

Wellington Support Limited

Wellington Support

Inspection report

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13 February 2019
14 February 2019

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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:

Wellington Support is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to people with mental health needs. The agency supports 26 people. Not everyone using Wellington Support received personal care. At the time of our inspection, eight people were receiving personal care.

People's experience of using this service:

People told us they felt safe and well cared for.

People we spoke with gave us positive feedback about staff. Comments included, "Staff are very kind," "I feel respected and listen to," and, "The managers are great, I see them every day and I can talk to them."

The provider had effective safeguarding and whistleblowing systems and policies in place and staff were aware of how to recognise signs of abuse and were knowledgeable about what to do in the event of any concern being raised.

Risks to people were regularly assessed, reviewed and safely managed.

People were supported by staff who had been recruited by a robust process to ensure they had the right skills and attributes.

People had care plans in place detailing how they liked to be supported.

We saw evidence of mental capacity assessments being carried out as required.

People were fully involved in all aspects of their care where appropriate.

Staff were clear in their roles and responsibilities.

People could be confident that staff were trained to support them, the provider ensured staff had access to training and systems were in place to monitor staff performance.

Rating at last inspection:

GOOD (report published 30 October 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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.

Wellington Support

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Wellington Support is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Wellington Support received the regulated activity; 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, eight people were receiving personal care.

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 gave the service 48 hours' notice of the inspection visit because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 13 February 2019 and ended on 14 February 2019. We visited the office location on 13 February 2019 to see the manager and office staff and to review care records and policies and procedures. We also visited people in their own homes. We made calls to people and staff on 14 February 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included

statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority and other professionals who work with the service. 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. We used all this information to plan our inspection.

During our inspection we spoke with six members of staff including the registered manager and four people using the service.

We reviewed a range of records. This included three people's care records, two staff files around staff recruitment and supervision and the training records for all staff. We also reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe. One person told us, "I feel very safe."
- Staff could explain the safeguarding processes in detail.
- The provider had effective safeguarding and whistleblowing systems and policies in place and staff continued to receive training based upon these. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management:

- Risk assessments were detailed with risk, triggers, protected factors and strategies to reduce the risk. Staff understood the risk assessments and told us they helped them support a person more effectively.
- Risks to people were regularly assessed, reviewed and safely managed.
- People's needs and abilities had been assessed in a pre-assessment plan. The potential risks to each person's health, safety and welfare had been identified.

Staffing and recruitment:

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- There were enough staff to meet the needs of people supported by the service.
- All staff had completed training in line with the providers policies.
- People told us that staff were helpful and available. One person said, "If I need anything I just let the staff know and they will do it or help me do it."

Using medicines safely:

- Staff did not check the temperature of where the medicines were kept, this should be recorded every day to ensure the medicines are stored appropriately. The manager agreed to start this process straight away.
- People's independence to manage their own medicines was maintained if safe to do so. Any changes to this was done with people's full consent and involvement.
- People told us they were happy with the support they received to take their medicines.
- Records showed that medication was administered as prescribed.

Preventing and controlling infection:

- Staff told us they had access to Personal Protective Equipment as required.
- Staff completed infection control training.

Learning lessons when things go wrong:

- The registered manager told us that any developing risks were communicated with the staff team immediately, through meetings, handovers and telephone calls.
- Incident and accidents were regularly audited to look for any trends or patterns and risk assessments were reviewed following any incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Assessments of people's needs were comprehensive and expected outcomes were identified. The care and support was regularly reviewed with the person.
- People had care plans in place detailing how they liked to be supported.
- People's communication and understanding was clearly documented. This helped staff to ensure they communicated in the correct way for a person.
- 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:

- A person told us, "Staff are really good, they know what to do."
- All staff completed an induction which included full training and shadow shifts. Staff told us their induction was, "Brilliant" and, "Offered good support."
- The staff training records confirmed they received training appropriate to their roles and responsibilities and additional training was offered to keep up to date with best practice guidelines.
- Staff told us they were confident in their roles and the training provided covered all areas of their jobs. One staff said, "I got everything I required from my training."
- Staff supervision meetings were held regularly and staff said they felt supported and regularly saw the manager.

Staff working with other agencies to provide consistent, effective, timely care:

- Staff communicated effectively with other staff. Staff told us the methods they used to communicate included daily notes, team meetings and handover sheets.
- Care plans were regularly updated and audited to ensure changes in need were documented. This meant staff knew what was happening in people's lives and knew when changes had occurred that might affect how their needs were met.
- The registered manager told us that they had worked with other care agencies in the past. Wellington designed a handover form to identify care and support needed daily for a person, to ensure both agencies had all the relevant information.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to maintain good health and were referred to appropriate health professionals when required.

- Where people required support from external healthcare professionals this was arranged, and staff followed guidance provided by such professionals.
- There was evidence that people's care was organised in conjunction with other health and social care professionals when required.

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.

We checked whether the service was working within the principles of the MCA.

- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Care plans were developed with people and we were told by people that they were fully involved and knew what was written about them.
- We saw evidence of mental capacity assessments being carried out as required.

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.

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

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

- People and staff told us they felt well supported.
- Staff we spoke with told us about their responsibility to ensure people's rights were upheld and that they were not discriminated against in any way.
- People who were in relationships told us that staff were very respectful and supported them as required. A person said, "I have a boyfriend, staff are always there if I want to talk about my relationship and they support me when we argue."

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

- People told us they were fully involved in all aspects of their care.
- We saw evidence in care plans that people had been asked likes/dislikes, preferences and routines.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views and wishes.
- We saw staff were polite, courteous and engaged and were openly pleased to be at work.
- People were supported to be involved in every decision possible.
- People met regularly with the registered manager or allocated staff to discuss any issues, concerns or changes that were occurring for them.

Respecting and promoting people's privacy, dignity and independence:

- People were enabled to be as independent as possible and staff knew when they needed to encourage people or remind them.
- People's right to privacy and confidentiality was respected. One person said, "Staff are nice, kind and respectful."
- Staff understood their responsibility for keeping people's personal information confidential. All records with confidential personal information was stored securely in line with the provider's confidentiality policy.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received personalised care and support specific to their needs and preferences. One staff member told us, "We support people to be happy and to promote their independence in the way they want."
- We saw evidence within care plans and through observations that staff treated each person as an individual, respecting their social and cultural diversity, values and beliefs.
- The registered manager ensured that people were invited to all relevant meetings and were supported by staff they knew.
- The staff supported people to move on to more independent living when appropriate. This was discussed with people regularly and options explored with them.

Improving care quality in response to complaints or concerns:

- People and staff knew how to make a complaint. A person told us, "I have never had to complain, but I know if I did they [registered manager] would deal with it well." Another person said, "I had an issue with a member of staff, I told [registered manager] and they dealt with it, they [staff member] don't work with me anymore, I feel reassured now."
- Staff told us they could talk to the registered manager about any issues or concerns. One staff member said, "I haven't had any issues but I know [registered manager] would listen to me and do something if I had any concerns."
- We saw evidence of complaints that had been dealt with appropriately and within the specified timeframe.
- The complaint procedure was clearly visible within the service.

End of life care and support:

- At the time of the inspection, the service was not supporting anyone who was at the end of their life.
- The registered manager told us if anyone required end of life support they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People received care based on their individual assessed needs. One person told us, "Staff are good, they understand me."
- Named staff were responsible for overseeing updates to care plans and for reviewing support needs of people. This meant that staff and people knew who was responsible for the paperwork.
- People had daily timetables identifying allocated 1:1 staff time. People told us they liked this system, as they knew where staff would be and when they were with another person.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- People and staff, we spoke to all knew who the registered manager was and how to contact them. One person told us "[Registered manager] is friendly and I am able to speak to them whenever I want."
- We saw evidence of audits completed for a range of checks including care plans, medication administration charts and daily notes. Action plans were completed and reviewed to ensure all documentation was up to date.
- Staff were clear in their roles and understood what the provider expected from them.
- The registered manager understood their role and shared information with CQC about all aspects of the service including quality performance, risks and regulatory requirements.

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

- Effective systems were in place to ensure all staff were involved in developing the service. They received appropriate training and support for them to keep up to date with best practice guidelines in providing high quality, person centred care.
- Staff and people told us they felt listened to by the registered manager.
- People told us that they were involved in all aspects of their care planning. One person told us, "[Staff] show us everything, I know what is written about me. I am able to tell staff what I am feeling and what I want."
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs. One person whose first language was not English was supported at reviews and meetings by an interpreter to ensure all information was understood and they were able to communicate effectively.

- The provider promoted regular meetings with people to ensure everyone had a chance to be involved.

Continuous learning and improving care:

- Regular team meetings took place to give staff the opportunity to discuss the service, policies and procedure and to update on any changes in people's needs or support.
- The registered manager demonstrated an open and positive approach to learning and development. Feedback from a visiting professional stated, "The management team are friendly, professional and approachable. This is reflected in the excellent patient staff relationship I have observed."
- The registered manager worked closely with the local mental health team to ensure they had the most up to date knowledge and best practice.

Working in partnership with others:

- The registered manager attended local care management forums, to network and share ideas with other care providers.
- The service had links with external services that enabled people to engage in the wider community.