

Wellesley House Limited

Best Outcomes

Inspection report

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Tel: 07745328869

Date of inspection visit:
05 September 2018
06 September 2018

Date of publication:
25 October 2018

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

Best Outcomes is a supported living service for people with a learning disability or mental health diagnosis located in Rochdale, Greater Manchester. Best Outcomes is registered to provide personal care for people in their own home. At the time of the inspection the service was supporting two people living in one property.

This inspection took place on 5 and 6 September 2018 and was announced. The service was last inspected on October 2015 and received an overall rating of good. At this inspection we found that evidence continued to support the rating of 'good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

We were assisted throughout the inspection by a registered manager. 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.

Staff were aware of their responsibilities to safeguard people from abuse. Safe recruitment practices were in place and the service followed national and local safeguarding guidance. There were sufficient staff to care for people. Risks to people's safety were assessed and medicines were administered safely.

People received care from staff who were appropriately trained to effectively carry out their job roles. People were supported to have maximum choice and control of their lives. The service acted in accordance with the Mental Capacity Act (2005). People were supported to maintain good health and receive ongoing healthcare support.

Staff spoke about people with genuine empathy and compassion and demonstrated a commitment to providing good care. We saw that staff knew people's needs well and people who used the service told us the care was not rushed and they were actively supported to become more independent where possible.

The service was proactive at promoting activities and access to the wider community and both residents had regular activities including holidays and access to education.

The staff were committed to their roles and spoke in a caring and compassionate way about the people who used the service and the service had internal quality assurance systems in place to monitor performance and to drive improvement.

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

Best Outcomes

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 5 and 6 September 2018 and was announced. The provider was given 48 hours' notice because the location was small and we needed to be sure that we could access the premises.

The inspection was carried out by one adult social care inspector. The onsite visits gave us the opportunity to see the registered manager and office staff; and to review care records, policies and procedures.

Before our inspection the provider completed a provider information return (PIR). The PIR 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 also reviewed the information we held about the service and we looked at the statutory notifications they had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

Before the inspection visit we contacted the local authority safeguarding and commissioning teams about the service to gather relevant information. We also contacted Healthwatch Rochdale. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any negative information from these organisations.

During the inspection we spoke to one registered manager, four staff members and one person who lived in the home. We observed the second resident interact with staff over two days as they were unable to communicate with us.

During the office visit we looked at records relating to the management of the service. This included policies and procedures, incident and accident records, safeguarding records, complaint records, three staff

recruitment, training and supervision records, two care files, team meeting minutes, satisfaction surveys and a range of auditing tools and systems and other documents related to the management of the service.

Is the service safe?

Our findings

At our previous inspection we found the service was safe. At this inspection we had no concerns and the service continued to be good in this area.

Staff were recruited safely and policies and procedures had been followed correctly. The service had recruitment procedures in place. This helped to protect people from the recruitment of unsuitable staff. We looked at three staff personnel files to check that the procedure had been followed. They confirmed that the required checks had been carried out before staff began working for the service. Each file we looked at contained application forms with full employment histories, proof of identification, evidence that at least two references had been sought from previous employers and Disclosure and Barring Service (DBS) checks had been completed. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Policies and procedures for safeguarding people from harm were in place and were available to guide staff. People were protected from harm by trained staff who knew how to keep people safe and knew what action to take if they suspected abuse was happening. Potential risks to people had been identified and assessed appropriately. We saw that safeguarding was discussed in staff supervision and at team meetings. Training records confirmed that all staff had received safeguarding training and all staff were aware of the whistle blowing policy and new how to report any concerns.

Risk assessments were in place to protect people and aimed to reduce risk whilst maximising independence. Risk information was routinely collected and assessed and measures put in place to mitigate any risks. There was a person-centred culture focused on learning and the least restrictive approach that ensured people's needs were prioritised safely. This was evident in both care files that we looked at. The content included risk assessments for medication, mobility and an assessment of the home environment including checks on fire safety.

Systems were in place to manage and prevent the risk of cross infection. There were infection control policies and procedures in place to guide staff on best practice. This included guidance on preventing the spread of infection; effective handwashing and use of personal protective equipment (PPE) including uniform, disposable gloves, aprons and hand gel. The service carried out comprehensive monthly infection control audits and used the local council's infection control tool every 12 months. Staff understood their responsibilities and this was confirmed by the people we spoke to.

Medicines were safely managed. Records demonstrated that the service aimed to reduce reliance on medication and only used it when necessary. Person centred approaches helped reduce challenging behaviour which reduced the need for medication. Policies and procedures were available to staff and had been followed correctly. We looked at two people's Medication Administration Records (MARS). The medications were clearly listed and we found that all records were completed to confirm the person had received their medicines as prescribed. Records confirmed that staff received training and competency assessments before they could administer medication. We saw that medicines files were audited daily by

staff and weekly by the registered manager to ensure accurate records were kept.

We looked at the equipment and facilities at the service and found that the environment was safe for the people who lived and worked there. All necessary safety checks were carried out including gas, electricity and firefighting equipment. The building was well maintained and we saw that health and safety checks had been carried out each month in line with the policy. Staff had been trained in fire safety. Each person had a personal emergency evacuation plan (PEEP). PEEPs set out the specific requirements that each person had, such as staff support or specialist equipment, so they could be evacuated safely in the event of a fire.

Is the service effective?

Our findings

At our previous inspection we found the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

Feedback about the service was positive. One parent commented in an annual survey, "We're happy with the service provided [name] is well cared for and has been settled...his meals are well balanced and his health needs well monitored with frequent trips to the doctors...pleased [name] has been walking more lately. Pleased WhatsApp updates help us to see what he does."

Newly appointed staff received an induction to prepare them for their job and this involved an assessment of their competency to work effectively and safely with people. The induction included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. Staff confirmed the induction prepared them for their role.

All staff we spoke with told us they were provided with training that enabled them to do their job and meet people's needs. Records demonstrated that staff were well trained and accessed additional training when required including autism training and recent oral health training provided by the Clinical Commissioning Group.

The service had strong links with the councils safeguarding and learning disability teams and the service supported people to access the healthcare professionals that they needed including psychiatry, dentistry, podiatry and speech and language therapists.

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.

The service was working within the principles of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. One person had started the placement in a full protective body suit. The service was creative and found an alternative that was both more comfortable and more dignified. Policies and procedures were in place to guide staff and the registered manager had a good understanding of the legislation and had been proactive in contacting the council about a possible Deprivation of Liberty. The people we spoke with told us that before receiving any care, staff always asked them for their consent. All staff had MCA training in their induction and staff demonstrated a good understanding of what was required in practice.

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

Staff spoke about people with genuine empathy and compassion and demonstrated a commitment to providing good care. The registered manager commented, "We go above and beyond for the service users. This is constant. Their needs drive what we do and we are always looking at ways to improve their quality of life." This approach was consistent with the evidence that we looked at and what we observed over two days.

One person commented, "I like living here the carers take good care of me and make me happy, they talk to me."

We saw that staff knew people's needs well. We also saw that where people did not communicate verbally staff were always exploring new ways of facilitating communication and observed body language and other cues to determine the person's responses and mood. This helped ensure that people received the care they wanted, as far as possible.

The home was spacious and well decorated with a large kitchen and a comfortable lounge. There was ramp access to a large garden area that was in the process of being converted into a sensory garden with involvement from family. The office door was always open and had a sign stating, "Our service users do not live in our workplace we work in their home."

People who used the service told us the care was not rushed and they were actively supported to become more independent where possible. Staff were all able to explain how they supported people to be independent and gave examples about personal care and preparing food.

Detailed service user questionnaires with thirty-six different prompts were used on a two-monthly basis before every team meeting. These included questions about people's rooms, food and drink and if they felt respected by staff. We also saw Christmas cards from four relatives dated 2017 with one stating, "Keep up the good work, you are the best home in the borough."

The registered manager had a good understanding of independent advocacy services and reported having a good relationship with the service and gave examples of when they would need the service. Independent advocacy services can support people to participate in meetings about their care and support and can help people to secure their rights.

The service met the Accessible Information Standard. They routinely asked what people's communication needs and preferences were and these were clearly recorded in the people's files that we looked at. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that

they need from health and social care services.

Equality & Diversity information in the care files ensured that people were given the opportunity to share relevant information if they chose to in line with the Equality Act 2010. The legislation identifies nine protected characteristics such as religion and sexuality that people should be given the option to share and discuss. This is important as it can help to inform care planning and to remove barriers to good care.

Staff received training in confidentiality and data protection and all the records we asked to look at were stored securely.

Is the service responsive?

Our findings

At our previous inspection we found the service was responsive. At this inspection we had no concerns and the service continued to be good in this area.

Care records showed people's needs were assessed prior to them using the service in a careful and considered way to ensure as far as possible that their needs could be met. The service received referrals and an assessment from the local authority which they used to carry out their own assessment before deciding if a placement was suitable. If the referral was accepted this was followed up by transition work to support a smooth transition into the service. A final support plan was produced in partnership with the person in the first week of the tenancy to confirm the support that would be provided. This document was a live document and evolved through experience, learning and regular review.

Care plans reflected individual needs and how people preferred to receive support from staff. The care records showed attention to detail regarding personal care and a detailed description of how to help with food and drink for example where the person required support. Each person had a one-page profile which had details of what was important to them, what they liked and disliked and how best to support them. Independence was promoted at every opportunity. One person commented, "Yes they are very nice. They have made me more independent."

A service user guide and brochure detailed information about the service. This was available in an easy read format and contained information on what the service provided, the aims and objectives and how to complain. The people we spoke with told us they knew how to complain if they needed to. The service had not received any complaints in the last 12 months. During this time the service had received seven compliments. One relative had stated, "You are brilliant" and a district nurse had stated, "This is a lovely relaxed home and a nice place to be. Staff team are very good and work well together."

The service was proactive at promoting activities and access to the wider community and both residents had regular activities. The service also went the extra mile to ensure that the residents could live their life to the full. They had hired a hoist, a pressure relief mattress and a profile bed and had it delivered to a caravan to enable one person to go on holiday and had supported someone else to go to the Calvert Trust in Keswick. The Calvert Trust is a charity that provides outdoor activities for disabled people. The same resident had been supported to go to college for the first time and had achieved a certificate in health and wellbeing.

Both registered managers had completed palliative care education passport for the service and are planning to implement an advanced care plan specifically for people with learning disabilities.

Is the service well-led?

Our findings

There was a registered manager in post who had been registered with this service since May 2018.

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.

The registered manager was committed to the role and spoke in a caring and compassionate way about the people who used the service. The service was caring and focused primarily on providing high quality care to the residents. The registered manager was part of the team and carried out all tasks in a team culture that was person centred and passionate about providing good care.

The owners received praise from staff and residents. We were told that, "Nothing was too much trouble for them." Another person commented, "It is very well managed, they are very good people and the owners are lovely. If I have an off day I can go to them and they will support me."

Policies and procedures were available and up to date. There were good communication systems in place including a handover sheet with updates on new legislation that staff read and signed and daily communication sheets for pressure relief and personal care to ensure good care. There was also a communication sheet in place to record a resident's behaviour who was nonverbal to try and gauge what he liked or disliked.

There were regular team meetings and supervisions for staff. Staff felt supported in their roles and could seek guidance from senior staff when they needed it. One staff member commented, "Definitely well supported. Always listen and involve you in decisions. They make time for you and they care." A second said, "They were available every day and listened to our ideas and they are always looking at how they can improve things for the residents and staff."

We saw spot checks and direct observations were carried out with staff to ensure that standards of care were maintained. We looked at a sample of these and determined they were carried out regularly and any shortfalls were recorded and resolved. Any action taken regarding staff performance issues was also recorded.

The service had internal quality assurance systems in place to monitor performance and to drive improvement. These included regular audits including a six-monthly audit from the owner and knowledge and competency tests for staff as part of their induction and ongoing support.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that since our last visit we had received appropriate notifications from the service.

During the inspection we found the service was managed by professionals and staff with an obvious dedication to the people that they supported.