings

People received support based on their preferences and diverse needs. People's needs were assessed using nationally recognised assessment tools and best practice guidance such as needs associated with positive behaviour support. This meant people could be assured their needs were effectively managed and monitored. Comments received by the provider from relatives and visiting professionals were positive regarding the support provided by the staff team. One relative had written, "[Name] is well cared for. The staff have [Name's] best interests at all times." A visiting professional also commented that the two people that used the service were happy and well cared for. Discussions with staff demonstrated they had a good understanding of people's needs and received the training required to support people. One member of staff said, "The training is really good and comprehensive." Another member of staff said, "The training was very good and covered everything I needed including training in autism. I have completed the care certificate which was really good and I am going to start my health and social care diploma at level 3 in January." The care certificate sets out common induction standards for social care staff to enable new staff to provide people with safe, effective, compassionate and high-quality care.

Staff confirmed they received ongoing support and this included formal supervision sessions. One member of staff told us, "It's a fantastic place to work. The support is brilliant. I don't really feel like I'm coming to work. We are like a family the manager is great. I had support with care certificate as well." Another member of staff told us, "I absolutely love it here. The team work is brilliant and the management are really supportive and approachable."

People were supported to choose their food and drink. We saw that the staff had a good knowledge of people's preferences and the support they needed to maintain a balanced diet. Meals were planned taking into account people's preferences. Risk assessments were in place regarding people's nutritional needs. Neither people that used the service required a specialist diet. Food diaries were completed to ensure that both people ate and drank enough to meet their needs.

When people moved into the home they were supported to do this in a way that met their individual needs. For example, for one person it had been identified that transitional visits before moving into the home would not support them; as they would not understand it was their new home or understand why they were there. They did need staff from the home to spend a lot of time with them before they moved in, to enable them to get to know the staff and the staff confirmed this was done. This demonstrated that the provider worked with the people to ensure their individual needs were met when they moved between services.

People were supported to access health services and appointments were recorded. A health assessment checklist for people with learning disabilities was used to assess people's health needs and enable them to receive the right support and services. It had been identified by staff that one of the people that used the service was experiencing episodes of acute pain in their gums and teeth. The registered manager was working with the person's relative, GP and dentist to investigate the cause of this pain and we saw pain relief medicine was prescribed to support the person. In recent feedback to the provider the person's relative had

written how happy they were with the support their relation received and said that in the short time they had been at the service the staff team had already identified that they needed to see the dentist. This demonstrated that people were supported by staff that had the skills to identify when they were in pain and when health intervention was needed. The registered confirmed that the local community learning disabilities team would be accessed to support people with their health care needs when this was required.

243 Church Street is a domestic style house that had been adapted to ensure regulations were met such as fire safety; this included a fire alarm panel and firefighting equipment and a sprinkler system in place to minimise the risk of fires. The two people living at 243 Church Street were independently mobile and did not require any equipment or specialist aids to support them with their mobility. We saw that some adaptations were in place to support people and maintain their safety. For example, one person who was severely sight impaired had padded walls around their bed. This was to ensure they did not injure themselves as they liked to sit and bounce on their bed. They also had monitoring equipment in place in their bedroom; as they required staff support during the night if they woke. Each bedroom had an ensuite shower room and we saw there was a bathroom on each floor for people to use. One of the bathrooms had a jacuzzi air bath that was suitable for people with reduced mobility. A sensory room was also available for people to access as they wished. There was a split-level garden with a ramp to enable people with reduced mobility to access all areas.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 were being met.

The registered manager confirmed that both people that used the service lacked the capacity to make some decisions and we saw that assessments were in place regarding the support each person needed in making specific decisions, such as managing their finances, taking their prescribed medicines and the daily support and supervision, they received which included accessing the community. Both people had restrictions placed on them as they needed support for their safety. An application to lawfully restrict their liberty had been made and these had been approved. Staff confirmed they were provided with training to support their understanding around the Act. We saw that people were supported as needed to make choices throughout the day, such as how they spent their time and what they wanted to eat and drink. Support plans seen demonstrated that people were encouraged and supported to be involved in decisions about their lives and what they wanted to achieve. This was done through evaluating each activity the person took part in. One member of staff told us, "By doing this we can assess if they have enjoyed the activity and if there is anything we could amend or change to make it more enjoyable for them."

Is the service caring?

Our findings

The provider had a person-centred culture that focused on the promotion of people's autonomy and rights. This was achieved by ensuring people could communicate their needs and preferences. As both people that lived at the home used non-verbal methods such as sign language, gestures and objects of reference this was reflected throughout their support plans. We saw that staff had a good understanding of these communication methods and could communicate well with people.

Although both people were unable to verbally confirm to us that they were happy at the service, we saw a positive and caring approach was provided by the staff team and both people were relaxed in their company. People were supported to live a fulfilling life. For example, we saw staff supporting people with their planned activities and being attentive to their needs.

People were encouraged to maintain control over their lives and daily activities. Both people were supported by an independent mental capacity advocate at the time of our inspection. Advocates are trained professionals who support, enable and empower people to speak up.

Staff supported people with dignity and respect. For example, we saw people could spend their time as they chose; either at home or in the community. One member of staff told us, "We are led by what they want to do. Today [Name] doesn't want to go out. I have suggested we go out but they don't want to. It's their choice and if they change their mind later we will go out then." We saw that this person did change their mind later in the day and the staff supported them to go out.

Both people were supported to maintain relationships with people that were important to them, such as family and friends. One member of staff told us, "On [Name's] Birthday the people that they used to live with came to visit them." We saw that both people had regular contact with their relatives who were fully involved in the reviews of their relations care. Staff told us they had positive relationships with people's relatives. One person's parents were also the providers of the service. A member of staff told us, "We have an excellent relationship with both people's parents. We are like one big family. The communication is good between all of us. The providers visit regularly, so they get to see [Name] a lot but [Name] visits them at home too. Both of the people we support have regular contact with their families."

We saw that people's support plans and staff's personal files were stored securely and computers were password protected. This meant that confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed.

Is the service responsive?

Our findings

The registered manager and their staff team were passionate in ensuring people's social inclusion in meaningful recreational and social opportunities was promoted. Both people had difficulty managing sensory information and environments that were noisy or crowded and this could affect their behaviour and sense of wellbeing. We saw they were supported to manage this through activities and environments with low stimulus when this was needed. People were supported to participate in activities they enjoyed such as accessing community facilities such as swimming at the local leisure centre, walks in the countryside and meals out. We saw that people's sensory needs were also met through the facilities available within their home, such as the jacuzzi air bath and sensory room.

The registered manager and staff team understood the importance of working with people at their own pace. For example, one person had difficulty transitioning from one activity to the next. On the day of the inspection we saw this person wished to remain in the car, after returning from an activity. The staff had a good understanding of this person's needs and sat with them until they were ready to come into the home. One member of staff told us, "Sometimes this happens and we just work at [Name's] pace until they are ready." This benefited the person's well-being as it enabled them to be in control of their life and promoted their choice making ability and ultimately their quality of life.

We saw positive comments within reports from visiting professionals regarding the support and service provided to people. For example, one had written that they were extremely impressed with the person-centred approach that was in place at the home and the way staff worked with people to identify their potential.

We saw the provider ensured people were protected under the Equality Act 2010 and the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. Communication plans were in place within people's support files that provided detailed information on how people communicated their needs and preferences. We saw that people were enabled to make decisions regarding the support they received as staff ensured this information was provided in an accessible format for them. This included easy read and the use of sign language and touch. For example, for the person with severe sight impairment, the staff communicated with them through signing on their hand and through objects of reference which they held and by smelling things, such as food to make choices. We saw that support plans were developed with the person and their relatives and these were detailed, personalised and up to date.

A complaints procedure was in place and this was included in the information given to people and their representatives when they started using the service. Information was also available on the provider's website and this included an easy read document all about the service and how to raise any concerns. We saw a system was in place to record complaints received and the actions taken and outcome. At the time of the inspection no complaints had been received. Staff told us they would report any concerns to the registered manager. As reported under the Effective domain, a system was in place to record how people

responded to daily activities; to enable the staff team to adapt or change an activity to suit the person when needed. In this way the staff team advocated for people; to ensure their voices were heard and the support they received met their preferences.

Although the provider was not supporting anyone with end of life care; we saw information had been gathered about people's wishes regarding their preferences when they came to the end of their life; this had been done in consultation with family members, such as how people wanted to be supported and receive care at the end of their life.

Is the service well-led?

Our findings

The management and staff team were passionate and dedicated to providing a service that promoted people's autonomy. This was reflected in our observations on the day of the inspection. We saw that both people were comfortable with the staff that supported them. For example, people were interacting and smiling with staff using their preferred communication methods. Staff responded in a friendly and professional way and told us they enjoyed working at the service. One member of staff told us, "This is the best place I have ever worked." Another said, "It's a lovely place to work."

Staff told us they were listened to and felt valued by the management team and providers. Staff had a good understanding of their role and responsibilities. The provider understood the importance of ensuring staff had the right skills and knowledge to support people to develop their life skills and promote their autonomy. A clear allocation of staff duties ensured that shifts were well organised and staff understood what was expected of them each day. We observed all designations of staff working well as a team.

Staff understood their right to share any concerns about the care at the home and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. Staff felt able to raise any concerns with the registered manager and were confident that they would be addressed. Staff told us they would not hesitate to raise concerns and felt they would be protected by the whistleblowing policy.

The provider and management team sought feedback from people, their family members, visiting professionals and the staff team, regarding the management of the home and we saw this feedback was positive. Comments in staff surveys included, 'I feel really proud to work here and valued by my employer. We communicate well with each other.' And, 'I am proud and honoured that I have been chosen to work here.' Staff confirmed they were also supported to express their views through team meetings and minutes were in place to evidence that these took place.

There were organised, effective systems in place to monitor and improve the quality of the service. The management team conducted a comprehensive programme of regular audits that covered all areas of support and quality. These audits were effective in identifying areas for improvement. We saw where issues had been identified actions had been recorded and signed when completed. For example, the medicines audits demonstrated that actions had been taken to ensure regulations were fully met. An easy read version detailing people's rights regarding taking medicine had been developed. It had been identified that although staff who administered medicine had received training; their competency in administering medicine had not been assessed. An action was put in place to ensure this was done and was completed by the registered manager.

We saw that regular quality meetings were undertaken by the provider and registered manager, Records seen demonstrated that where areas for improvement or development had been identified these were addressed. This included plans to support the people that used the service to celebrate seasonal events, such as Halloween and Christmas. A Halloween party was planned and people's family members had been

invited.

The environment was maintained to a safe standard. The maintenance records showed that all the equipment used was serviced and maintained as required to ensure it was in good working order and safe for people to use.

The registered manager understood their responsibility around registration with us and confirmed they would send us notifications when significant events had occurred within the service; so that we could check appropriate action had been taken.

The registered manager ensured that people received the relevant support from other agencies as required. This demonstrated they worked in partnership with other organisations.

The ethos of the provider and staff team was to promote an open and honest culture that focussed on clear communication and continuous improvement, to ensure the best outcomes for people were continuously achieved. This was reflected in the provider's PIR which stated; 'We strive to develop an enabling culture that values everybody's contribution and promotes non-judgemental practices with people; no matter how severe their disability to enable them to lead the life they wish.'