

# Networking Care Partnerships (South West) Limited

# Wellpark

## Inspection report

Alphington Road  
St Thomas  
Exeter  
Devon  
EX2 8AU

Tel: 01392217387

Date of inspection visit:

08 March 2017

09 March 2017

Date of publication:

23 March 2017

## 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

Wellpark is registered to provide accommodation with personal care for up to eight adults who have learning disabilities. At the time of this inspection there were four people living at Wellpark. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People remained safe at the home. There were adequate numbers of suitable staff to meet the needs of the people living there and to spend time socialising with them. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff and people had access to healthcare professionals according to their individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home continued to provide a caring service to people. People told us, and we observed that staff were kind and patient. One person told us "I do like living here. I don't want to leave Wellpark." Another person said "It's so nice here. They do nice food. There are menus in the kitchen of the foods we chose." People were involved in decisions about the care and support they received as far as they were able.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. Complaints were fully investigated and responded to.

The service continued to be well led. There was a new manager in post who was in the process of applying for registration. People told us the new manager was supportive and approachable. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. A member of staff said "(Manager's name) has been fantastic. He is the strongest manager I have worked with, and the most supportive." The new manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Wellpark

## 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 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.<sup>1</sup> Explain whether this was a comprehensive or focused inspection:

This inspection took place on 8 and 9 March 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider 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 improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in November 2014 we did not identify any concerns with the care provided to people.

During this inspection we spoke with four people who lived in Wellpark and seven members of staff. The new manager was available throughout the inspection. Some people were unable to fully express themselves verbally due to their disabilities. We therefore spent time observing care practices in communal areas of the home.

We looked at a number of records relating to individual care and the running of the home. These included three care and support plans, three staff personal files and records relating to medication administration and the quality monitoring of the service.

# Is the service safe?

## Our findings

The service continues to provide safe care. One person told us they felt safe living at Wellpark. Another person was anxious about incidents that had happened in the past and needed reassurances from the staff. Staff told us about the measures they had taken when incidents occurred and we were reassured these had been addressed promptly and were unlikely to happen again. During our inspection staff gave the person constant reassurances that they were listening to their concerns, taking them seriously, and helping the person find solutions to make them feel safe.

There were adequate numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff sitting and talking with people, and supporting them with various activities in the home and in the community. Staff told us the staffing levels were good.

The 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 employment references had been obtained. Recruitment files showed two references from previous employers had usually been obtained plus a character reference.

Staff received training on how to recognise and report any suspicions of abuse. Staff were confident about the reporting procedures if they suspected people were at risk of abuse. Where incidents had occurred in the last two years staff had reported these promptly to all relevant agencies and ensured the incidents were fully investigated and actions taken to prevent recurrence.

Risk assessments had been carried out to enable people to maintain good health and to promote their independence. Where people had been assessed as being at risk of harm or illness, for example due to epilepsy, or accidents when out in the community, there were measures in place to support people to remain independent and safe. A member of staff explained the measures they followed when supporting a person to go out for walks, such as always taking a mobile phone with them to request assistance if needed, and being aware of places where the person may become anxious.

People received their medicines safely. There were systems in place to audit medication practices and clear records were kept to show when medicines had been administered or refused. All staff had received training on the safe administration of medicines. Each person had medications file containing medicines administration forms and information about the support each person needed with their medicines. On the first day of the inspection some files did not provide information to staff about medicines prescribed on an 'as required' basis. This information was put in place by the second day of the inspection along with easier access to pharmacy information leaflets and essential information about each medicine prescribed.

Safe systems were in place for handling people's savings, cash and valuables. Assessments had been carried out to establish each person's ability to make decisions about their finances. Income and savings for most people were either handled by external financial representatives such as the local authority, or in the

process of being handed over to an external representative by the provider. Each person had a supply of cash in the home for day to day spending and safe systems were in place to record all transactions, retain receipts and check balances. Requests for larger purchases were agreed through a 'best interests' decision making process.

The home was generally well maintained, clean and safe. A maintenance person was in the process of redecorating and upgrading an unoccupied bedroom. The lounge had recently been redecorated and the kitchen refurbished. Further decorations, maintenance and improvements were planned for the near future.

# Is the service effective?

## Our findings

The service continues to provide effective care and support to people. Throughout the inspection we found staff had the skills required to effectively support people. We saw staff were able to communicate with, and understand each person. Staff supported people to be as independent as possible. Goals had been identified for each person through the care planning process and steps had been agreed to help people work towards their goals. They had sought advice and input from specialist health and social care professionals where necessary to ensure they were following current good practice.

Staff received the training they required to keep people safe and to meet people's individual needs. At the start of every new member of staff's employment they received induction training that ensured they had the basic skills needed to provide effective support for each person. They were carefully monitored and supervised during their probationary period to continuously check their skills and suitability for the job.

When staff had successfully completed their probationary period they received further training and regular updates on a range of essential health and safety topics, and also topics relevant to the health and support needs of people living at Wellpark. Since the new manager began working in the home he had ensured that all staff were up-to-date with the training and updates required by the provider. Evidence of staff training was seen in the staff training matrix. Staff also had opportunity to gain relevant qualifications such as diplomas and National Vocational Qualifications (NVQs). The manager also told us they were hoping to provide further specialised training in autism for all staff.

Comments from staff included "The training is pretty good. My training is up-to-date" and "We have had some good training but we are moving towards more online training which doesn't suit everyone." Staff told us they could request training on additional topics such as sign language if they felt it would benefit people who used the service. A member of staff told us "There is a good pool of knowledge here" and said they could always seek advice from other staff on specific topics or issues.

People told us they enjoyed the meals. One person told us "It's so nice here. They do nice food. There are menus in the kitchen of the foods we chose. We have lasagne and pizza and chicken Kiev's." We asked if they were supported to eat healthy foods and they told us "There is always plenty of fruit here like bananas and pears and grapes." Staff told us they sat down with people and planned the menus. People who were unable to communicate verbally were given options using pictures of foods. Staff also used their knowledge of each person's likes and dislikes and nutritional needs to help them plan the menus. People could always choose an alternative if they did not like the meals offered. Staff were aware of any individual dietary needs such as the risk of choking. Care plans contained evidence of advice and input from doctors and specialist health professionals. People were weighed regularly and any changes in weight were monitored.

Staff had received training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Care plans contained evidence of assessments carried out by health and social care professionals to establish each person's capacity to make important decisions about their lives. Staff understood the importance of allowing people to make decisions where

possible. Where decisions had been made in a person's best interests these were fully recorded in care plans. These included best interest decisions about medical treatments and dental procedures.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. DoLS applications had been approved for each person living at Wellpark.



## Is the service caring?

### Our findings

Wellpark continues to provide a caring service to people. There was a stable staff group, many of whom had worked in the home for a number of years. Staff had built up a close friendship and mutual understanding with each person. During our inspection we saw staff sitting and talking to people, carrying out activities with them or going on outings together. Staff understood each person's communication methods and the things that mattered to them. One person told us how they enjoyed their one to one sessions with staff every evening and said "It's on my timetable!" They told us the sessions had helped them overcome anxieties and become much happier.

Staff demonstrated genuine caring and fondness for each person. One member of staff said "You won't find a better place to work. Each person is unique. The staff team are so talented. They are very, very motivated and positive." They went on to say "People who live here need to be treated as individuals." They talked about the importance of developing good communication with each person to help them improve their quality of life and their independence.

Another member of staff told us they felt the staff had been carefully recruited for their caring qualities. They told us "The staff team here are brilliant. In many ways we are (the residents') family." They described their close bond with one person who had displayed agitation and aggression in the past when living in previous care homes. The person had become much happier and calmer since moving to Wellpark. Staff recognised signs of agitation and knew the things the person liked and disliked. They were able to calm the person by giving reassurance and suggesting an alternative activity the person might enjoy. The staff team had recognised that some people related to some staff better than others and they had adjusted the way they supported people accordingly. They were in the process of introducing a key worker system and we heard that people could choose their own key worker.

People were involved in decisions about their care. House meetings took place every month and people were encouraged to speak out and make suggestions. For example, one person told us they decided they would like to have a disco. "I told (staff) and we had a disco!" They also asked if they could play Bingo regularly. Staff went with them to purchase equipment and since then they had played Bingo on a regular basis. Staff had consulted people on the decorations and furnishings in the home. People were also involved in important management tasks such as staff recruitment. A checklist had been drawn up, using text and symbols, to help people ask the right questions and record their views on each prospective new member of staff. Their views had been listened to and considered before any decision to employ a new member of staff was reached.

Care plans and daily records demonstrated how people had been supported to make choices about their lives. For example, one daily record stated a person "Chose his clothes" and another said "Chose breakfast and made it himself." Other records showed how people had been offered foods or activities and where they had refused, staff had respected their decisions.

The provider told us in their Provider Information Return (PIR) that they ran a 'dignity in care' scheme. Staff

members were allocated to ensure that people who used the service were treated with dignity and respect and to speak up for people where dignity and respect could be improved. The records showed this was monitored through staff observation and supervision sessions, and also through staff meetings. This was also reinforced through training. Staff were aware of the importance of treating people's bedrooms as private, and always knocking before entering.

## Is the service responsive?

### Our findings

The service continues to be responsive. People received care and support which was responsive to their needs and respected their individuality. The provider told us in their Provider Information Return (PIR) "Service users are actively encouraged to take part in their own care planning with their family and friends. During this process service users are given the time to voice on how they wished to be cared for which is documented within their care plan." The manager told us they felt it was important to take time to get to know prospective new people before agreeing they could move in. They had introduced careful assessment procedures to make sure any new people would fit in well and get on with the other people living there.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. In addition to full care plans the staff had created a document that gave a detailed and easy to read overview of each person and their care and support needs. These documents were designed to give agency or bank staff sufficient information about each person and how they wanted to be supported. Staff had a good knowledge about each person and were able to tell us about people's likes and dislikes. A member of staff said "We have the right staff at the moment, a balance of staff. Staff can communicate well with people."

Each person had a weekly activity timetable drawn up with them to plan the things they wanted to do. Some had planners had been drawn up using photographs and symbols. One person had a large chart displayed in their bedroom listing the activities they wanted to do each day. The person had decided not to do some of the activities listed on the planner but told us they might want to do them in future. They did not want staff to change the planner. Staff explained how they were supporting and encouraging the person to work towards restarting some of the activities. They described a gentle and understanding approach using step by step goals. Staff were able to demonstrate how this approach had helped the person gain confidence.

During the inspection we saw people participating in a range of activities. One person went into town with a member of staff; another person went out with a member of their family. There was a large selection of puzzles, games and books for people to use. Each person also had their own supplies of arts and crafts materials in their rooms, and other interests such as music equipment and DVDs according to their individual interests. People regularly went out to activities they enjoyed such as swimming and horse riding. One person talked about attending church services accompanied by staff. Group activities included flower arranging and quiz nights. Staff told us they planned to introduce cookery sessions in the near future.

The provider had a complaints procedure and people who used the service had been made aware of this. During the inspection one person complained about lights in the corridors being switched off at night by another person. Staff listened and agreed to take a range of actions including installing night lights and ensuring night staff regularly checked that lights were switched on in the corridors. No formal complaints had been recorded. Before this inspection a concern had been raised through the local authority safeguarding process about a person who was displaying anxiety and aggression. The provider had worked with professionals to seek a solution and ensure best practice was followed.

## Is the service well-led?

### Our findings

The service continues to be well led. Since the last inspection there had been a number of changes of manager. Some managers had left before registration had been approved. As a result the service had been through a period of unstable management. A few weeks before this inspection a new manager had begun working in the home. He told us he was in the process of applying for registration. 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.

Despite the changes of manager staff turnover had been low which meant people had benefitted from some stability. Staff told us about the positive changes in the home since the new manager had been appointed, "It's a different place", "He has the right qualities for the job", and "(Manager's name) has been fantastic. He is the strongest manager I have worked with, and the most supportive." Staff told us they felt well supported. There was also a deputy manager in post. There was a clear and effective management structure and staff understood their roles and responsibilities and the structure of the provider's organisation. A member of staff told us the new manager had "made it very clear what our roles are – he has been true to his word." During the inspection people living in the home approached the manager to share concerns and talk about things that mattered to them.

Staff received regular supervision and appraisals. They were also informed and consulted about any changes and important information through daily hand over sessions. Staff meetings were held monthly and staff were encouraged to speak out and make suggestions about how the service could improve. Staff spoke positively and enthusiastically about their jobs. Comments included "It is exciting what the plans are for this place. There is a lot of potential for things we can do" and "We are getting there." The provider, manager and staff had identified areas for improvements and there were action plans in place setting out how these would be achieved. The provider supported and encouraged staff in various ways, for example there was a staff recognition scheme that rewarded staff who were performing "above and beyond the call of duty". Long service was rewarded after each five year period with certificates, flowers and chocolates.

People were supported to express their views about the service and help the provider improve the service. Their views were sought during visits to the home by the area manager, through regular house meetings and through individual care planning review meetings. They also used questionnaires to seek people's views.

There were effective quality assurance systems in place. Audits were carried out regularly by the provider and by the manager on all areas of the service including care planning and reviews, staff recruitment, training and supervision, medications, food hygiene and the maintenance of the home. There were detailed action plans in place identifying the actions needed to improve the service and when these would be completed, and by whom. There were maintenance checks carried out and a list of maintenance to be carried out.

Incidents and accidents were monitored and there was an ethos of learning from incident and errors. To the best of our knowledge, the provider has notified the Care Quality Commission of all significant events and notifiable incidents in line with their legal responsibilities. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.