

Covenant Care Support LLP

# Covenant Care - The Wheelhouse

## Inspection report

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 11 and 14 July 2016 and was unannounced. The last inspection was carried out on 24 and 25 July 2014. At that inspection the overall rating for the service was 'good' although we found the service was not fully responsive because documentation was not in place to support people if they had an unplanned admission to hospital. At this inspection we found this had been addressed by ensuring each person had a document known as a 'hospital passport' providing essential information for medical professionals in the case of emergency admission to hospital.

Covenant Care – The Wheelhouse provides accommodation with personal care for up to 9 people with learning disabilities, autistic spectrum disorders or mental health difficulties. At the time of this inspection the service was in the process of seeking approval for one additional named person for the duration of their stay at The Wheelhouse.

The service also provides a supported living service to people living in their own homes in the local community. At the time of this inspection the service provided support to 10 people who were tenants in shared houses in the Wellington and Taunton areas (although many of these did not require support with personal care needs).

In the last year the management of the service has changed. The service now has two registered managers, one of whom manages the residential service provided at The Wheelhouse, and the other manages the supported living service to people living in the Wellington and Taunton areas. 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.

There were many elements of good quality assurance systems, although there were also areas where improvements could be made. The registered managers carried out checks on many aspects of the service to ensure people received a good quality of service. People were involved and consulted through questionnaires and house meetings. Care plans had been reviewed, but some monthly review dates had been missed and this had not been picked up by the provider through the quality monitoring process. The reviews did not always involve the person or their relatives or representatives.

People who used the service, relatives, staff and professionals spoke positively about the new managers. We heard about many improvements to the service since they had taken over their management roles. While our overall findings showed that people received a safe, effective, caring and responsive service, there were some aspects of the recording and quality monitoring systems that could be improved. Staff told us they had received a wide range of training, but this could not be fully evidenced by the training records we were shown. Training was also confirmed by people who used the service, for example, one person said "They are always going on courses. They are constantly expanding, learning new things as often as they can."

The service supported people to receive a varied and balanced diet. People were involved and consulted as far as they were able in every part of the meal planning and preparation process. Staff understood each person's likes, dislikes and dietary needs and offered people a choice of foods to suit their preferences. Those people who used the supported living service were supported to budget and plan their weekly menus and to shop, prepare and cook meals of their individual choices.

There were safe systems in place to make sure people received their medicines as prescribed. Medicines were stored safely. Records of administration had been accurately maintained. Those people who wanted to hold and administer their own medicines were supported by staff to do so safely.

Staff demonstrated a clear understanding of each person's health and personal care needs. Care plans had been drawn up for each person and these had been improved in the last year and provided detailed information on every aspect of each person's support needs. People were aware of their care plans, although they had not been given a copy in a format relevant to their communication needs. A member of staff described their workplace saying "It's like home. I love the focus on the residents."

People told us the staff were caring and supportive. Comments included "They are there to listen to us" and "They are very good," and "It's lovely." One person said "We get on great" and "We have a good laugh." They told us the staff were very caring, saying "They look out for us and we look out for them." Comments from relatives included, "The service is caring," and "They are very caring. Thoughtful. Good humor." Staff spoke warmly and positively about each person.

There were enough staff to meet people's individual needs and to care for them safely. People were protected from the risk of abuse and avoidable harm through appropriate policies, procedures and staff training. Staff told us staffing levels had improved in recent months. There was a positive, caring and happy atmosphere throughout the service. Staff told us they enjoyed their jobs and felt well supported. They gave examples of how they had helped people lead more active and fulfilling lives.

We have recommended that the service seeks guidance on ways of improving their quality monitoring systems.

## 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.

The provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Risks were identified and managed to help people remain safe.

There were sufficient numbers of suitably trained staff to keep people safe and meet their needs.

People received their medicines when they needed them. There were procedures for the safe management of people's medicines.

### Is the service effective?

Good ●

The service was effective.

People received effective care and support from staff who had received training, supervision and support to meet their individual needs.

People were supported to access specialist healthcare professionals when needed.

The service acted in line with current legislation and guidance when people lacked the mental capacity to consent to aspects of their care.

People's nutritional needs were met, including any special dietary needs.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect. The staff and management were caring and considerate.

Staff understood each person's choices and preferences, and

knew how to communicate with people effectively.

People were supported to maintain family relationships and to avoid social isolation.

### Is the service responsive?

**Good** ●

The service was responsive.

Staff understood each person's individual needs and made sure they were supported in accordance with the person's care plan.

People, relatives, staff and other professionals were able to express their views and these were taken into account to improve the service.

### Is the service well-led?

**Requires Improvement** ●

The service was not fully well led.

The provider had many elements of a good quality assurance system, but there were some parts of the service that had not been monitored effectively. Records such as staff training and care plan reviews had not been monitored by the provider to ensure staff training needs had been met, and people's care had been regularly reviewed.

People were supported by a motivated and dedicated team of management and staff.

# Covenant Care - The Wheelhouse

## **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.'

The inspection took place on 11 and 14 July 2016 and was unannounced.

On the first day we inspected the residential service provided at The Wheelhouse. This part of the inspection was carried out by one inspector and one special advisor who has professional experience of this type of care service. On the second day of the inspection we visited people who received the supported living service.

Some people living at The Wheelhouse had limited verbal communication skills. During the inspection we spoke with, or observed staff interacting with, nine people who lived at The Wheelhouse and five people who received a supported living service. We also spoke with the provider, two registered managers, 11 staff, a professional advocate, one social worker and two relatives. After the inspection we received e mail contact from one relative.

Before the inspection the registered managers completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. At the last inspection on 24 and 25 July 2014 the service was rated as providing a good service overall, although we noted some improvements were needed to the responsiveness of the service.

We looked around the premises at The Wheelhouse to check it was safe and well maintained. We also visited two houses shared by people who received a supported living service. We looked at seven care plans

and associated daily reports, medicine administration records, staff recruitment files, training records, staff meeting records, menus, activities, and quality assurance systems.

# Is the service safe?

## Our findings

We asked people who were able to communicate verbally if they felt safe with the support they received from Covenant Care. They all said they felt safe. Comments included "They check our safety regularly. They check things like the fire alarms" and "Yes, they always lock the doors." A relative of a person who received supported living service told us "I do feel the service is safe. All appropriate risk assessments in my view are taking place such as crossing the road, cooking." They also said "There is always someone at the house 24/7 which is a relief. There is also a buddying system so those more experienced service users lead the newer ones which I think is a great idea e.g. walking into town." We observed staff supporting people who were unable to speak verbally and we saw people were happy in the company of the staff.

A social care professional told us they felt people were safe. They described how staff supported a person who sometimes became upset, or behaved in a manner that challenged others. They told us the person was "safe, but there are no 'knee-jerk' reactions to incidents to stop (person's name) doing things, especially in the community." They also told us the registered manager was pro-active in finding solutions. They felt the manager and staff knew the person well and knew what the person wanted to achieve. They were planning to take the person on holiday – this was something the person had not been able to do in the past. The professional told us they felt this was a measure of the success of the staff team, who understood the risks but were willing to try new things and offer the person new opportunities.

There were enough staff employed to ensure the individual needs of each person were met safely. Some people living at The Wheelhouse had been assessed as needing one-to-one support from staff, and we saw this was provided during our inspection. At times this was increased where necessary, for example to support a person when they went out in the community. Staff rotas provided by the registered manager of The Wheelhouse showed there were enough staff on duty at all times to ensure people were supported safely. For example, some people chose to walk around the garden and lounge areas during the day and there were always staff close by to make sure they were safe. Staff were vigilant and anticipated people's needs.

People living in supported accommodation told us there were always enough staff available when they needed support.

We looked at records of staff recruited since our last inspection. These showed that risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references had been obtained.

All staff had received training on safeguarding adults and knew how to identify and report any concerns. People who used the service had been given information on notice boards displayed in each house on who to contact if they had any concerns about possible abuse.

In the last year there had been some staff turnover. However, many of the staff we met had been working in



the service for a number of years. This meant there was a stable core group of staff who knew each person well and had a clear understanding of each person's needs. Staff told us that the new staff recruited in recent months had meant staffing levels were much improved, and the use of external agency staff had reduced significantly. Staff told us there was a happy working atmosphere and good teamwork. New staff members had settled in well and had been supported by more experienced members of staff to get to know each person. This had led to a reduction of incidents, and a calm and happy atmosphere. A member of staff said "We are almost there. Things have definitely improved over the last year."

Staff told us, and training records confirmed that all staff had received training on safeguarding adults. Staff knew how to recognise potential abuse and how to report it. Staff assured us they would speak out if they had any concerns. Staff said they were confident that if any concerns were raised with management they would be dealt with it to make sure people were protected. A person who received supported living service said "If there is anything on our minds we tell the staff."

Risks to each person's health and safety had been assessed, and measures put in place to reduce risk where possible. For example, on the first day of our inspection a person was walking around wearing a soft padded helmet. Staff told us the person had displayed agitation during the night and at such times they sometimes banged their head. They told us this was often a sign of pain. Prescribed medication had been administered and the staff told us "Sometimes a really good walk does the trick." The person went out for a walk and when they returned they appeared happier and more relaxed.

Care plans contained evidence that risks to people's health and wellbeing had been assessed. Where risks had been identified measures had been taken to minimise the risks where possible. For example, where people had been assessed as being at risk of choking they had sought advice from the Speech and Language Team (SALT). Staff had been given information and training on safe foods for people at risk of choking and we saw that people were given a soft or pureed diet in accordance with the recommendations made.

One care plan advised staff to encourage the person to slow down when eating to ensure the person benefitted from the nutrients. For another person the advice was to raise their plate to enable the person to swallow their food easier. During our inspection we saw staff had followed this advice. The person was able to eat independently, although staff were on hand to give assistance and reassurance. We saw this worked well.

Medicines were stored and administered safely. Staff had received training in safe administration and understood safe administration procedures. Systems were in place to ensure medicines were ordered regularly and stocks did not run out. For example, we saw that a medication had been prescribed on an 'as required' basis for a person with epilepsy. The medication had not been used and was close to the expiry date. The manager told us they were aware of this and new stocks had been ordered. The medication had been treated as a controlled drug and held in a secure cabinet in the office. However, the manager agreed to seek further advice on the safe storage of this medicine to ensure it is available for staff to administer quickly if needed.

Staff were aware of safe disposal dates, for example creams and lotions had been dated when opened and staff knew when these should be discarded. Records had been signed each time the creams were applied. This showed people received their prescribed creams in accordance with their needs and enabled their effectiveness to be monitored.

Medicine administration records were well maintained and showed the amounts of medicines received into

the home, those administered, and amounts of unused medicines returned to the pharmacy. The manager carried out regular checks of medicine storage and administration to ensure safe procedures had been followed.

Staff understood each person's method of communicating pain and knew when to offer and administer medicines prescribed on an 'as required' basis.

People who wished to hold their own medicines were able to do so after a risk assessment had been carried out. Staff reached agreements with each person on the level of support they needed to ensure they were safe. For example, a person who received a supported living service told us they held their medicines in their own room and they had agreed that the staff should watch them taking the medicines. A relative of another person told us "They have been great with his tablets."

Security of The Wheelhouse had been considered. There were coded locks to areas such as the office and kitchen. Access to these areas was restricted for those people who may be at risk of harm, although staff supported people to gain access to these areas if they wished, and provided close supervision where necessary. People were supported in their independence by encouraging them to make a cup of tea or a drink, or helping with washing up

In a tour of The Wheelhouse we found most areas had been maintained and decorated to a reasonable standard, although some areas would benefit from attention to the decoration. All areas were subject to a high level of wear and tear and damage from people living there and therefore required frequent repairs and maintenance. A new maintenance person had recently been employed and there was a plan of maintenance and redecoration to be carried out. The registered manager told us new carpets had been ordered for many areas. The lighting in one area at the top of the staircase was poor, partly due to some light bulbs not working. The registered manager gave us assurances this would be addressed promptly.

All areas of The Wheelhouse appeared clean and free from any odours. The laundry room was small but staff had kept the room tidy. This showed that effective infection control measures were in place.

The kitchen had recently been upgraded with modern stainless steel equipment and fittings to provide a functional and easy to keep clear environment. Food preparation facilities had been awarded the best rating of five stars by the Environmental Health department. Staff were aware of potential risks and dangers for some people who were supported to use the kitchen to make drinks or snacks. For example, staff were aware of the risks relating to the oven, hot fluids and sharp knives and took action to keep people safe, while at the same time promoting independence.

A risk assessment had been completed in 2016 on all areas of the premises. However, some of the information in the risk assessment was brief, and some risks, for example lighting, had been missed. The registered manager told us they will review the risk assessment to make sure all risks are covered fully.

Each person had a personal evacuation plan in case they needed to vacate the home in an emergency.

At the time of this inspection the provider held responsibility for the incoming and savings of some people who were unable to manage their own money. They told us they were in the process of handing this responsibility over to relatives or another suitable agency or authority. This meant processes were being put in place to make sure people were protected from financial abuse.

## Is the service effective?

### Our findings

A relative told us they thought the service was effective. They told us "Thus far, I am very pleased with the service. (Person's name) feels safe, supported and included socially. The residents are a good match as are the team. I cannot think of any improvements which for an analytical person like myself is rare."

People who used the supported living service told us they thought the staff were well trained. Comments included "They are always going on courses. They are constantly expanding, learning new things as often as they can."

Training was provided in a variety of ways, including the use of workbooks, in-house training and external training. On the first day of this inspection many staff attended training provided by the Speech and Language Therapy (SALT) team. Staff told us they had received a good range of training. Comments included "Very good" and "We get a lot of training. We have done a lot more in the last year." Staff told us they held their own training records, with copies also held by the provider. They told us some training was provided during weekly staff meetings. One member of staff told us they had received training on mandatory health and safety related topics as well as a range of specialist topics including Breakaway which they had found very helpful. They described how they had put this training into practice on one occasion, using a very gentle procedure when a person was holding another person too tightly. This had worked immediately to calm the person and release their grip.

The provider gave us copies of their training matrix which showed all staff had received a basic induction at the start of their employment. Staff who had recently been recruited had obtained, or were in the process of obtaining a nationally recognised qualification called the Care Certificate. Many of the staff also held nationally recognised qualifications in care. The records also showed most staff had received training on health and safety related topics such as manual handling, safeguarding, medication administration and fire prevention.

We were given a copy of future training planned for summer 2016. This included topics such as dysphagia, fire training, manual handling, Mental Capacity Act, food hygiene and infection control. This helped to ensure people received their care from staff who had the up to date knowledge and skills required to provide effective support.

Staff employed on a permanent basis received regular, one-to-one supervision with their line manager. Some staff were employed as 'bank staff' on a sessional basis, and therefore regular supervisions for these staff had been given a lower priority. The registered managers told us they planned to include all bank staff in team meetings and supervisions in the coming year. Staff we spoke with told us they were well supported and supervised by their line managers. This meant they were given the necessary support and guidance to ensure they were carrying on their roles effectively.

There was a strong ethos of supporting people to achieve greater independence and reach new goals. A member of staff told us "You help them, support them to achieve things. You don't do things for them." A

person who received a supported living service said "We are all 'work in progress' towards something." Staff described how they supported people to lead normal lives, for example they felt it was important that as a rule, people drank and ate from pottery cups and plates rather than plastic, saying, "That's their right!"

Staff were able to describe measures that had been agreed to support people when they displayed agitation or behaviour that challenged others. For example, one person liked ripping up clothing and furnishings. A member of staff said the person's everyday clothes were kept securely in a locked cupboard when not in use. The person was given a bag of old clothing they could rip up. Staff found this helped the person remain calm, and also ensured they always had a good supply of clothing in good condition to wear.

All staff had received training in the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service followed the MCA code of practice to protect people's human rights. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. Staff understood the importance of allowing people to make choices as far as they were able. For example, a member of staff explained the importance of good communication with each person. They understood each person's communication skills and described how they supported people to make choices about their daily lives. Care plans contained copies of mental capacity assessments carried out by professionals. However, some of these had been completed more than a year ago and had not been recently reviewed.

Where people were unable to make decisions about their finances, the provider had not always ensured decisions about larger purchases were agreed on a 'best interest' multi-agency basis. For example, one person had recently purchased new furniture, and another person was about to purchase a new toilet to replace one they had broken. After the inspection we spoke with a social worker who told us they had been advised about the purchase, although the provider had not requested a 'best interest' agreement. Actions being taken by the provider to hand responsibility for people's finances over to people's relatives or an independent financial administrator will ensure that any future large purchases can only be made after a best interest agreement is reached.

Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The service had made DoLS applications to the relevant officer in the local authority for each person living in The Wheelhouse. This was needed because people were unable to leave the home without staff support. This showed the service was ready to follow the DoLS requirements. The registered manager said only one application had so far been approved by the local authority; the others were still waiting to be processed.

People living in The Wheelhouse were consulted and involved in planning the weekly menus as far as they were able. Menus were displayed in the dining room using symbols and photographs. On the day of our inspection the main midday meal was an option of fish curry or vegetable curry, and we saw people clearly enjoying their meals and coming back for second helpings. We were given assurance that people were offered a suitable alternative if they did not like the meals offered. Vegetarian alternatives were always offered. Staff knew each person's likes, dislikes and dietary needs.

People were supported to eat independently. For example, staff had found that one person could eat more easily if their meal was raised closer to their mouth. This was achieved by placing a large item under the tablecloth. We saw the person enjoyed their midday meal. Staff also told us mealtime routines were very flexible to suit each person's individual needs. They told us people could eat whenever they wished. We also saw people being supported by staff to go to the refrigerator and kitchen cupboards to choose the food and

drinks they wanted. One person's care plan showed evidence of personalised support with food and drinks. The care plan instructed staff how to support the person to make drinks and to avoid obsessive behaviour.

People who used the supported living service were supported to budget and plan for their weekly menus, and people talked about how they drew up shopping lists and did their own shopping. Each group of people in each shared house agreed between themselves how the meals were planned and cooked, with the support of the staff team where required. Some people had special meals they enjoyed cooking, for example one person was particularly good at making pasta bakes.

Records showed that, where staff had identified a risk relating to people's weight they had sought the person's agreement to monitor their weight. Staff were aware of people needing support to maintain a healthy weight. For example, a person who was constantly active and prone to low body weight was encouraged to have second helpings. Those people who had diabetes were supported and encouraged to maintain a healthy diet.

Each person had a 'health action plan' that had been drawn up using signs and symbols to help them understand and agree how their health needs would be met, and by whom. A social worker we met during the inspection praised the registered manager and staff for the way they had communicated and involved relevant professionals. Staff told us sometimes the support from other professionals was not always offered promptly. For example, some annual health checks were overdue. There was evidence of monthly chiropody visits. However, the records did not always show that people had received annual eye tests. Staff told us the registered manager "had to push for it" to get input from specialist services. Some requests for support had been turned down as people were not seen as a high priority. A referral for psychology input for one person was accepted, but the person was put on the waiting list.

On the first day of our inspection a multi-disciplinary team meeting took place to consider the support needs of a person living at The Wheelhouse. The meeting was attended by a social worker, a psychologist, members of the Speech and Language Therapy team and key members of The Wheelhouse staff who supported the person regularly and knew them well.

One person required shoes that had been specially made to provide the correct support. The shoes they were wearing at the time of our inspection were showing signs of wear. Staff told us new shoes had been ordered and they expected these to arrive in the near future.

## Is the service caring?

### Our findings

Throughout our inspection we observed staff supporting people in a cheerful, relaxed and positive manner. Staff demonstrated a thorough knowledge and understanding of each person, their likes, dislikes skills and positive attributes. When staff spoke with people they showed kindness, understanding and patience. A member of staff spoke about a person's "Endearing personality" and went on to say "I love her. She is very clever" Another member of staff described their workplace saying "It's like home. I love the focus on the residents."

The registered managers and staff had considered each person's needs and personalities when drawing up daily work routines for the staff. For example, some people required intensive support from staff and for these people staff adjusted their routines by providing more frequent changes of staff throughout the day. They had found that for some people requiring one-to-one support they responded positively to changes of staff every few hours. This worked well for both the person and for the staff.

Staff supported people discretely with personal hygiene and encouraged people to wear clothing that was modern, clean and comfortable. During our inspection staff helped people maintain their dignity by helping them to return to their rooms to change their clothing if it was soiled. They were also sensitive to each person's individual needs and preferences. For example, a member of staff explained how they supported a person to maintain a dignified appearance while at the same time understanding their individual needs and wishes. They told us "We don't shave him every day. You might think that he doesn't look very tidy, but he has a very dry skin and he gets rather itchy then, so we leave his beard for a day or two. Also he carries his tea cup so close to his chest that he spills his tea often and therefor his shirt looks dirty. But this is a favourite shirt and he wants to wear it all the time."

A relative of a person who received the supported living service told us "The service is caring. There seems to be three main senior male carers with surrounding staff who I think are spot on recruitment wise. They have the right sense of maturity but also accessibility so that the client can relate to them in a fun way or emotional way. Any concerns I think (person's name) will go to the carers now as opposed to myself which was the case at his last residence."

Another relative told us "They are very caring. Thoughtful. Good humour." They gave an example of how the staff supported the person to manage their epilepsy. They described the quick, calm and caring way staff responded when the person had an epileptic fit. .

The service encouraged people to keep in touch with their families. A relative described the happy and relaxed atmosphere whenever they visited. They were always made to feel welcome. Staff either made them a cup of tea or encouraged them to make themselves feel at home by making a drink whenever they wanted one. The relative also told us how the staff were always happy to receive information or advice about the person. They said "I tell the staff about things he likes – even the little things. They take this on board immediately."

Staff showed caring, empathy and understanding when they spoke about people who used the service. A member of staff described how they supported a person when they became upset. They had given sensible advice and guidance, while at the same time understanding the person's feelings and point of view. They told us they would often give people a hug to cheer them up. They also talked about taking people to visit their families saying "Because we care." A member of staff who worked at The Wheelhouse told us "They all have remarkable gifts in special ways."

We asked people who received a supported living service if they thought the staff were caring. They told us they thought most staff were very caring. Comments included "They are there to listen to us" and "They are very good." One person recognised the support they had received from the staff to help them overcome difficulties they had in the past. They said "If I was to go away from here I would slip back into my old ways." They told us the staff always respected their privacy by knocking on their door and waiting until they were invited to enter.

Two people told us they were very happy with the service, saying "It's lovely." They described some instances where they had some disagreements with others who used the service but went on to explain how the staff encouraged them to all get on together, saying "We all have off days," and "We get on great. We put the bad days behind us. We have a good laugh." They talked about the staff team's sense of humour and how this helped diffuse anxieties. They said "I really like living here" and "We help each other. If we fall out, we make up the next day." They told us the staff were very caring, saying "They look out for us and we look out for them."

Some people explained how staff had helped them to manage their anxieties and moods by writing down their feelings. They told us they kept a book about the things that made them happy and the things that made them sad. One person had a gauge outside their room which they used to tell staff how they were feeling. People told us they had found these were helpful ways of enabling them to express their feelings.

People who were able to communicate verbally told they were involved and consulted in all aspects of their care and support needs. They were aware of their care plans but did not hold a copy of their own plan. The plans had not been drawn up in a format suitable for people who were unable to read text and this meant some people were not given as much support as possible to be involved and consulted about their support needs. A person who received the supported living service told us "Support plans are getting better but we don't get to see them." One person told us they had been fully involved and consulted about their care plan when they first moved into the supported accommodation but they had not seen their care plan or been consulted about it since then.

Care plans contained some information about each person's wishes regarding end of life care, including funeral arrangements and their specific likes and dislikes. However, the records did not specify who the person's legal deputy was and who would make decisions on their behalf for the health and wellbeing if they became seriously ill.



## Is the service responsive?

### Our findings

The service was responsive to each person's individual needs. People who received a supported living service praised the service and told us how the support they received had helped them learn new skills and gain independence. For example, one person said "I like it here. I have done much more here than at (another service). I am much more independent."

A relative described the care given to a person who had received respite care at The Wheelhouse. They rated the home as "Nine out of ten" and described the staff as "Brilliant!" They said "If there is a problem they will address it".

Each person had a care plan that had been drawn up in the last year and had been recently reviewed. The plans were detailed and personalised. Care plans included summaries showing staff had reviewed each person's records. However, some records showed the reviews had not always been carried out every month as intended. Some were overdue by one or two months.

Care plans showed how staff encouraged and enabled people to go out, and to try new experiences. For example, one care plan said "She enjoys going out especially for lunch, however she can struggle on these occasions: the experience can be overwhelming and may raise her anxiety levels to such degree that sometimes she has to return home." The manager told us that in the past people may have been prevented from going out because staff did not feel confident to support them safely. However, this had changed in the last year and they now had a much more positive and 'Can do' attitude. They were now planning holidays and outings for people who had previously not been away.

Two members of staff who had recently been recruited told us the care plans had recently been updated, saying "They give a good picture. I feel I know the person just by reading their care plans."

A relative told us they had given the service a very detailed care plan they called an instruction 'manual' giving staff lots of information about the person and how they wanted staff to support them. The 'manual' even included recipes of some of the person's favourite meals. Staff told us they found this information very helpful.

The daily record sheets contained only brief details of each person's daily routine and activities. There were no records of each person's daily food intake, or observations on health issues. People who used the service and staff told us about the foods people ate and the activities they participated, but this was not fully evidenced by the records. People had access to a range of activities to enable them to pursue their interests and try new things. During the inspection people were involved in a range of activities to suit their abilities and interests. This included sports such as swimming and horse riding, cooking, gardening, games, arts and crafts and outings. In the main hallway of The Wheelhouse there was a board displaying some of the activities offered to people each week. These were displayed using pictures and symbols to help people understand the activities offered.



Staff talked about some of the activities people enjoyed regularly and individual interests and abilities, for example, one person was a talented swimmer. A member of staff talked about the improvements made in the last year since new staff had been appointed. They told us "There are enough staff to get people out now. There are lots of activities going on. We are not afraid to try out different things. We get them out a lot." They told us they had taken people go-karting and had been surprised to find how well people had managed, even those people they had thought might not have sufficient co-ordination skills to cope with steering. They also explained how they tried lots of different facilities until they found one that were suitable, for example swimming pools with water at the right temperature and accessibility.

When we arrived some people had gone out for a walk or to various activities while a few people had chosen to stay in bed for a lie-in. From our discussions with staff we found people were able to choose when they went to bed, and when they wanted to get up.

A professional told how staff supported a person to go shopping. The person had a history of anxiety which sometimes resulted in anger or aggression. The staff had found that giving the person a shopping list using photographs of each item they wanted to purchase had reduced the person's anxiety significantly and had resulted in the person being able to successfully go to the shops to purchase the things they wanted. They also told us how the person often went out to coffee shops with staff. This had demonstrated a significant achievement for the person.

People told us they felt there were plenty of opportunities to go out and participate in activities in the community. For example, one person told us there was a notice board displaying the things they wanted to do each day.

People told us they were confident they could raise any complaints or concerns and these would be listened to and acted upon. They told us they knew who to speak with. During our inspection a member of staff reminded people "If anything is on your minds tell us." A relative told us "Any problems I always speak out, pass on advice. We talk it through."

Care plans contained records of all incidents and accidents. All incidents were investigated by the registered manager, reported to other agencies where appropriate, and actions were taken to reduce the risk of recurrence where possible.

When we looked around The Wheelhouse we found some bedrooms appeared sparse because the occupant either did not want excess furniture or furnishings, or because they regularly caused damage to these. Some beds and wardrobes had been specially made, and items such as televisions were secured behind strong clear plastic screens. Some people had chosen to personalise their rooms with furniture, furnishings and decorations of their choice and these rooms appeared attractive and homely.

## Is the service well-led?

### Our findings

Covenant Care (The Wheelhouse) has two registered managers in post; one manages the residential care service for people living at The Wheelhouse and the other manages the supported living service for people living in shared houses in the Wellington and Taunton areas.

Systems to monitor the quality of the service were only partially effective. There were many examples of improvements made in the last year by the two new managers that had brought about positive changes for people who used the service. However, further improvements to the provider's quality monitoring processes were needed to ensure that people were receiving a safe, effective and responsive service.

Records of staff training records were managed by the previous registered manager who continued to work for the service on a part-time basis as an administrator. The provider's quality monitoring systems did not include regular checks of the training records. The records showed only a few members of staff had attended training on topics such as managing behaviour, breakaway, or total communication. One member of staff told us they had received training on a range of health and safety and specialist topics but this was not fully reflected in the training matrix we were given. We found the provider and registered managers did not have regular oversight of staff training and the quality monitoring process failed to ensure the training was reviewed regularly to consider any further training needs.

After the inspection the provider gave us assurances they had checked and updated the training records and they were confident their records were correct. They also told us they will monitor the training in future to ensure their required standard of training is maintained and improved where necessary.

Risk assessments on the premises were brief, and some risks, for example lighting, had been missed. They had failed to identify an area where poor lighting may have placed people at risk of injury of falling. This meant the risk assessments did not identify all major areas of risk or show clearly how these would be managed. Risk assessments had not been monitored closely within the quality monitoring process. After the inspection the provider sent us copies of their risk assessments. They also gave assurances that all risk assessments had been improved following our inspection to provide greater information about the risks identified and measures to reduce them.

Many improvements had been made to the care plans in the last year, but there were areas where further work was needed. Some care plans had been drawn up through consultation and involvement with the person and/or their families or representatives. However, people had not been given a copy of their care plan in a format suitable to their needs, and there was limited evidence to show how people had been involved in reviewing and updating their care plans.

Records of health appointments did not provide evidence to show that some health checks were carried out at least annually. Some records had not been dated which meant it was difficult to check the records were up-to-date. Care plan files were large and held some documents that could be archived. This meant it was not always easy to find relevant current information quickly. The provider did not have effective monitoring

systems in place to make sure all parts of the care plans were clearly recorded, regularly reviewed, or that people had been involved and consulted with their care plans. After the inspection the provider told us they had taken actions to improve the care plans.

The provider did not have systems in place to make sure mental capacity assessments were regularly reviewed and updated. This meant staff did not always have up-to-date information on each person's current ability to make decisions about their lives. Where people were unable to make decisions about their finances, 'best interest' decisions had not been made on a multi-agency basis. However, the provider told us they were seeking agreement to pass responsibility for people's income and savings to relatives or other authorised authorities. After the inspection the provider gave us assurances they had increased steps towards achieving this aim.

There were systems in place to involve and consult people in the service. People had been asked to complete a questionnaire, with support from staff where necessary. Responses from those people living at The Wheelhouse were limited. Relatives and professionals had not been asked to give their opinion of the service. People who received supported living services told us they held regular house meetings where they were able to raise ideas, suggestions or complaints and these were effective in getting things sorted out. These meetings were minuted.

The registered managers completed checklists covering many aspects of the service they each managed. They checked each other's services to ensure each part of the service was being managed consistently, and to provide support to each other. Checks included medications, policies and procedures, cleanliness of premises, fire safety, equipment safety checks, staff training, supervision and appraisals.

People who used the service, staff, relatives and professionals praised the registered managers and told us the service was well-run. A member of staff told us the registered manager of The Wheelhouse was "A real asset. She makes sure she knows what is going on; she doesn't stay in her office; she is a 'hands-on' manager and leads by example. She is really approachable and she wants the best for these guys." One member of staff told us "(Manager's name) taking over the management has been very positive. She is very 'hands-on'. She understands each person." Other staff commented "I genuinely love it: I love going to work," and "She is new to the job. She is learning. She has worked very hard. She is doing absolutely everything she can."

A member of staff working in the supported living service told us "This is one of the best places I have ever worked. We get along. I was really welcomed when I started here. If there is anything we need (the provider) is very supportive." Another member of staff told us the service was much friendlier than other services they had worked for, and said "The company takes good care of the staff."

A social care professional told us "I am very impressed. (Manager's name) is re-working staff rotas to better meet people's needs. I am encouraged by what I have seen." They described how the manager had sourced special equipment to meet a person's individual needs.

A relative of a person who received a supported living service told us "The service is well led. In my view it has the right mix of informality and professionalism. The management is very approachable by the service users with any logistical issues they may have such as finances, new furniture etc. It also puts my mind at rest because I can also approach the management team with any useful info to aid his wellbeing as well as any concerns which there are none at the moment. Especially helpful is the direct e-mail address to the house as I like to record my communication regarding (person's name) with them. The response by the senior at the house is good. I can phone anytime too and talk about (person's name)".

Another relative told us they were confident the service was well managed, saying "Yes, they are on top of everything."

Staff were motivated, positive and enthusiastic. We heard how the 'hands-on' approach of the management team had provided a positive role model for staff, and ensured staff supported people in safe, effective and caring ways. Staff told us there were good systems of communication which ensured staff were kept fully updated about any changes in people's health or care needs, or any changes to the daily routines. There were handovers at the start of each shift, and all staff were also required to read the communication book. Comments included "I would say communication is very good".

Staff told us there was good teamwork and close co-operation. A member of staff at The Wheelhouse told us the team worked well together, respected each other and tried to help where they could. They told us there was a team approach to looking after people in an informal but also structured way.

We recommend the provider seeks advice and guidance from a reputable source on the implementation of an effective quality monitoring and improvement system