

Networking Care Partnerships (SW) Limited

Wellpark

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 26 and 27 November 2014 and was unannounced. We previously inspected the service on 1 May 2013 when we found the service was compliant with all regulations covered in the inspection.

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 six people living at Wellpark.

A new manager was appointed in March 2014 and their registration was confirmed on 11 June 2014. 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.

We saw and heard examples of how people's lives had improved significantly as a result of the support and understanding from staff. People were helped to gain confidence and greater independence. Staff had sought good practice advice and guidance from other professionals and through research, and this had been

Summary of findings

used when assessing, reviewing and planning people's care and support needs. People had become calmer and happier, and the number of incidents where people had become agitated or angry had reduced significantly.

People who were able to communicate verbally told us why Wellpark was such a special place for them. For example, for one person it was very important that we understood what Wellpark meant for them. They told us "I am happy here. I don't want to leave here. I do feel safe here." They also told us "I like the staff. The staff understand." Another person told us "The staff are caring – if they are down I cheer them up and vice versa."

People told us they felt safe. Staff had received training and guidance to ensure they knew how to recognise the signs of harm or abuse, and the actions they should take if abuse was suspected. There was a culture of learning from mistakes and analysing incidents and accidents to improve safety and reduce risks.

Medicines were stored and administered safely. The registered manager found there had been a number of medicine errors in the past. They analysed the mistakes and looked for the root cause. This resulted in a number of improvements including the creation of a new medicine storage room. This meant all medicines could be stored neatly and efficiently and created a quiet space where staff could concentrate on medicines administration and recording. They had found that by placing an emphasis on getting it right, and encouraging staff to speak up immediately they noticed a potential error, such as a missed signature, the number of errors had reduced significantly.

People were encouraged to administer their own medication, where needed with staff support. Where people lacked capacity to manage their own medicine or to consent to medicines being administered staff consulted with all relevant professionals and advocates, for example through a Deprivation of Liberty Safeguards authorisation, to ensure they were acting in the person's best interests.

Safe procedures were followed when recruiting new staff. People living in the home were actively encouraged to

take part in decisions about staff recruitment. All staff received induction and ongoing training on a range of topics relevant to the needs of people living there. Staff were supervised and supported. Staff were positive and told us they enjoyed working at Wellpark.

The home was well maintained, comfortable, clean and homely throughout. There were systems in place to make sure the home was safe, such as fire safety checks and training. People were involved and consulted in the decoration of the home. For example, after consultation with people living in the home and the staff team they planned to re-fit the kitchen in the near future to make it more accessible and safer for people to use. There were maintenance plans in place showing future plans for improvements to the home.

Staff used their knowledge and skills to help people overcome problems and to make positive differences to their lives. They actively encouraged 'positive risk taking'. Care plans provided detailed information on every aspect of each person's support needs. All needs and risks had been carefully assessed and clear instructions had been drawn up to ensure staff understood exactly how each person wanted to be supported. Where people had limited verbal communication skills there was detailed information to staff on how to understand and communicate with the person. Staff demonstrated a clear understanding of each person's needs.

The service was well led. The provider's stated main aim is to enable and support people to move forward independently and achieve what they want with their lives. They recognised the importance of putting people first and tailoring services to each person's individual needs. Their staff training package was drawn up as a result of learning from the people who used their service. They said they recognised that those people were the experts in how their services worked. There was a range of systems in place to monitor and improve the quality of the service. People were consulted and involved in the daily routines. Regular residents meeting were held. The registered manager and staff were constantly seeking advice and research to help them improve the service.

Summary of findings

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 safe. People told us they felt safe. Staff had received training and guidance to ensure they knew how to recognise the signs of harm or abuse, and the actions they should take if abuse was suspected.

Risks had been carefully assessed. People were actively encouraged to take 'positive risks'. The number of incidents where people had become agitated or angry had reduced significantly.

Medicines were stored and administered safely. People were actively encouraged to administer their own medication, where needed with staff support.

Safe procedures were followed when recruiting new staff.

Good



Is the service effective?

The service was effective. Staff used their knowledge and skills to help people overcome problems. People's lives had improved significantly as a result of the support and understanding from staff. People were helped to gain confidence and greater independence.

All staff received induction and ongoing training on a range of topics relevant to the needs of people living there. Staff were supervised and supported. Staff were positive and told us they enjoyed working there.

The registered manager and staff understood the Mental Capacity Act (2005) (MCA) and how it applied to their practice. Authorisations had been granted under the Deprivation of Liberty Safeguards where people's freedom may have been restricted.

Good



Is the service caring?

The service was caring. People told us they liked living there, and the staff were always kind. Comments included "The staff are caring. If they are feeling down I cheer them up, and 'vice versa'."

Throughout our inspection we saw staff communicating with, and supporting people in a friendly, dignified and caring manner. Staff were able to describe their communication methods with people who had limited verbal communication.

Good



Is the service responsive?

The service was responsive. Care plans provided detailed information about each person's care and support needs. They were easy to read and each section was neatly divided and indexed making information easy to find. The plans covered all areas of each person's health and personal care needs.

Where people had limited verbal communication skills there was detailed information to staff on how to understand and communicate with the person. Staff demonstrated a clear understanding of each person's needs.

Good



Summary of findings

Is the service well-led?

The service was well led. People told us what made the service special, for example, one person told us with great emphasis “I am happy here. I don’t want to leave here. I do feel safe here. I like the staff. The staff understand.” The registered manager and staff were constantly seeking advice and research to help them improve the service.

People were consulted and involved in all aspects of the service. Regular residents meeting were held. There were systems in place to regularly monitor, assess and improve the care and services provided. There was a culture of learning from mistakes and analysing incidents and accidents to improve safety and reduce risks.

Staff were positive and demonstrated a pride in their jobs. They told us “The management are really good here – we can ask for advice at any time,” A professional told us “The manager is effective.”

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.

This inspection took place on 26 and 27 November 2014 and was unannounced. The inspection was carried out by one inspector. Prior to the inspection we reviewed a range of information to ensure we were addressing potential areas of concern and to identify good practice. This included the Provider Information Record (PIR), which asks the provider to give some key information about the service, including what the service does well and improvements they plan to make. We also reviewed

previous inspection reports and other information held by CQC, such as notifications. A notification is information about important events which the service is required to tell us about by law.

During our visit we spoke with six people who lived at Wellpark. Some people had complex communication needs and therefore we observed staff interacting with them. We also spoke with staff to find out how they communicated with people.

We also spoke with the registered manager and four members of staff. We looked at the records relating to the care of six people, including care plans and medicine administration records. We looked at staff recruitment and training records, menus, and records relating to the quality monitoring procedures. We looked around the home to make sure all areas were safe and well maintained. After our visit we contacted four professionals including GPs and care managers who had recent knowledge of the service to seek their views on the service.

Is the service safe?

Our findings

People told us they felt safe living at Wellpark. One person told us “I feel safe. My key worker helps me stay safe.” They gave an example of how their keyworker helped them travel by train safely. Another person told us “I do feel safe here. I have positive thoughts.” Another person told us “I feel safe when (a person) is calm but when (a person) is upset I don’t feel safe. The staff do everything they can when this happens to make sure I am safe.” The staff and registered manager explained that all staff knew they must act quickly when a person who used the service became angry or upset. They all recognised the importance of making sure everyone was safe and protected from harm, and they knew what they had to do.

Since the last inspection of Wellpark in May 2013 the service has notified CQC and the local authority about three safeguarding incidents. They have given us evidence to show that each incident was dealt with safely by seeking advice from other professionals. They had taken a range of measures to address the issues and minimise the risk of recurrence, for instance by increased staff support to individuals. The registered manager said they actively encouraged ‘positive risk taking’, by supporting people to follow their chosen daily lifestyles. Care plan files contained documents called ‘Positive Risk Taking Action Plan’ which set out clearly what they were planning to do, the benefits, and how this will happen. The plans included symbols to help people understand the process. They contained evidence showing the person (or their advocate or representative) had been consulted and agreed the process was in their best interest.

All staff had received training on safeguarding. The topic was also discussed regularly in staff meetings. Staff were confident they knew how to raise any concerns even if these related to colleagues. They showed us where they could find information, policies and procedures on safeguarding in the office. There were systems in place, including recording of all injuries such as bruises on body maps which demonstrated they had considered the risk of abuse and were able to show the actions they had taken to assure themselves people were protected. All injuries noted had clear explanations and there were no injuries reported where any concern of abuse had been raised. The

registered manager told us their emphasis was on picking up and dealing with any potential problems quickly and checking there was no cause for concerns or any further actions necessary to reduce the risk of recurrence.

Care plan files contained detailed risk assessments covering all anticipated risks. Measures to reduce the risks were detailed and easy for staff to read and follow. Red print was used for important information to ensure staff were fully aware of high risks. Where people were at risk of choking there was detailed evidence which showed that staff had sought advice from the Speech and Language Therapy team. The staff explained measures they followed such as encouraging a person to sit down for their meals, remain calm and eat more slowly. Detailed guidance in the person’s care plan included advice such as “X needs to eat in a quiet area with minimal distractions. Is the radio on (if so, switch off). Is there adequate lighting?” The risk assessments had been reviewed regularly and updated where necessary. Files also included recent NHS and Safeguarding Adults guidance on the prevention of choking risk.

Medication was stored and administered safely. There were secure cupboards including secure controlled drugs storage. Medicine administration records had been completed accurately and there were no unexplained gaps. Audits were carried out weekly on all medicine stocks and records. Medicines had been reviewed regularly by GP’s and where problems had been identified these had been discussed with the GP. For example, none of the people living at Wellpark were prescribed medicines midday. They had discussed this with the GP and it had been agreed that medicines could be safely administered twice a day to allow people to go out for the day without the need to take medicines with them.

People were actively encouraged to administer their own medication, where needed with staff support. Where people lacked capacity to manage their own medicine or to consent to medicines being administered they consulted with all relevant professionals and advocates, for example through a Deprivation of Liberty Safeguards authorisation, to ensure they were acting in the person’s best interests.

All staff had received training on the safe administration of medicines, with the exception of one bank member of staff who did not work regular shifts. The registered manager told us only trained staff were allowed to administer medicines.

Is the service safe?

There were sufficient staff on duty throughout each day to make sure people were safe and well supported. At the time of this inspection there were 23 staff employed at Wellpark. On the first day of our inspection there were seven members of staff plus the registered manager on duty providing support to six people living in the home. Staff rotas showed staffing arrangements were flexible to suit individual needs. Additional staff were provided if people wanted to go out, or if they needed staff to accompany them for medical appointments. At night there was one waking and one sleeping staff on duty.

Staff said there were sufficient staff on duty to ensure people were safe, and their needs were met. However, one member of staff said they were sometimes stretched, for example when a person suffered an epileptic fit. Such episodes could not be predicted, and when this happened the person required constant supervision from staff to ensure they were safe. We discussed staffing levels with the registered manager who told us the staff team were very flexible and they were able to bring in more staff quickly in response to unplanned situations. They were able to use agency staff if necessary to ensure there was always enough staff on duty. They were also planning to recruit an activities organiser and several more bank workers to ensure people's needs were met and ensure flexible staffing arrangements at all times.

We looked at the records of two staff recruited since our last inspection. The files contained evidence of safe recruitment procedures. These included completed application forms, at least two satisfactory references, and evidence of checks carried out through the Disclosure and Barring Service to ensure the applicants were suitable for the posts they had applied for. These checks identify if prospective staff had a criminal record or were barred from working with vulnerable people. The files also contained evidence that the applicant's identity had been checked, and notes showing the areas discussed during interview.

All areas were well maintained and in good decorative order. A maintenance person was in the process of carrying

out repairs during our inspection. The registered manager gave us copies of the maintenance log which showed staff had completed the log promptly when problems were noted and repairs had been carried out as soon as possible after they had been noted. The registered manager also told us about plans for further improvements to the home in the next year including new kitchen units. We saw the maintenance plan showed where risks had been noted, for example the external fire escape required painting, and dates when the work had begun, and was planned to be completed.

There were systems in place to make sure people were safe in the event of a fire. A personal evacuation plan had been drawn up for each person. A copy was held in their care plan file and a copy held in the fire log book. This meant that in the event of a fire if staff picked up the fire log book they could quickly find the information they needed about safe evacuation of the home.

Measures were in place to reduce environmental risks such as the risk of fire. Regular safety checks and maintenance was carried out on equipment. The manager told us they planned to introduce new and improved environmental risk assessments in the next year which will be completed by the manager and the health and safety officer.

There were suitable procedures for supporting people to manage their money safely. One person managed their own money without staff support. The other five people each had a wallet with cash which they took with them on shopping trip, outings and activities. Senior care workers checked the wallets at the start and end of each day to make sure the amounts were correct. All purchases were receipted and recorded. The records contained running balances of cash held. The registered manager checked the records every month to ensure there were no discrepancies. Families were encouraged to check the records to ensure they were satisfied money had been used in the person's best interest.

Is the service effective?

Our findings

A person told us “Yes – happy here – all good.” They told us they liked all of the staff and the staff were always kind. The person was cheerful and relaxed. The staff supporting the person knew them well and understood their needs and preferences.

Staff used their knowledge and skills to help people overcome anxieties and to make positive differences to their lives. For example, one person’s life had significantly improved since moving to the home. The person had become happier and calmer. They were able to go out and about in the community, whereas they had been unable to do this regularly before moving to the home. The person’s care plan provided detailed risk assessments and information to staff explaining how to recognise signs of agitation or upset and the actions they should take to support the person and divert their anxieties.

Before moving to the home the person had been restrained frequently, but this had reduced significantly. Staff were positively supporting the person to further reduce incidents of agitation. All strategies had been agreed with relevant professionals. The provider employed a Behaviour Support Manager who had been involved in supporting the staff team. The manager told us the use of restraint was seen as a very last resort, to keep the person and other people around them safe. Every incident had been recorded and analysed. Following each incident there was discussion with staff to help them learn from the incident and adjust their practice where necessary. There were clear strategies in place to protect and support other people from the risk of upset or harm. Staff had received training and information on topics relating to restraint and conflict resolution. For example, workbooks completed by staff on assault reduction, disengagement and holding, also conflict management. The training had followed nationally accredited schemes provided by organisations such as BILD (British Institute of Learning Disabilities).

A care manager told us, “Staff have been very inventive how they manage (name of person) ‘triggers.’ As an example he gets very distressed if he sees something on the daily menu that he doesn’t like to eat. Verbal assurances had no effect on his agitation. Having his own menu was not enough to take his worries away so they

purchased a fridge freezer for him and he shopped for all his favourite meals (good quality, no cheap meals) which he has free access to when he doesn’t like what is on the menu. Anxiety managed.”

The registered manager and staff understood the Mental Capacity Act (2005) (MCA) and how it applied to their practice. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Deprivation of Liberty Safeguards (DoLS) authorisations had been granted to restrict the liberty of four people who lived at the home. An application was in process for one more person. This showed there was an awareness of DoLS and how it supported people’s rights. The provider was complying with the conditions applied to the authorisations. The provider had properly trained and prepared their staff in understanding the requirements of the MCA in general, and (where relevant) the specific requirements of the DoLS. The registered manager told us that they had received significant input over the last year from professionals who had responded to the DoLS applications. The staff had learnt a great deal from these professionals and had valued their advice and guidance.

A training matrix was used to show the training staff had received. The matrix also identified where further training was required. Training covered a range of topics relevant to the needs of the people living at Wellpark, including learning disability, autism awareness, diet and nutrition, epilepsy and diabetes. Training also covered all relevant health and safety topics. New staff had completed nationally recognised common induction standards training. Eight staff held qualifications such as National Vocational Qualifications (NVQ’s) and two staff had recently started relevant diploma qualifications.

Staff told us about their induction and training and confirmed they received regular training. A member of staff who had been employed in the last year described their induction. They said that, in addition to the initial induction at the provider’s head office they had also spent three weeks ‘shadowing’ experienced members of staff until they felt confident to work unsupervised. They told us about courses they had attended, including conflict resolution, and said “I learnt a lot.”

Is the service effective?

Staff received regular supervision and annual appraisals. Records contained evidence of supervision sessions approximately every 2 months. Staff confirmed they felt well supported through their regular supervision and staff meetings.

Staff also told us about people's individual likes and dislikes and said alternatives were always provided. For example, they knew another person did not like spicy food. The person had cooked a range of meals they liked and these had been stored in the freezer belonging to the person. The person was able to choose a meal from the freezer if they did not like the meals offered on the menu that day. Staff told us the food budgets were sufficient to ensure people had a good standard of nutrition. Comments included "People always get nice food."

Four different weekly menus were displayed on the kitchen wall in large colourful print. These showed people were offered a variety of different meals providing a balanced diet. People were encouraged to participate in meal planning and preparation. During our visit some people were in the kitchen preparing their own meals and packed

lunches, with support from staff where necessary. One person talked to us about the things they like to cook and the ingredients they used. We heard how staff encouraged and supported the person with their cooking skills.

Care plans included detailed information on each person's dietary needs, including likes and dislikes. At the time of this inspection the staff were in the process of drawing up more detailed individual nutritional plans.

Each person had a copy of their own health action plan. We saw evidence of how people were involved and consulted in these plans. One person had written their own health action plan.

All areas of the home were suitably furnished and in good decorative order. People had been consulted and involved in the decorations and furnishings. Bedrooms were decorated and furnished to individual tastes. New double door fire exit with push bar fittings opening into the garden had recently been fitted in the dining room. Staff had realised that one person who was at risk of anxiety and anger sometimes wanted to go outside quickly. The new doors provided safe and quick access to the garden where the person could calm down without placing themselves or others at risk of harm.

Is the service caring?

Our findings

Throughout our inspection we saw staff communicating with, and supporting people in a friendly, dignified and caring manner. Staff were able to describe their communication methods with people who were unable to communicate verbally. They were also able to tell us about each person's support needs including their likes, dislikes and preferences. They understood the things that may upset people, and the things that made people feel happy. This information was also clearly set out in each person's care plan. They promoted the use of advocacy services where possible, including information from an Independent Mental Capacity Advocate (IMCA) to obtain feedback.

The staff team demonstrated an understanding and caring approach to each person and this had made significant improvements to each person's life. The care plan of a person who was unable to communicate verbally contained detailed explanations of their communication methods such as facial expressions and vocalisation. Staff sat with the person and interacted with them. The staff explained how they communicated with the person, and they were able to 'connect' by the use of words and sign language. They understood the things the person enjoyed, and what the person wanted.

The person was relaxed and cheerful and their manner showed there was a good level of understanding between them and staff. The staff explained how they had observed the person over a period of time, and how they had liaised closely with the person's GP to ensure the person had the correct levels of medication. This had resulted in a significant reduction in the person's levels of agitation. Staff told us the person had become much happier and more responsive as a result, therefore significantly improving their quality of life.

During our inspection a member of staff who was key worker for a person explained the person had a hospital appointment that day. The member of staff showed a clear understanding of the stress the person experienced during such appointments. They explained how they supported and reassured the person before, during and after the appointment, giving them time to express their fears. The person told us all the staff were kind and caring. They had a

special relationship with their key worker and they were confident their key worker understood them and gave them the support they needed with all their health and personal care needs.

Another person told us, "The staff are caring. If they are feeling down I cheer them up, and 'vice versa'."

A health professional told us "I think they are good. The staff genuinely seem to understand. They are gentle, supportive, sensitive."

The manager also told us about their success with a person who had recently moved from the home into more independent accommodation. With support and encouragement from the staff the person had obtained full time employment in a job they enjoyed. We heard how staff had championed the person's rights, for example to use garden equipment, even though this may have presented a risk. This had helped the person gain skills and confidence to help them achieve independence.

The registered manager told us they followed the principles of 'Dignity in Care' from the Social Care Institute for Excellence (SCIE) They showed us their copy of the most recent guidance which had been updated in May 2013. During the most recent audit of the service by the provider a recommendation was made that the registered manager looked at the Skills for Care website for guidance on how to develop dignity in care. This had resulted in a member of the staff team being named as a 'Dignity Champion' with the focus of enhancing and 'challenging' dignity in care.

We saw from the minutes of a recent service user's meeting that one person had said staff had not always waited for a response after they had knocked before entering the person's bedroom. The manager showed us evidence that they had listened and taken the matter seriously. They had discussed the matter with the person and found the person did not always hear the staff knocking. They had agreed with the person they would put a sign on their bedroom door reminding staff to knock loudly and wait for a response before entering. The person had decided that if they wanted staff to enter they would open the door to the staff when they were ready. This resolved the matter.

People were supported to follow their choice of religion. For example, one person attended church regularly. Care plans provided evidence of how each person's religion had been identified and considered.

Is the service caring?

There was evidence in the care plan files, and through our discussions with staff that people were consulted and involved in all aspects of their care and support.

Throughout the care plans we saw where people had confirmed they had been consulted and agreed with the plan. Where people were able to read and sign the plans they had done so, and this had been facilitated by the use of large print or symbols where necessary. Alternatively staff had recorded how the person had been consulted and how they had obtained consent. They had recorded people's wishes, for example one person said they did not

want male staff to support them with personal care tasks. We asked the staff if they were always able to comply with this request and they confirmed there was always sufficient female staff on duty to ensure this person's request was followed.

Some people had provided their own furniture and furnishings. Staff recognised people's right to choose how they wanted their rooms and supported people to choose their own decorations, and how they wanted their belongings to be laid out and displayed.

Is the service responsive?

Our findings

Each person received support and encouragement from staff to lead active and interesting lives. Individual plans had been drawn up setting out the activities and routines each person had chosen. People told us about a range of activities they enjoyed including attending clubs, social events, outings to pubs and café's, cooking, gardening, arts and crafts. Wellpark is situated close to local shops, churches and leisure facilities and people told us about places they regularly went to. During our visit people went out for car trips, shopping trips and hospital appointments

Care plans provided detailed information about each person's care and support needs. They were easy to read and each section was neatly divided and indexed making information easy to find. The plans covered all areas of each person's health and personal care needs. Risks had been carefully assessed and there were detailed explanations for staff setting how to support the person to reduce the risks where possible. Important information had been carried through into other relevant sections. The plans had been regularly reviewed and updated. People confirmed they had been involved in drawing up and reviewing their care plan.

The manager told us they planned to improve the way people were involved in their care plans. They had recently purchased scrap books and were planning to help people draw up their own care plans using photographs. They were also considering other tools that might help people have greater involvement in planning their support needs.

Care plans explained exactly how each person wanted to be supported with their personal care. For example, a person's care plan provided a step by step guide for staff explaining the person's routine when taking a bath, or when washing their hands, and how they wanted to be supported. The care plan explained that if staff did not follow this routine exactly the person would become upset and refuse personal care. Staff told us how they recognised the importance of following the strategies laid down in the care plan files. A member of staff told us the care plans gave "good information and (the registered manager) makes sure staff re-read the care plans every couple of

months." Staff told us there were good communication systems in the home and staff were constantly discussing and evaluating people's care and support needs and sharing information and good practice.

Each care plan contained detailed behaviour management plans, and set out pro-active strategies to support each person and help them remain relaxed and happy. The staff had recorded each incident, analysed the results and used the information from their analysis to identify what had triggered the incident. They had also used this information to help them discover what had worked well, and used this to review their strategies. Care plans were reviewed and updated after incidents and staff were told about any changes.

A member of staff who had recently been employed told us they had found the care plans very helpful and had helped them to get to know each person well. They had found the detailed explanations on how to communicate with those people with limited verbal communication skills particularly helpful, especially the information about how to interpret facial expressions. They told us they had found the plans very easy to read and understand, and liked the way the information was set out using bullet points and bold or red print to highlight important information.

A GP told us the staff were "Pro-active, for example a person recently suffered a urinary problem – very complex and difficult to sort out. The staff were very thorough." They told us they visited the home at least once a year to give people influenza inoculations. Whenever they visited they felt welcomed and found the home well organised. They described an incident where a person who was suffering from an illness had become upset and agitated. They said the staff had handled the situation very well. Staff were professional in their manner and sought medical advice and treatment appropriately.

In the last year the home had received no complaints. People were encouraged to speak out and raise concerns or complaints through care reviews, house meetings, and through their key workers, families or advocates. People who were unable to communicate verbally were supported to voice opinions through communications appropriate to each person, for example sign language such as Makaton.



Is the service well-led?

Our findings

People told us what made the service special, and how their lives had been transformed since they moved there. We saw how the provider and registered manager's visions and values had been put into practice. Each person we met had their own story of success. One person who had in the past experienced extreme anxiety attacks wanted to tell us what made Wellpark such an important place for them. They told us with great emphasis "I am happy here. I don't want to leave here. I do feel safe here." They also told us "I like the staff. The staff understand." They explained how the staff had helped them to manage their anxieties and this had enabled them to lead a happy and fulfilling life. A range of successful strategies had helped the person cope with their anxieties and feel safe.

There was an emphasis on learning from mistakes. For example, medicine errors had been analysed, the root causes identified and a range of actions taken to reduce the risk of recurrence and improve medicine safety.

One member of staff said "The management are really good here – we can ask for advice at any time." Another member of staff told us they had just become the "Rep for Wellpark". They told us they were confident the organisation listened to staff and were supportive. They said "We cope with a lot of difficult things. We are becoming a really good specialist unit. I want us to be the best we can be." They told us they were confident the registered manager was pushing hard for Wellpark to gain a reputation as a specialist unit, and said they felt it was important the staff had the training to support this. They said they planned to use their new status as 'rep' to push for more classroom based training. They also told us they felt the registered manager was very good at researching information through national organisations. They said "There is always something new to learn."

Another member of staff told us "(The registered manager) has done a great job. Lots of changes, all for the best."

A professional we spoke with after our inspection told us "I have been very impressed with Wellpark staff especially (the registered manager) who has been adapting (X's) care plan to suit his needs." Another professional told us "The manager is effective."

The registered manager held relevant qualifications. They were in the process of obtaining a further qualification

known as level 5 diploma in health and social care. They also told us about their use of research from safe and reputable sources such as NHS, NICE (National Institute for Clinical Excellence) and BILD (British Institute of Learning Disabilities). They regularly checked to make sure they had copies of the most recent guidance.

The provider had a range of methods to check the quality of the service and to make improvements where necessary. A quality assurance manager regularly visited the home to carry out audits to ensure all aspects of the service were running smoothly. The audit looked at how people were consulted, involved and able to make choices. The audit also covered management tasks such as infection control and medication administration. Files had been checked to ensure there was evidence of communication with, and guidance received from other professionals. Every home within the provider's organisation had recently carried out their own analysis of their strengths, weaknesses and achievements (known as SWAT analysis) and these had been shared with other homes. In this way they had learned from each other.

People's views were sought and welcomed. House meetings were held regularly in which people were consulted and involved. Minutes of the meetings provided evidence of the topics covered and the actions taken. For example, a person had raised a concern about noise levels at certain times in the lounge. A range of solutions were offered and the person had been satisfied with the outcome. People were also encouraged to take part in decisions such as staff recruitment and choice of decorations and furnishings. They found people had been unwilling to complete questionnaires and so they decided to find other ways of giving people opportunity to express their views on the service. They analysed and reviewed information such as daily notes to try and find patterns of what made each person happy and sad, or what they liked to eat and drink for example.

Questionnaires had been sent out to professionals by the provider in October 2014 and replies were being collated at the time of this inspection. Relatives had been asked to complete a questionnaire. One relative had commented "Staff are bending over backwards to help my son." We also saw that where a relative had given a response that was not entirely positive the manager had contacted them to check if there was anything else they could do. We saw that



Is the service well-led?

the outcome of this contact was positive. Another relative described Wellpark as “Brilliant” and “Wellpark is the first place that he has referred to as ‘home’ since he left (the relative’s) care when he was 18 years old.”

The manager carried out regular checks and audits on all aspects of the service. They also explained how staff were held to account for poor performance through supervision, disciplinary or performance management procedures. The registered manager carried out spot checks from time to time, for example by arriving very early in the morning to check on night staff. They showed us copies of memos and

protocols they had put in place following incidents to ensure staff followed safe practice at all times. Monthly reports were completed by the manager and submitted to the provider as part of their quality monitoring systems. These provided evidence that incidents and accidents had been reviewed and patterns of behaviour have been identified. This had resulted in actions taken to minimise the potential of reoccurrence. Complaints and compliments were also analysed, although no complaints had been received in the previous year.