

Kingston upon Hull City Council

The Wilson Centre

Inspection report

The Wilson Centre
1 Alfred Gelder Street
Hull
HU1 2AG

Tel: 01482318700

Date of inspection visit:
30 June 2022
05 July 2022
22 July 2022

Date of publication:
15 September 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

The Wilson Centre is a shared lives scheme, which provides people with long-term placements, short-breaks and respite care, within shared lives carers' (SLC) own homes.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

People were at risk of receiving ineffective or unsafe care, because the service was not well-led. Robust systems and processes were not in place to make sure people's care was safe, that it met their needs and to ensure it guaranteed good outcomes.

Right Support: People benefited from living as part of SLC's families and from the individualised and person-centred support that came with this model of care. People had choices and felt the support they received promoted their independence. However, regular and robust reviews and monitoring visits were not always completed to make sure people's needs were being met and to ensure the service was supporting people to achieve consistently good outcomes.

People's support did not guarantee they would have maximum choice and control of their lives or that staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Right Care: People's support promoted their privacy, dignity and independence. People told us their SLC were kind and caring. However, care plans and risk assessments did not always contain detailed information about people's needs, risks or provide sufficient guidance on how those needs should be met. Whilst people gave positive feedback about the support provided; these issues meant we could not be assured people would receive consistently effective care.

Right Culture: People were at increased risk of receiving ineffective or unsafe care. There was a lack of oversight of risk, and robust governance arrangements were not in place. This meant the quality and safety of people's care was not assured. For example, robust systems were not in place to ensure people received safe support with their prescribed medicines. There were significant gaps in staff's training, which increased the risk of people receiving ineffective or unsafe care. Systems for identifying and managing risks were

ineffective. This meant we could not be certain problems with people's care and support would be quickly identified and addressed. Audits had not been used to identify and address the concerns found during the inspection.

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

Rating at last inspection

This service was registered with us on 10 September 2019 and this is the first inspection. The last rating for the service at the previous premises was good, published on 28 June 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We identified breaches or regulation in relation to the safety of the service and the provider's leadership and governance arrangements at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

The Wilson Centre

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Wilson Centre is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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.

At the time of our inspection, there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection, because we needed to be sure the provider or registered manager would be in the office to support our site visit.

Inspection activity started on 30 June 2022 and ended on 22 July 2022. We visited the location's office on 5 July 2022.

What we did before the inspection

We reviewed information we received about the service since it was registered. We sought feedback from professionals who work with the service. We used information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and any improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three people's relatives about their experience of the care provided.

We spoke with six members of staff including the registered manager, shared lives officers (responsible for overseeing the shared lives scheme) and SLC. We also received written feedback from two SLC.

We used technology such as electronic file sharing to enable us to review some documentation remotely. This included nine people's care records and five files in relation to the recruitment, training and supervision of shared lives carers. A variety of other records relating to the management of the service, including policies and procedures were also reviewed.

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 of 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

- People were at risk of harm, because adequate steps had not been taken to make sure SLC had completed appropriate training and were competent to administer people's medicines.
- The provider did not have a detailed policy and procedure in place to ensure the safe management of people's medicines.
- Regular and robust checks had not been completed to monitor and make sure people received their medicines as prescribed.

The failure to ensure the safe management of people's medicines was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People were at increased risk of harm, because environmental risks associated with living in a SLC's home had not been regularly monitored and reassessed. This meant we could not be certain risks would be identified and addressed in a timely way.
- People did not have clear and detailed risk assessments relating to their care and support needs. For example, in relation to the support provided around the management of anxiety, finances or the support provided with medicines.
- Regular reviews were not always completed to monitor, identify and reassess risks and to make sure people were receiving safe care.
- SLC were sometimes supported by other people (family or friends) in their caring role. The risks associated with this to people using the service had not been clearly and thoroughly assessed.

The failure to adequately assess risks and do all that is reasonably practicable to mitigate those risks was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Records were not always available to show the provider had completed all relevant recruitment checks on new SLC.

The failure to ensure important information was available for each person employed was a breach of Regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Applications to become a new SLC were assessed and then reviewed by a panel of experts to help make

sure proposed placements and each SLC was suitable.

Learning lessons when things go wrong

- A robust process had not been followed to monitor any accidents and incidents that occurred and ensure timely and appropriate action had been taken.
- Information about any accidents and incidents had not been collated and analysed to help identify trends or themes and to ensure any lessons could be learned and shared.

Preventing and controlling infection

- People were at increased risk as not all SLC had received training on infection prevention and control, good hand hygiene practices or on how to put on and take off personal protective equipment (PPE) safely.
- Thorough checks had not been completed to monitor and make sure SLC were using PPE in line with good principles of IPC practice.
- SLC gave positive feedback about the availability and access to PPE throughout the COVID-19 pandemic.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care and support they received. Comments included, "The support is all around me and if any problems arise, [SLC's name] makes sure I don't put myself in danger", "I feel safe, I'm in my home" and, "I trust them [my SLC], they're like my own family."
- The provider had a detailed safeguarding policy and procedure. Records of safeguarding concerns available during the inspection showed appropriate action had been taken in response to allegations of abuse.
- Although SLC understood their responsibility to identify and report any concerns, not all had completed safeguarding training to help make sure they had the knowledge and skills to appropriately respond if needed.

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 requires improvement. This meant the effectiveness of the service did not guarantee people's care, treatment and support would achieve consistently good outcomes.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were at risk or receiving ineffective or unsafe care. Robust systems were not in place to monitor and make sure SLC had completed relevant and regular training.
- There were gaps in SLC's training, which had not been identified and addressed. For example, not all SLC had completed training on how to safely administer medicines or in relation to infection prevention and control.
- Regular supervisions and appraisals had not been completed to monitor performance and support the effective running of the service.
- Regular assessments and reviews had not always been completed to check and make sure support was being provided in line with relevant standards and good practice guidance.
- Care plans and risk assessments were not comprehensive and did not provide clear and detailed information about people's needs and how these needs should be met. This increased the risk of people receiving ineffective care.

The failure to assess, monitor and mitigate risks relating to the health, safety and welfare of people using the service was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite these concerns, people gave generally positive feedback about the care and support they received and the skills and knowledge of the SLC who supported them. One person explained, "They've got great skills."
- People lived with their SLC, and because of this, SLC understood their needs based on well-established relationships.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's ability to consent to their care and support was not always clearly recorded. This meant we could not always be certain people's human rights were protected.
- People told us they could make their own decisions and SLC respected their choices. Feedback included, "I can make my own decisions" and "There's no restrictions at all."
- Applications had been made to the Court of Protection where there were concerns people were deprived of their liberty.

We recommend the provider review good practice guidance relating to the recording of people's consent and in relation to the MCA.

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

- People were supported to help make sure they ate and drank enough. SLC understood people's likes and dislikes and offered appropriate choices to meet people's nutritional needs.
- Where annual reviews had been completed, this included a review of people's wellbeing and considered whether there had been any issues or concerns with unexpected weight-loss.
- However, some people had not had recent reviews and we were concerned about how the service would identify and address any concerns if they did arise.

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

- People's SLC supported them to access healthcare services when needed. A person explained, "If I'm not well they [SLC] rings the doctors, they're on top of everything and record everything."
- People's care plans recorded basic information about their health needs and contact details for any health care professionals involved in supporting them.

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

- People were supported by SLC who were caring and showed a genuine interest in promoting their wellbeing and improving their quality of life.
- People were well matched with their SLC. This helped ensure people shared positive caring relationships with them. Feedback included, "They're nice, friendly people and I get on well with them" and "[SLC's name] is lovely, a lovely person. I do love living here. Their family is my family."
- A process was in place to help assess and make sure new SLC had caring values and understood the importance of respecting people's individual and diverse needs.

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

- People felt supported by their SLC to express their wishes and views and to make decisions in the day to day lives. A relative explained, "[Name] has choices and if they suggest something to the carer they listen and help make decisions about what they want to do."
- Where reviews had been completed, this included feedback from people to understand their experiences and to make sure they were involved in decisions about their care and how their needs were being met.

Respecting and promoting people's privacy, dignity and independence

- People felt supported to maintain their privacy and dignity. Feedback included, "They [SLC] always treat me with respect" and "They are very supportive, I can't put it into words, they go that extra mile."
- Issues relating to the importance of maintaining people's privacy and dignity were considered when assessing the suitability and setting up new shared lives placements. For example, checking to make sure people would have their own personal space and privacy.
- People gave positive feedback about the support they received to promote their independence. One person explained, "They've [SLC] always supported me really well and helped me to do things. I've got to learn to do things on my own."

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 requires improvement. This meant services were not planned or delivered in ways that ensured people's needs would always be met.

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

- People did not always have detailed and person-centred care plans and risk assessments about their needs or how these needs should be met.
- Regular reviews had not always been completed to monitor and make sure the care provided was person-centred and continued to meet people's needs.
- Despite these concerns, people praised the person-centred care and support they received. They told us, "My carers are very kind and helpful to me" and, "They look after me a lot, I love living here."

Improving care quality in response to complaints or concerns

- People felt able to speak with the shared lives officers or management if they were unhappy about the service or needed to complain.
- The provider had a policy and procedure outlining how they would manage and respond to complaints. However, due to concerns about the organisation and management of the service, it was not clear whether or not there had been any complaints and, if so, how these had been dealt with.

End of life care and support

- No one using the service was receiving end of life care at the time of inspection.
- The provider had a comprehensive policy and procedure setting out their approach to supporting people approaching the end of their life if the need arose.
- A small number of SLC had completed training on end of life care; the registered manager told us they planned to offer this training to all SLC to help ensure they would have the knowledge and skills needed to support people with end of life care if necessary.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans contained basic information about their communication needs.
- The registered manager understood the importance of providing information in accessible ways to meet people's communication needs and accessible information was available, for example, to help people

participate in reviews or understand how to complain.

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 to take part in a range of activities and to pursue their hobbies and interests.
- SLC supported people to develop and maintain meaningful relationships with people that were important to them.
- People felt part of the SLC's families and valued the practical and emotional support that came from living in this way. One person explained, "They [SLC] are like my own family. I don't have much to do with my family, they fill that void."

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The service was not well-led. There were widespread concerns about the way the service was organised and run. The lack of oversight and robust governance arrangements meant the quality and safety of people's care was not assured.
- There were significant gaps in staff training. Robust systems were not in place to make sure people's medicines were managed and administered safely. Detailed care plans and risk assessments were not in place on how to safely and appropriately meet people's needs.
- Regular and robust reviews had not been completed to monitor and make sure people received consistently safe and effective care.
- Clear and complete records were not always available, for example in relation to recruitment.
- The provider had not informed CQC of certain events that had occurred at the service, such as safeguarding issues or the absence of the registered manager. This is a legal requirement.
- Audits had not been used to monitor quality and safety issues, identify risks or to drive improvements.
- The provider did not have effective oversight and had failed to adequately monitor and make sure the service was safe.

Due to poor governance of the service people were placed at risk of harm. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

- People felt they received person-centred support and gave positive feedback about the benefits of living with their SLC. Comments included, "I love living here, they [the SLC] are family to me" and "I love living here a lot."
- Whilst people benefitted from the person-centred care SLC provided, the lack of oversight and robust systems to monitor the quality and safety of the service meant good outcomes for people were not guaranteed. There was a risk that problems with people's care and support would not be identified and addressed in a timely way.

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 understood their responsibility to be open and honest with people if something

went wrong. There had been no incidents dealt with under the duty of candour requirements since the service was registered.

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

- People gave positive feedback about the shared lives officers and management being approachable and supportive.
- The registered manager had produced some newsletters and arranged online meetings to speak with SLC and to share information and updates.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider and registered manager had not done all that is reasonably practicable to assess and mitigate risks and ensure the safe management of medicines. Regulation 12(1).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager had not established and operated effective systems to assess, monitor and improve the quality and safety of the service; to monitor and mitigate risks; and to maintain complete and contemporaneous records. Regulation 17(1).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider and registered manager had not ensured Schedule 3 information was available for each person employed. Regulation 19(3).</p>