

Accomplish Group Limited

Wings

Inspection report

17 The Grove
Beck Row
Mildenhall
Suffolk
IP28 8DP

Tel: 01638583934






Date of inspection visit:
22 January 2020

Date of publication:
31 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Wings is a residential care service providing personal care and support for up to six adults who have a learning disability and/or autism or a mental health support needs. At the time of our inspection five people were being supported at the service.

Wings had been built and registered before the Care Quality Commission (CQC) policy for providers of learning disability or autism services 'Registering the Right Support' (RRS) had been published. The guidance and values included in the RRS policy advocate choice and promotion of independence and inclusion, so people using learning disability or autism services can live as ordinary a life as any other citizen.

The service did not consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

The outcomes for people did not always reflect the principles and values of Registering the Right Support, because people received limited support to become more independent and develop new skills, were not supported by staff to always take part in activities and were not encouraged or supported to become more involved in the community in accordance with their identified needs.

People did not always receive a service that provided them with safe, effective and high-quality care. The environment was not always well maintained, and repairs were not actioned in a timely manner.

The service was not always well led and there was a lack of quality assurance processes in place to identify the issues found during the inspection.

People were supported by staff who had a good understanding of how to recognise and report potential harm or abuse and were confident in local safeguarding procedures.

People were supported by staff who were kind and caring and who encouraged people to be as independent as possible within their home.

People were provided with a choice of meals which considered their likes and dislikes and were encouraged to eat a varied diet that took into account their nutritional needs. People were supported to access healthcare professionals when needed to maintain their health and wellbeing.

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

Rating at last inspection

The last rating for this service was requires improvement (published 11 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was always caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Wings

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Wings is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was no manager registered with the Care Quality Commission at the time of our inspection visit. The previous registered manager had left the service in September 2019. When in post, a registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. During our inspection visit the provider was represented by the regional manager and deputy manager who was 'acting up' as the service manager.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service. We requested to speak with relatives but received no response. We spoke with five members of staff including the provider group director of quality, regional manager, deputy manager and two care staff.

We reviewed a range of records. This included two people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted healthcare professionals about their experiences of the service however we received no responses from anyone familiar with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were not always sufficient numbers of staff on duty to meet all people's needs in a timely way. There were a number of staffing gaps however the acting manager told us the provider had an ongoing recruitment campaign to attract new staff, as due the rural location of the home it was difficult to recruit to staff vacancies.
- There continued to be a high use of agency staff at the service to maintain a safe level of staff. One staff member said, "We're looking forward to getting more staff. Our agency use varies but can be as much as three agency staff on shift."
- The lack of staff meant that people could not always go out into the community according to their preferences. It was also not apparent from rotas or daily records how funded one to one hours were provided. One person told us about the great personal distress this had caused them when, on occasions, they had been unable to attend their favourite weekly social event.

The above evidence shows a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they had an ongoing recruitment campaign to attract new staff, as due the rural location of the home it was difficult to recruit staff vacancies.
- Recruitment practices continued to be safe.
- We received confirmation, from the manager of the recruitment processes they followed about how the provider assured themselves that staff were suitable for the role. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- There were on call procedures for staff to gain advice and support if needed outside of office hours and at weekends.

Systems and processes to safeguard people from the risk of abuse

- People who could communicate verbally with us said they felt safe living at Wings. One person said, "I feel safe here, there are staff here at night. They check on me and I don't mind that. I like to be checked so I know they are there."
- People were supported by staff who had received safeguarding training and understood their responsibility to identify and report concerns of abuse.

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

- Risk assessments included information about people's risks and how staff should support them to manage those risks.
- The provider had systems in place to record and investigate any accidents and incidents involving people using the service.
- A system to share any communication updates and learning was in place. We saw staff reading any updates and signing their name to agree understanding on arrival at work.

Using medicines safely

- People's medicines were managed safely. Medicines records were completed accurately and the sample of medicines we counted tallied with the amount recorded.
- There were no gaps in signatures and all medicines were signed for after administration.
- Medicines were appropriately secured in a locked storage cabinet with staff holding the keys with them securely.
- Where people were prescribed medicines on a 'when necessary' (PRN) basis, there were clear instructions for staff, so they could recognise when the medicine was needed.

Preventing and controlling infection

- During this inspection we found the home to be visibly poorly maintained in places. In one bathroom the flooring had a hole in it which was not only unsightly but would have meant effective cleaning was not possible.
- Staff had access to personal protective equipment (PPE). The PPE included disposable gloves and aprons.

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.

At the last inspection this key question was rated as Requires Improvement. This was because staff training was not always up to date and people's capacity had not always been considered. At this inspection this key question has now stayed the same. Some staff training continued to be out of date and in need of refreshing. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- Some of the décor was tired and did not create a homely feel. This included the lounge with furniture and the carpet in a poor state of repair. Some radiator covers were broken and very rusty.
- Additionally, carpets were badly stained in some communal areas. Several areas were drably painted, and some walls were stained and damaged.
- A communal shower room had evidence of black mould on the ceiling which was not only unsightly but could have potentially presented a health risk.
- Whilst the providers planned maintenance programme had identified some of these concerns, works on some areas was not due to commence for a number of months.

The failure to ensure that the premises and equipment was clean, maintained and suitable for the purpose for which they are being used was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed before they started using the service. However, some people had been living at the service for a number of years and their needs and wishes had not always been reconsidered or reassessed with them.
- Assessments of people's needs, and choices were not very individualised and care documentation lacked up to date information about people's preferences.

Staff support: induction, training, skills and experience

- Staff members completed an induction at the service to ensure that they were prepared for their job roles.
- Staff told us that supervisions and appraisals were carried out with them to ensure that they had the support and development they needed to provide care and support for people.
- Staff received relevant training to learn how to support people.
- Some training had not been refreshed according to the provider's own training schedule.

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

- People were involved in choosing what they wanted to eat and drink and made menus for the week. One

person said, "The food is lovely. I choose my own menu's and what I have." A member of staff told us, "When menu planning, we ask people what they'd like for their meals."

- Staff were aware of people's individual dietary needs, their likes and dislikes and supported people to eat and drink in accordance with their assessed needs.

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

- People were supported to seek healthcare support from healthcare professionals such as GP's and dentists depending on their needs.
- Arrangements were in place to share information between services as appropriate and for the benefit of people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in MCA and DoLS and understood their responsibilities under the act. We saw staff explain to people what they needed to do and sought people's consent before supporting them.
- Where people lacked mental capacity, assessments took place and decisions were made in their best interests.
- Where necessary, the provider had applied to the local authority for DoLS to keep people safe.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's personal information in the form of a 'one page profile' was displayed in a photograph frame on the hall wall by the front door. This meant their privacy was not always maintained. This area was frequented by any relatives and/or visitors who would have had ample opportunity to read these profiles. People had not consented to some of their personal information being displayed in this way.
- Interactions we observed were respectful and staff treated people with dignity.
- Staff gave us examples of how they encouraged people to be independent and help with tasks around their home. One staff member said, "[Person] will help with changing their bed. They do their washing and take the basket to the laundry. We do try to keep people independent. [Another person], we encourage to take their plate to dishwasher and rinse it first."

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

- One person who spoke with us was complementary about their care saying, "Staff are kind and lovely. No staff has ever shouted at me."
- Not all of the people who lived at the service were able to tell us about their experiences and views of the service. We observed how people were being supported to see if staff were caring towards them. It was apparent that staff knew people's needs and preferences well.
- We observed a member of staff quickly and calmly de-escalated a situation where a person was becoming distressed.

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

- Some people had complex communication needs and it was challenging for staff to always involve them in making decisions about their care however staff supported people to be involved as much as possible.
- People had opportunities to express their views at 'have your say' meetings which were facilitated by staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Support plans were not always written in a way that prompted staff to encourage people to make choices. For example, one person's support plan detailed at 11pm every night '[continence] change'. This encouraged staff to carry out an action without checking or asking the person if they wanted or required the care first.
- People were not always enabled to make choices and take part in activities which they enjoyed. People were not always supported to get out into their community. One person told us of their distress at being unable to go out of an evening and attend social events due to staffing arrangements at the service. They said, "We get to go out when we've got enough staff. Sometimes I can't even go to work as we haven't got enough staff or drivers to take me. It makes me feel fed up. I get fed up of staying in. I like to go out in the evenings, I haven't been out for a long time as we haven't had enough staff."
- People's records to show daily activity gave little information of the person's day. Minimal activities were being recorded and were not always consistent with what support plans identified people enjoyed doing for to meet their hobbies, leisure pursuits and activities.
- People were dependent upon staff supporting them to follow and take part in their interests or hobbies and maintain contact with the community. Most people needed one to one support when outside the service. At the time of the inspection there was limited information about what people were doing.
- Another person spent most of their day in their bedroom. Staff told us this was the person's preference however records showed on the two occasions in December 2019 that they had left the service to go out into the community they had really enjoyed themselves. This person's care and support plan also recorded their enjoyment of going out into the community and listed this as an aspiration and goal.
- The acting manager and staff told us some people chose not to engage in activities and the community, however there was a lack of evidence through care planning and robust evaluation of the person's daily records to demonstrate the service was doing all that is practicable to encourage activities and opportunities.

People's needs had not been fully assessed to ensure their care and support was designed and delivered to meet their needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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.

- People's records detailed support they required to enable them to maximise effective communication.
- Care plans included information on effective communication with people. For example, one person's care plan detailed how they had no speech but used non-verbal communication methods. These included head movements, body language and hand gestures to help make themselves understood to others.
- Information such as complaints procedures and the fire alarm procedure were available in easy read formats to help people understand them.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- No formal complaints had been received.
- There was an easy read complaint procedure for people which was displayed in the hallway.

End of life care and support

- At the time of our inspection visit there was nobody receiving end of life care.
- Records showed that people were offered the opportunity to discuss their final wishes care plan but any refusal to take part in this was also respected.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of the inspection, there was no registered manager at Wings. There had been two management changes since the last inspection in 2017. This had impacted on the service.
- The provider's values of enabling people to work towards their goals, live more independently and take control of their lives as well as supporting people to achieve their full potential were not demonstrated through their practice or within their systems and processes at Wings. There was a lack of oversight by the provider to ensure that people received good quality, person-centred care.
- Shortfalls in the delivery of care found as part of this inspection, had not always been identified by the management team or the provider.
- There were no structured processes in place for regularly auditing support plans or other records relating to people's care. The care and support people received was not in line with their support plans.
- Audits in place and completed had failed to result in the environmental improvements needed being actioned in a timely manner.
- The acting manager and staff team had not kept up to date with best practice guidance and legislation around Registering the Right Support and supporting people living with autism or learning disabilities. People missed opportunities for social engagement due to staffing arrangements. This was evident in the lack of activities and community engagement available to people as summarised in other sections of his report.

The shortfalls in managerial oversight and leadership impacted the service and people living there. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team consisted of the deputy manager who was also acting as the manager temporarily. There were visits from the regional manager to support the acting manager and staff however these were not frequent.

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

- The provider was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a

regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific actions providers must take if things go wrong with care and treatment.

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

- Improvements were needed to ensure people were provided with opportunities to develop links with the local community.
- Staff told us that team meetings used to be held frequently but the last one had been September 2019. The lack of meetings meant staff were not encouraged to contribute their ideas about what the service did well and what they could do better.
- Some easy read and pictorial information was available to support people with a learning disability to understand information and express their views.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure staff supported people to follow their interests and take part in activities.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were ineffective systems and processes in place to enable the management team to monitor the service and drive improvements as required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were sufficient staff available to meet people's needs.