

Wellington Care Limited

Wellington Care

Inspection report

67 Park Avenue, Princes Avenue
Hull
HU5 3EW

Tel: 01482680051

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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

About the service

Wellington Care is a supported living service registered to provide personal care to people who live in their own homes. Some of these homes are shared with self-contained flats and an office space for staff. Some people live on their own.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there was one person receiving personal care and support.

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

People had not always receive their medicines safely and this had not been identified in a timely manner by management. We made a recommendation regarding medicines. There were monitoring systems in place to monitor the quality of the service, but these were not always effective. The registered manager had identified this and had started to review the processes in place. We made a recommendation about quality monitoring and embedding these in practice.

Staff were supported within their roles and received training to support this. Frequency of supervision had not always been delivered in line with the providers policy. However, staff felt supported and plans were in place to address this.

Care plans and risk assessments provided staff with information about people's needs and how to support them safely. End of life wishes were recorded when expressed.

People and staff were positive about their experiences with the service. People told us that they had reliable support and staff respected them. People were supported to remain independent and were treated with dignity.

There were appropriate numbers of staff to support people when required. Safe recruitment practices were in place. Systems were in place to prevent and minimise the spread of infections when supporting people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us on 12 March 2021 and this is the first inspection.

Why we inspected

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

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 and local authority 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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Wellington Care

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 carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 June 2022 and ended on 29 June 2022. We visited the location's office/service on 23 March 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with one person about their experience of the care provided from the service. We spoke with five members of staff including the registered manager, two service managers, two community support workers. We also received feedback via email from one community support worker. We reviewed a range of records. This included one person's care records, medication records, three staff files and a variety of records relating to the management of the service, including policies and procedures.

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 good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The prescribers instructions had not always been taken into consideration when administering medicines. Medicines which should not have been administered together, had been.
- Records of administration did not always reflect the dose given to people when two doses could be administered. This meant the service could not be assured how much medicine had been given and how much was left.
- Regular checks of medicines had not been completed by the service manager which meant these concerns had not been identified in a timely way.
- Following the identification of the concerns in medication administration, plans had been put in place to improve this, including seeking advice from the GP and more frequent checks on staff competency.

We recommend the provider reviews all medication to ensure this is being administered in line with the prescribers instructions and in line with best practice.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and felt the service was safe. One person said, "I feel safe in my home."
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were recorded, managed appropriately and reviewed on a regular basis. Some information in relation to health risks was not clearly recorded. This was discussed with the registered manager who gave assurance this would be updated and reflected.
- There were systems in place to record and review accidents and incidents. There was limited evidence of analysing this information for themes, trends or lessons learnt. The registered manager stated this had already been identified and was to be included in a service development plan.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Staff supported people when they were supposed to. One person said, "My hours have never been cancelled. There is always someone here 24/7."
- Safe recruitment processes were in place to ensure staff were safe to work with people.

Preventing and controlling infection

- Staff wore personal protective equipment including gloves, face masks and aprons when required.
- The registered manager was up to date with COVID-19 guidance.
- Staff had received training and information around controlling and preventing the risk of infections, including those of COVID-19.

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

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

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

- People's needs were assessed before they were supported by the service. Assessments included people's individual needs, risks and preferences.
- People were supported to access meals and drinks. Support provided was flexible depending on needs, including support with menu planning, shopping and cooking.

Staff support: induction, training, skills and experience

- Staff completed an induction and ongoing training to support them in their roles. Staff spoke positively about their access to training. One staff member said, "The opportunities for training and progression has been fantastic."
- Staff felt very well supported in their roles and had supervisions. Supervisions had not always been held in line with the providers policy. There was a new service manager in post who was prioritising supervision with staff.
- People felt staff had the skills and knowledge they needed to meet their needs.

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

- People received responsive support from staff regarding their health needs when necessary.
- The provider was flexible with rotas to support people to attend appointments if 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 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.

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- People told us staff always respected their decisions and choices.

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 valued how their support was provided, promoting their quality of life.
- People felt respected and were treated with respect by staff. One person said, "I like how the staff speak to me. They treat me like I treat them. They are well mannered and polite. They have never shown me any disrespect." This enabled people to form trusting, caring relationships with their community support workers.

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

- People were at the centre of decision-making about their care, including how this was provided and which staff supported them. One person said, "This is my home, I live here and I have never been made to feel uncomfortable by staff."
- Staff supported people to make day to day decisions about their support including what activities they would like to engage in, at home or in the community.

Respecting and promoting people's privacy, dignity and independence

- People's personal care needs were met; staff supported people in a dignified way.
- Staff balanced encouraging people to be independent with recognising when additional support may be needed for things like cooking or accessing the community.

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 good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Details of people's likes, dislikes, preferences and how they like to spend their day, were known by staff. They used this information to care for people in the way they wanted.
- Care plans reflected person-centred care. People and staff confirmed care was being delivered in line with the care plan, despite records not always confirming this.
- People were supported to pursue their interests and live their life how they chose.
- People's end of life wishes had been discussed and where wishes were expressed, these were recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were meeting the communication needs of the people.
- Staff understood people's communication needs and how best to share information in a way they would understand.

Improving care quality in response to complaints or concerns

- Where concerns had been raised these had been recorded and responded to in line with the providers policy.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems and processes to monitor the quality of the service were in place. However, these had not always identified in a timely manner areas for improvement including; regular medicines audits, medicines administration, supervision frequency, accident analysis and record keeping. The registered manager said they were reviewing their monitoring systems and intended to make improvements.

We recommend the provider continues to review and develop the monitoring systems in place and ensure they are embedded in practice.

- Staff felt well supported in their roles and felt management listened and respected their views. One staff member told us, "The registered manager is really approachable, and they have done a lot to support me recently."
- The management team and staff were motivated to provide the best possible person-centred care and support for people.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- People were encouraged share their views on what they thought about the care offered through surveys and informal discussions. We saw the feedback from people on completed surveys was positive.
- The service worked closely with other agencies and professionals to ensure good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager knew what important events needed to be notified to CQC and understood they were required to be open and honest in the event of something going wrong with people's care.
- Opportunities to reflect on practice were in the process of being undertaken and lessons learnt were being considered.