

Wirral Independent Living Services Limited

Wallasey Project

Inspection report

130 Seaview Road
Wallasey
Wirral
Merseyside
CH45 4LD

Tel: 01516388586
Website: www.wilsLtd.com

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

This unannounced comprehensive inspection was carried out on 25 and 26 July 2018. This was our first inspection of the service since it had registered with CQC.

At the time of our inspection the Wallasey Project provided care and support to 24 people living in their own homes, in order to support them to live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for people supported in their own homes; this inspection looked at people's personal care and support.

The service is provided by Wirral Independent Living Services Ltd (WILS), who also run another supported living service from its head office in the Birkenhead area of the Wirral. WILS aim to provide specialist support services to individuals who may have a range of complex needs, which may include a severe mental illness, learning disability, physical disability, alcohol dependency, substance misuse or homelessness.

The service had a registered manager, who had worked for the organisation for many years. 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 day-to-day operation of the service was managed by the service manager, who was several weeks away from completing a Level 5 NVQ in Management and was in the process of applying to CQC as a registered manager.

During this inspection we found that the service was performing well in most areas. However, the service was not keeping appropriate records of the medication that people had been supported to take. Staff recorded that they had supported the person with their medication in the daily records but they did not specifically record each medication that they had supported the person to take. This was not in line with the relevant national guidance on managing people's medicines in the community.

Staff, who had appropriate training and experience, provided people with appropriate support with their medication. The staff told us that they were confident supporting people with their medication and assisted people to take the right medication at the right times. The staff were knowledgeable about people's medication needs and people told us that the staff were very helpful with this.

Overall, staff were safely recruited and were supported with a thorough induction process. Criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. We also saw that official identification, such as a passport or driving licence and verified references from the most recent employers were also kept in staff files. However, in one of the recruitment files we reviewed we saw that the member of staff's references were missing. We discussed this with the senior management at the service who explained that they were unable to account for how or why this information was missing. Based on other information in the file we were reassured that references for this longstanding member of staff were originally obtained

but had been misplaced.

We saw that people's care plans were person-centred and provided staff with the information they needed to meet people's needs. They also contained relevant risk assessments, which were reviewed regularly and gave staff the information needed to safely manage these risks.

The service had systems in place to protect people from abuse and staff demonstrated a good understanding of this when we spoke with them. They were able to demonstrate the actions they would take in the event of a person being at risk of harm. Records showed that safeguarding concerns were promptly and effectively managed by staff with oversight from the registered manager. The service was also meeting its obligation to notify CQC of any safeguarding concerns.

Staff training records were well-maintained and up-to-date and there was a clear system to document and plan staff training. We saw that all staff had received training relevant to their roles and the staff gave positive feedback about training provided at the service.

Staff had received regular supervisions and appraisals with senior staff. All staff told us that they felt well-supported working for the service and they received an appropriate level of supervision from senior staff.

All of the people we spoke with told us that they knew the staff who supported them and they could rely on them.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw that the registered provider had policies and guidance available for staff in relation to the MCA. Staff demonstrated a good understanding of this and recognised the importance of providing people with support that empowered them to live as independently as possible.

Information about how to complain was available to the people using the service. The people we spoke with told us they felt able to speak with staff if they ever had any issues or concerns. The service had not received any formal complaints but the records we saw showed that any issues that had been raised were appropriately documented and addressed by staff.

The service gathered feedback about the quality of its service in various ways. These included random spot check visits to people carried by the service manager and annual service satisfaction questionnaires.

The service had up-to-date policies and procedures in place to support the running of the service and these were regularly reviewed.

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.

The service was not keeping appropriate records of the medication that people had been supported to take.

One of the staff recruitment files was missing the member of staff's references.

There were systems in place to safeguard people from abuse.

People had personalised risk assessments in their care files which gave staff the information required to safely manage any risks.

Requires Improvement ●

Is the service effective?

The service was effective.

The majority of staff had received timely supervisions and appraisals.

Staff were given appropriate training and induction to effectively meet people's needs.

The service ensured that people consented to the care they received.

Good ●

Is the service caring?

The service was caring.

People told us the staff were caring and they had good relationships with them.

Staff treated people with dignity and respect.

The service supported people to maintain their independence

Good ●

Is the service responsive?

People's care plans were person-centred and gave staff the

Good ●

information they needed to deliver personalised care.

People knew how to complain and told us they felt able to do so if needed.

People were supported to enjoy hobbies and interests that were important to them.

Is the service well-led?

The service was well-led.

There was experienced and strong leadership at the service with clear lines of accountability.

The service had a range of systems in place to monitor and improve the quality of service being provided.

There was a positive and caring culture amongst staff at the service.

Good ●

Wallasey Project

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 was 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.

This unannounced comprehensive inspection was carried out on 25 and 26 July 2018. This was our first inspection of the service since it had registered with CQC.

At the time of our inspection the service provided personal care to 21 people living in their own homes in the Wallasey area of the Wirral.

Before our inspection we reviewed the information we held about the service. We looked at the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority to gather their feedback about the service, who told us they did not have any concerns. We used this information to plan how the inspection should be conducted.

During the inspection we met and spoke with five people supported by the service. We visited some people at their homes with staff and spoke to others by telephone. We spoke with 6 members of staff who held different roles within the service. This included the registered manager, service manager, team leader and support workers.

We looked at a range of documentation at the service's office in Wallasey. This included three people's care records, medication records, three staff recruitment files, staff training records, accident and incident records, health and safety records, safeguarding and complaints records, audits, policies and procedures and other management records.

Is the service safe?

Our findings

People told us that staff gave them the support they needed with their medication. One person said, "The staff help me with my tablets and talk me through them. They also make sure I keep going to appointments for my [other medication]." Another person commented, "The staff have really helped me to be independent and safe with my medication, before I was getting it wrong and mixed up."

Staff, who had appropriate training and experience, provided people with appropriate support with their medication. The staff were knowledgeable about people's medication support needs and told us they felt they had the skills and knowledge to safely meet these needs. We saw that the service assisted people to store their medication safely and securely. People's care plans contained up-to-date information and guidance about people's medication. We found that the service manager audited medication administration records (MARs) on a weekly basis. This ensured that any errors were promptly identified and addressed. The MARs we saw when we visited people had been appropriately completed.

However, we found that the service was not keeping appropriate records of the medication that people had been supported to take. Not all of the people supported by the service had MARs in place. We saw that staff recorded that they had supported a person with their medication in the daily records but they did not specifically record each medication that they had supported the person to take. This gap in the service's record keeping meant that staff could not be fully assured that people had received all of their medication at the right times. This was also not in line with the relevant national guidance on managing people's medicines in the community.

We recommend that the service reviews and improves its record keeping around medication, including making reference to the relevant national guidance.

Overall, staff were safely recruited. Criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. We noted that the service had a system in place to ensure DBS checks were appropriately renewed. We also saw that official identification, such as a passport or driving licence and verified references from the most recent employers were also kept in staff files. However, in one of the recruitment files we reviewed we saw that the member of staff's references were missing. We discussed this with the senior management at the service who explained that they were unable to account for how or why this information was missing. Based on other information in the file we were reassured that references for this longstanding member of staff were originally obtained but had been misplaced.

We asked people if they felt safe with the staff. One person commented, "I feel very safe around them." Another person said, "Yes, I feel safe with the staff, I trust them all."

We found that the service had systems in place to protect people from abuse. Staff were knowledgeable about the different types of abuse and knew how to raise concerns if necessary. They were also confident that senior management dealt with safeguarding concerns appropriately. The records we reviewed showed that safeguarding concerns were promptly and effectively managed by the service manager. The service was

also meeting its obligation to notify CQC of any safeguarding concerns.

We reviewed people's care files and found there were personalised risk assessments in place and these were reviewed regularly. The risk assessments we saw gave staff the information and strategies they needed to safely manage these risks. For example, identifying and managing relapses in people's mental health. This meant that staff had the information they needed to safely manage the risks associated with delivering people's care and people were supported in the least restrictive and intrusive ways possible.

The service had accident and incident recording processes in place. The records we reviewed were well-maintained and up-to-date. Staff discussed any specific issues during team meetings and recorded them as part of the daily records. We also saw there was continued reflective learning from these situations which took place during staff supervisions with the service manager. This enabled the registered manager and senior staff to safely identify and manage any trends and ensured that risks were being safely managed.

The service manager explained that they were now using an electronic records system which allowed them to schedule, monitor and amend staff rotas. The rotas were also able to be sent directly to staff who could access their rotas securely using their mobile phones. We reviewed the rotas and saw that the service had an appropriate number of staff to meet the needs of the people it supported. The staff told us that they were given enough time to meet everybody's needs and complete all of their visits as planned. Staff also commented that the new electronic records system had helped with this as they were now able to complete documentation whilst on the move and in between visits.

Staff had received training on infection prevention and control and staff had access to personal protective equipment (PPE), such as disposable gloves, where necessary. This meant that staff and people were protected from the risk of infection being spread.

Is the service effective?

Our findings

People's care plans showed that their needs had been fully assessed and they had contributed to this assessment process. The care plans were also designed to include the outcomes people hoped to achieve with support from the service, along with how staff planned to support this. For example, one person hoped to reduce their social isolation. Staff supported this by encouraging the person to maintain regular contact with their friends and by staff regularly going out for meals with them.

We saw that staff had received regular supervisions and appraisals with senior staff. All staff told us that they felt well-supported working for the service and they received an appropriate level of supervision from senior staff. The registered manager told us that they appreciated the importance of maintaining regular supervisions and appraisals to properly support staff in their roles was a priority for the service. The supervision and appraisal records that we reviewed showed that meaningful discussions had taken place to address any staff performance issues, identify training needs, provide praise where relevant and generally support staff with their wellbeing.

We asked people if they felt the staff supporting them had the training they needed to do their jobs well. All of the people we spoke with told us they felt the staff were skilled and knew how to support them. One person said, "I think the staff skills and training is good, I've got no issues."

We found that staff training records were well-maintained and up-to-date and there was a clear system to document and plan staff training. We saw that all staff had received training relevant to their roles and the staff gave positive feedback about training provided at the service. Training at the service covered a variety of topics, such as safeguarding vulnerable adults, health and safety, moving and handling and mental health awareness. We saw that additional training was available to staff to help them to successfully fulfil their roles and effectively meet people's needs. This included team leading, alcohol and substance misuse, diabetes, dementia and various levels of NVQ. The service manager also explained that the service was willing to support staff with their extra training if they have a particular interest in a subject relevant to the role. All of the staff told us they felt well-supported with the training on offer at the service and if they felt they needed additional training then management were open to providing this.

All new staff took part in an eight-week induction process. This included a period of office-based training and shadowing an experienced member of staff, this was mapped against the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives staff who are new to care the introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. During the induction process staff were introduced to the people they would be visiting regularly so they could get to know the people they would be supporting and vice versa. The staff explained that they felt this was an important step in gaining people's trust. This meant that both existing and new staff had the skills and knowledge to effectively and safely meet people's needs.

We found that staff supported people as required with their eating and drinking needs. The support

provided varied from assisting people with their shopping to encouraging people to maintain a healthy and balanced diet. We found that staff knew people's eating and drinking needs and preferences and were able to support them in a person-centred way. For example, we observed a member of staff preparing one person's breakfast in the particular way that they preferred, along with their preferred choice of hot drink.

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 or are helped to do so when required. 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. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

We checked whether the service was working within the principles of the MCA and found that it was. Staff had an understanding of the MCA and there were appropriate policies and procedures in place to guide staff. None of the people supported by the service were subject to a Court of Protection order. We saw that staff worked alongside family members as well as health and social care professionals if a person did not have the mental capacity to make their own decisions. This meant they were working within the law to support people who may lack capacity to make their own decisions.

We saw records that confirmed people had given their consent to the care and support provided by the service. For example, people had been involved in developing and reviewing their care plans, providing their signed consent to the plan. Another good example we saw of the service obtaining people's consent related to sharing information with other health and social care professionals. People supported by the service had given their signed consent to the service sharing information with other health and social care professionals when necessary. This could help to keep people safe and maintain their wellbeing. For example, if staff became aware that someone was experiencing a mental health crisis they were able to contact the relevant professionals for their input and advice.

Is the service caring?

Our findings

All of the people we spoke with said that they received care from regular staff who were caring and knew them well. People were also complimentary about the caring attitudes shown by staff. People commented, "I know the staff really well, they're very caring. I couldn't want for better care.", "All the staff are great, really friendly and helpful. They're always there for me when I need them." and "They've really helped me get to a good place, I wouldn't be here without them."

We saw that staff had well-established and caring relationships with the people they supported. We saw numerous examples of this, such as friendly and familiar greetings, supporting people's food and drink preferences and sharing jokes and laughing together.

All of the people we spoke with told us that staff treated them with dignity and respect. One example of this involved a member of staff helping someone to choose what they wanted to wear each day. Staff would help the person by suggesting some options of clothes and the person then chose what they wanted to wear.

All staff had received training on equality and diversity. All of the staff told us they treated people as individuals and with respect, regardless of their personal histories and backgrounds. This ensured that the people supported by the service were protected from discrimination.

The staff were very knowledgeable about the people they were supporting. For example, a member of staff explained to us that the person we were visiting during our inspection had a hearing impairment. The member of staff was able to give us advice on how to effectively communicate with this person, taking into account their impairment and specific communication needs.

We saw that staff supported people to maintain their independence and wellbeing. They did this in a variety of ways, such as encouraging people to attend their health appointments and if needed staff attended appointments with them. Staff also supported people with their day-to-day living tasks, such as helping them to pay bills and completing paperwork. One person commented, "I'm really grateful for the help and advice they give me sorting bills and paperwork because I can really struggle with this." Another person said, "The staff have really helped me to be independent and safe with my medication, before I was getting it wrong and mixed up."

The service manager told us that one person received support and advice from an independent advocate. We saw that the service had good links with local advocacy services and were able to signpost the people they supported to these services if needed.

We saw that staff were person-centred in their approach to supporting people. People chose how they wished to spend their time whilst they were being supported by staff which helped them to complete tasks that were important to them. For example, one person had recently moved home and staff had spent time supporting this person to access public transport and shop for items to personalise their new home.

People's confidential information was kept securely locked away in the office. This included people's care plans and staff records. We also noted that the service had also obtained people's consent to share information about them with health and social care professionals if necessary.

Is the service responsive?

Our findings

We saw that people's care plans were person-centred and provided staff with the information they needed to meet people's needs. They gave staff the information they needed to get to know the people they were supporting. This included their life history, things and people that were important to them, choices and preferences, support needs and any risks associated with meeting those support needs along with strategies on how to effectively manage any such risks. This meant that staff were able to provide people with personalised support.

We saw evidence that experienced staff who knew the people being supported regularly reviewed people's care plans, usually on a monthly basis. This helped to ensure people's care plans accurately reflected people's support needs. People told us that they felt involved in the care planning process and staff were able to meet their needs. One person said, "The staff give me all the help I need and if there's anything else I can just ask."

Staff supported people to enjoy activities and hobbies that they felt were important to them. For example, some of the people supported by the service had their own pets. Staff helped people to take good care of their pets by prompting and assisting them to meet their needs, such as having enough pet food and taking them for walks. We saw how important this companionship was to the people supported by the service and how much they valued the support staff gave them to make this possible.

The service manager also told us about an allotment that the service had supported some people to use. The service manager explained that the long-term ambition was for these people to grow their own produce and, with support from staff with cookery skills, learn how to cook.

We found that the service had also encouraged and supported some people to take part in voluntary work in the local community. This had helped them to avoid social isolation and gain some valuable work experience.

Staff respected people's different lifestyle choices and the environments in which they chose to live. For example, staff sensitively and respectfully encouraged and supported people to maintain their personal hygiene and the cleanliness of their homes.

Information about how to complain was available to the people using the service. The people we spoke with told us that they had never had any reason to complain. However, they felt comfortable about doing so if needed as they found staff to be very approachable. The service had not received any formal complaints but the records we saw showed that any informal issues that had been raised were appropriately documented and addressed by staff.

Is the service well-led?

Our findings

Overall, we found that the service was performing well in most areas and both the people supported and staff gave us positive feedback about the management of the service. There were some areas requiring improvement at the service, such as record keeping around medication and recruitment records. However, when considering all the information we gathered during our inspection the service was well-led.

The service had a registered manager, who had worked for the organisation for many years. 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 day-to-day operation of the service was managed by the service manager, who was several weeks away from completing a Level 5 NVQ in Management and was in the process of applying to CQC as a registered manager.

The service had various systems in place to monitor and assess the quality of the service being provided. For example, the service had designed a new quality audit system mapped against the areas inspected by CQC and this audit system was now in place. We saw that any areas for improvement had been duly noted and addressed. The service manager also told us about how their new electronic records system had enabled them to have greater oversight of the care being delivered. For example, the service manager was now able to carry out audits of staff's GPS locations. This meant that they could effectively ensure staff were where they were supposed to be at the right times.

The service manager also explained that it was now easier and quicker to check that staff had been completing all of the support tasks required and review the quality of their daily records. In fact, the electronic records required approval from a manager. This meant that senior managers had oversight of the care being delivered and could easily identify and address any issues with the quality of staff record keeping.

Registered providers are required to inform CQC of certain incidents and events that happen within the service. For example, allegations of abuse. We found the service was meeting its obligation to notify CQC of any notifiable incidents and events.

There was a positive and caring culture amongst staff at the service, focusing on supporting people to lead happier, healthier and more independent lives. The staff told us they were proud of the support they provided people and the impact that this had.

We found that the management team at the service were very open, transparent and demonstrated a continuous commitment to delivering a quality service to the people supported. We found that the management team met on a monthly basis, which helped the service to focus on and address any areas of the service that required improving. The registered manager positively engaged with us during our inspection and we noted that they had a similarly positive and cooperative relationship with the local authority.

The service had well-established and positive links with community health services and professionals. For example, a local specialist in alcohol related brain damage had given the service positive feedback about the support it was providing to people and had offered to deliver some specialist training for staff.

There were clear lines of accountability at the service. All of the staff told us they felt the management team listened to any feedback they gave them.

The service had up-to-date policies and procedures in place to support the running of the service and these were regularly reviewed.

We saw that the service manager held regular team meetings with staff, usually on a monthly basis. There were clear records of what information and guidance had been discussed at these meetings. For example, we saw that staff had been given some guidance on the new electronic records system and the importance of good, clear record keeping.

Staff told us they felt supported by the service manager and registered manager. They described senior staff as approachable and supportive.

The service gathered feedback about the quality of its service in various ways. These included random spot check visits to people carried by the service manager and annual service satisfaction questionnaires.