

Wishing Well Care Limited

Waters End

Inspection report

4 Waters End
Barwell
Leicester
Leicestershire
LE9 8EL

Tel: 07976150345

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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

About the service

Waters End provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. This inspection looked at the personal care and support provided to the two people that were using the service.

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

Sufficient staff were available to support people and they were safeguarded from harm, by trained staff who understood their role in reporting any concerns. Risk assessments were undertaken to minimise risks and keep people safe. People received their medicines when needed and recruitment checks were completed prior to employment. People were supported to keep their home clean.

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. People were supported to take reasonable risks which enabled them with opportunities to lead a full life. People spent their day as they preferred and were supported to take part in social activities of their choice to enhance their well-being.

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. Staff understood the support people needed to make decisions when they were unable to make specific decisions independently. Mental capacity assessments and best interest decisions were undertaken where people needed support to make specific decisions. This demonstrated that people's rights were upheld, and they were supported in the least restrictive way possible.

People were supported as needed, to ensure their preferences and dietary needs were met. People were supported to access healthcare services and received coordinated support, to ensure their preferences and needs were met.

Information was available in an accessible format to support people's understanding. People maintained relationships with their family and friends and were encouraged to give their views about the service. This included raising any concerns they had. People and their representatives were involved in their care to

enable them to receive support in their preferred way.

There were systems in place to monitor the quality of the service and these were used effectively to enable the provider and registered manager to drive improvement.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 17 September 2018). At this inspection we found improvements had been made.

Why we inspected

This was a planned inspection based on the previous rating.

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?

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.

Waters End

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

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection

The provider was given 48 hours' notice because we needed to be sure that someone would be in the office. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection

As neither of the people that used the service were able to give their views on the support provided to them; we observed the interactions between them and the staff who were supporting them. We spoke with the relatives of both people that used the service to gather their views of the care provided. We spoke with four members of staff including the registered manager, a senior care worker and care workers.

We reviewed a range of records. This included both people's care records and medication records. We looked at two staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service were reviewed.

After the inspection

To seek clarification from the provider to validate evidence found; we also looked at quality assurance records.

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 now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Staffing and recruitment

- At the last inspection risks associated with the equipment in place to move people safely had not been assessed. We saw assessments were now in place for all equipment used, to ensure people were supported safely. Equipment was serviced as needed to ensure it was safe for use.
- At the last inspection, personal emergency evacuation plans (PEEPS) were not in place. We saw these had been completed; to provide staff with guidance on the support people needed in the event of an emergency.
- At the last inspection references and a check with the Disclosure and Barring Service (DBS) had not always been collected in a timely manner. A DBS check provided information as to whether someone was suitable to work at this service. We reviewed two staff files and saw that these checks had been completed before staff commenced employment; which enabled the provider to determine staff suitability.
- We saw that risk assessments were in place to manage any specific health and mobility needs and when supporting people in the community. These were followed by staff and regularly reviewed; to ensure they remained relevant.
- We saw, and relatives confirmed that sufficient staff were available to support people according to their preferences and needs.

Systems and processes to safeguard people from the risk of abuse

- A relative told us, "The staff are fab' with [Name]. All are brilliant and know [Name] really well."
- Staff understood their responsibilities to report any concerns. They were provided with training and had a good understanding of the safeguarding procedure to follow.
- Discussions with the registered manager demonstrated that they understood their responsibilities to report concerns to the local authority safeguarding team; to protect people from the risk of abuse.

Using medicines safely

- We saw that people were supported to take their medicine at the right time and in their preferred way.
- Neither people were able to independently manage their medicine. We saw that staff who administered medicine received training and had their knowledge and practice assessed to ensure people received their medicine safely.
- Medicines were stored securely, with clear records in place to show when they were administered. Audits were undertaken to enable the management team to identify errors and address them promptly.

Preventing and controlling infection

- Staff had a good understanding of infection control procedures and supported people to maintain good

housekeeping standards within their home.

- Staff were provided with and used personal protective equipment; such as disposable gloves and aprons to prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- The registered manager analysed practices to enable improvements to be made. For example, an electronic duty rota had been implemented. This system enabled the registered manager to plan staffing levels in advance and highlighted the need for additional staff at specific times of the day; which had been implemented.
- It had been identified that the two people supported, did not enjoy participating in a weekly food shop at their local supermarket. Practices had been amended to accommodate this, with a weekly on-line food shop and smaller visits to local greengrocers and butchers; which were enjoyed by the people using the service. This demonstrated that consideration had been given to respect people's preferences and promote their well-being.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained 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

- People's needs were assessed and included sufficient detail to ensure outcomes were identified and people's care and support needs were regularly reviewed.
- Support plans contained information to support specific health conditions, dietary requirements and well-being.
- People were supported to make choices to promote their wellbeing. Staff applied learning effectively in line with best practice; which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Relatives were confident that staff had the skills and knowledge required to support their loved one. They confirmed the staff team knew their relative well and several had worked with both people for many years; including at previous services they had used.
- New staff received induction training in the areas the provider identified as relevant to their roles and were supported through shadowing experienced staff.
- Staff confirmed the training provided supported them in their role, and confirmed they were provided with supervision on a regular basis by the registered manager. One member of staff told us, "The manager is brilliant. I get supervision, she is very supportive and available to us night and day." Another member of staff told us, "I have regular supervision. It's a great place to work. I don't really feel like I'm at work; we are more like one big family. The support is great."

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

- People were supported to have a balanced diet and the staff team knew people well. This enabled them to ensure people received food that they enjoyed.
- Staff were aware of any specialist diets that people had and ensured they were supported to follow their required diet. For example, one person required a soft diet and we saw they were supported to maintain this.
- One member of staff told us how they supported people to try new dishes, based on their preferences and dietary needs. We saw this was done on the day of the inspection; when a new dish was prepared for tea. The registered manager told us they had improved the meals. They said, "The meals have changed, everything is now cooked from scratch with fresh produce and this has also increased the variety of meals. We are always trying out new dishes to broaden people's experiences."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Relatives confirmed their loved ones were supported to access health care professionals as and when needed, such as GPs and hospital appointments. One relative told us, "We go to hospital appointments but won't go in with staff. We are there if needed, for support and will go in and speak to the doctor afterwards if we need to. We see the staff as friends and all work together."
- Referrals were made to a range of health and social care professionals when required to support people's changing health care needs. For example, we saw the staff team worked with occupational therapists, to ensure people had the right equipment to meet their physical needs and keep them safe and comfortable.
- Staff understood people's health care needs and the support they needed to manage them.
- Staff told us they had received training specific to people's health conditions. This enabled them to have a greater understanding to support the person effectively. For example, epilepsy awareness.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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.

- When people did not have the capacity to consent to some decisions, information was in place to demonstrate this and support plans guided staff on how the person's care needs should be met.
- Staff understood how to support people with decisions and the principles of least restrictive practice.
- Both people had restrictions in place that had been authorised by the Court of Protection. No conditions were attached to these restrictions.

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 Good. At this inspection this key question remained 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

- People had caring, kind supportive relationships with the staff who supported them.
- One relative told us, "All the staff are brilliant. They know [Name] really well. Some worked with [Name] for years. We feel so lucky here with the support they have in place."
- We saw caring interactions between staff and people. One member of staff said, "I love my job. We all put the people we support first. It's great team work."

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

- People were enabled to make choices about the support they received and how they spent their day. Both people had variable support needs and we saw staff understood their needs and preferences and supported them in accordance with these.
- People were supported to make decisions about how they spent their day which including going out into the community and taking part in things they enjoyed. For example, one person liked to go swimming.
- Staff understood people's communication methods and could communicate effectively with them.

Respecting and promoting people's privacy, dignity and independence

- Dignity and privacy were upheld to ensure that the rights of the people that used the service were respected. For example, we saw staff ensured curtains and doors were closed when supporting a person with their personal hygiene needs.
- People were supported to be as independent as possible and make their own decisions. We saw that both people had the support of their relatives in decision making. The registered manager also had details of local advocacy services. This meant people had access to an independent body who could support them and speak up on their behalf, if this was needed.
- Within the office confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

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 Good. At this inspection this key question remained 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; 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 supported by staff who knew them well and helped them to plan for things they wanted to do.
- It was important for one person to plan their day in advance and we saw that the staff supported them to do this. This ensured the person understood what they were going to do which minimised the risk of them becoming anxious.
- The support each person received was individualised to meet their needs and preferences. ● People were supported to spend their time in their preferred way. One relative told us, "[Name] is out every day doing something. They have their own car and are supported by staff every day to go out. The staff know them really well; so, they know what they enjoy doing."
- People were supported as needed to maintain relationships with people that were important to them. Both people's relatives confirmed they visited most days and told us they were always made to feel welcome by staff. One relative said, "The staff are like friends and we all work together."

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.

- The service complied with the Accessible Information Standard. Information was available in an accessible format to support people's understanding; this included pictorial and easy read information.

Improving care quality in response to complaints or concerns

- Staff knew the people they supported well. This enabled them to identify if a person was not happy. One member of staff said, " We know what both people like and don't like, so we can support them in their preferred way. If either people weren't happy with something they would let us know by their behaviour and we would then be able to support and reassure them." We saw an example of this where a referral had been made to a specialist for re-assessment of a person's wheelchair. This was due to staff's observations of their behaviour when in the chair. Adjustments had been made to ensure the person was comfortable in their chair
- Relatives knew how to make a complaint and were confident that they would be listened to. One relative told us, "The manager is excellent and sorts everything out."

- When complaints were received they had been reviewed in line with the provider's procedure.

End of life care and support

- At the time of the inspection no one was receiving end of life care. We saw people's representatives were encouraged to express their views regarding care towards the end of their life; this was to ensure their protected characteristics, culture and spiritual needs could be met.
- The registered manager confirmed that policies and procedures were in place to guide staff on supporting people with end of life care and training would be provided to staff.

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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; Continuous learning and improving care

- At the last inspection, although the manager was monitoring the quality and safety of the service, the audits carried out had not identified the shortfalls found during our last visit. At this inspection all areas for improvement had been addressed and quality audits were in place to measure the success of the service and drive improvement.
- Audits of support plans, risk assessments and health and safety checks were in place. Staff recruitment records, training and supervisions were in place and monitored.
- The registered manager ensured that we received notifications about important events, so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the office in line with our requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection the manager, who is also the provider, had registered with the Care Quality Commission to manage the service.
- Staff confirmed they received good support from the registered manager. We saw staff were supported to professionally develop and a good skill mix of staff was available to support people.
- Staff were positive about the culture of the home. One member of staff said, "The team work is brilliant, and both people get the support they need to do what they want to do. The manager is fantastic."
- Staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We saw that people were comfortable with the staff that were supporting them and had positive relationships with staff. One member of staff told us, "The people we support always come first, whatever they want to do, we support them to make it happen."
- Relatives told us they were happy with the support their loved one received and confirmed their views on the service were sought. One told us, "We are fully involved and here every day. We get involved with the gardening here too."

- Relatives also confirmed they were involved in reviews of care.
- Staff had regular team meetings and they told us they felt comfortable to speak freely in these meetings.
- There were good relationships with local health and social care professionals and with the local community.