Progress Adult Residential Services LLP

Wellcroft House

Inspection report

11 Wellcroft Street
Wednesbury
West Midlands
WS10 7HU

Tel: 01215025032
Website: www.progresscaresolutions.co.uk

Date of inspection visit:
23 January 2019

Date of publication:
25 February 2019

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

Wellcroft House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Wellcroft House is a care home without nursing, which can accommodate up to six people. At the time of our inspection six people were using the service and these included people with a learning disability or autism.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going 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 inspection visit took place on 23 January 2019 and was unannounced. Calls to relatives were made on 28 January 2019.

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. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post and they were present during the inspection. 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.

People continued to receive care that made them feel safe and staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to/follow. Safe recruitment of staff was carried out and adequate numbers of staff were available to people. People received medicines as required.

People continued to receive effective support from staff with a sufficient level of skills and knowledge to meet their specific needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were assisted to access appropriate healthcare support and received an adequate diet and hydration.

The care people received was provided with kindness, compassion and dignity. People were supported to express their views and be involved as much as possible in making decisions. Staff supported people to have choices and independence, wherever possible. Staff enabled people to access activities should they so wish.

The provider had effective systems in place to regularly review people's care provision, with their involvement. People's care was personalised and care plans contained information about the person, their needs and choices. Care staff knew people's needs and respected them.

The service continued to be well-led, including making checks and monitoring of the quality of the service. Relatives and staff were positive about the leadership skills of the registered manager. We were provided with information as required.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Wellcroft House

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 unannounced comprehensive inspection was completed by one inspector on 23 January 2019. Telephone calls to relatives were made on 28 January 2019.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

We reviewed other information that we held about the service, such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We were unable to speak with people using the service, so we carried out a Short Observational Framework for Inspection (SOFI) to observe the interactions of people unable to speak with us. We spoke with three relatives, two members of care staff and the deputy manager. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received.

We looked at two people's care records, two medicine administration records and two staff recruitment files. We also looked at records relating to the management of the service including quality checks and audits.

Good

Is the service safe?

Our findings

We observed people being safely cared for and one relative told us, "The staff keep [person] safe, I have never had any worries about that. [Person] has a lot of trust in the staff". A staff member told us, "We consider any risk in order to keep people safe".

We saw that staff understood safeguarding and the process to take should a concern arise. The registered manager told us how staff members had been shown how to make a safeguarding referral in their absence and we saw a flowchart with the process on displayed for staff to see. Staff discussed with us their understanding of how people may encounter abuse and told us of how they would notify the relevant authorities. Staff were clear on the actions to take in the event of an emergency and one staff member told us, "I would check the person and make sure they were comfortable. I would stay calm, call other staff, administer first aid if it were needed and call the emergency services". We saw that any accidents and incidents were recorded appropriately and action taken where needed.

We found that any risks were managed well and that detailed risk assessments were in place. Risk assessments included, but were not limited to, personal care, health, diet and fluids, medicines and mobility. Where people required equipment to keep them safe, such as sensor mats and call bells these were in place and appropriately maintained.

Relatives felt that enough staff were available to people and one told us, "There are always enough staff around, they have time to spend with people". A staff member said, "I believe that there are enough staff, I never feel that people are not safe because of staffing levels". We saw staff spending time with people and some positive interactions between them. The staff rota reflected the amount of staff available to people during the inspection.

We found that checks included identity checks, references from previous employers and a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults.

A relative told us, "[Person] always gets their medicines, there has never been a problem". We saw people were supported effectively to receive their medicines and that records tallied with medications available. Medicines were stored and disposed of safely. Staff told us that they felt confident to administer medicines and had received regular training.

A relative told us, "It is a very clean place, the staff keep it tidy". A staff member said, "This place is cleaned regularly, we have a weekly cleaner and the staff also clean too. The bedrooms are like what you would have at home and are spotless, I am very pleased with how we keep the place". We found the environment was clean and odour free and was clear from hazards. People were protected by the systems in place for prevention and control of infection. Checks to evidence the environment was safe were completed.

Good

Is the service effective?

Our findings

Pre-admission assessment information was in place, and this provided information on the person's needs such as personal care, mobility and support required. It gave a past medical history and information about the person's health and any diagnosis.

Staff members told us they received training that helped maintain their skills. One staff member told us, "The training is great. When [person] moved in and had specific needs, we all did the training related to that". Our observations were that staff knew how to support people and had the skills and knowledge required to meet their needs. A staff member told us, "We are around people so much, we get to know them and how best we can assist them".

Staff had completed the Care Certificate as part of their induction. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. One staff member told us, "My induction prepared me to do the job, I was really supported". Staff told us they received regular supervisions and one staff member said, "I have supervision once a month, but outside of those times I can always go to the registered manager at any time". We saw supervisions were recorded. There had been no recent appraisals as a periodic review of staff's abilities and future goals, but the registered manager told us of how these had been planned into the diary for the coming months.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found they were. At the time of our inspection we found that applications for DoLS had been submitted to the appropriate authorities for approval. Staff confirmed they had received the appropriate level of training and demonstrated they supported people in line with the principles of the MCA. Staff understood why people may need to have their liberty restricted and one staff member told us, "A DoLS agreement keeps people safe when they have no capacity to make decisions themselves. In their best interests the agreement lets staff make the decisions which will keep people safe".

Staff gained people's consent prior to any action being implemented and we saw this being carried out. Where people did not communicate verbally we saw staff judging body language and gestures and only supporting people when they were sure they were happy. A staff member told us, "People are human, whatever their ability or disability. We talk to them and ask what they want, most can understand. We then judge their body language and can read what they are telling us. I don't do anything unless I know the person is happy with it".

We saw people enjoying the food and that people were encouraged to choose what they wanted. A relative told us, "I think the food is good, [person] certainly eats it all". A staff member said, "The food is great, I eat it when I have the chance. The evening meal is a cooked dinner and is always nutritious". We saw that people received snacks and drinks throughout the day.

A relative said, "If [person] was poorly the GP would be called, this happened recently and I am reassured that staff would always contact me about it". A staff member told us, "I am taking [person] to a hospital appointment next week. We make sure their health is maintained". We saw evidence that dentists, opticians and other health professionals were seen by people as required and that all medical appointments were attended.

We found that decoration around the home was clean and tidy and people were able to move around the home freely. Bedrooms were designed for the person's interests and age, with furniture and decoration being similar to what would be expected of a young person. The home was filled with people's personal belongings, including photographs in communal areas.

Good

Is the service caring?

Our findings

We saw positive interactions between people and staff members. People looked relaxed in the company of staff members and some had big smiles on their faces whilst in the company of staff. A relative told us, "[Person] has a good relationship with staff, they get along well". A staff member said, "We invest a lot of time into people and we have developed really positive relationships".

Relatives told us they thought the staff were friendly and caring towards people using the service. One relative said, "The staff are all kind and caring towards [person] I have never had cause to worry about who is caring for [person]". We observed some positive interactions between people and staff, including when staff were sitting having discussions people were sat at the table and included, despite them being non-verbal.

A relative told us, "[Person] makes what choices they can, staff are very good at picking up on what they want, as they can't say". A staff member told us, "We show people objects to choose from and we also know that they will look at what they want, so they make choices that way". We saw that people were able to make their own choices. An example of this was a person being offered choices where staff showed them two options to choose from at lunchtime. Care plans noted that people should make choices and be included in decisions as far as possible. An example being; 'I choose which shampoos and shower gels I like to use by smelling them'.

A relative told us, "[Person] is given privacy and staff treat them with dignity, I have never seen anything that worries me when I have visited". We saw that people's privacy and dignity was respected in the way that staff spoke to people and acted towards them. A staff member told us, "We support people as we would wish to be supported ourselves. People here are young adults and they need their dignity, which is why people are always dressed appropriately and kept covered when we are washing or dressing them".

We saw that people were supported to be as independent as possible, including one person being encouraged to stand with the staff member who was preparing their lunch, so they could be involved in the process. A staff member told us, "We consider what we think people are able to do and then support them to do it at their pace. It is positive that people have some input into their own lives. Independence charts within care plans recorded how people had been encouraged to maintain their independence, an example being one person visiting a leisure centre, another was a person brushing their own teeth. We saw people being encouraged to eat independently, but support was on offer if it was required.

Relatives told us that they were made welcome, with one saying, "When we visit the staff are welcoming". A staff member told us, "We have a good relationship with family members, we talk to them and give them updates. The care plans also go out to families for their information, as we want them to be involved".

We found that advocates were used where required. An advocate speaks on behalf of a person to ensure that their rights and needs are recognised.

Good

Is the service responsive?

Our findings

We found that people's care plans were detailed and they gave information on needs and requirements and how people's care needs should be met. We saw that care plans included, but were not limited to; personal care, health, communication and equipment aids required and medicines. A medical diagnosis and medicines taken were listed. People's preferences and likes and dislikes were noted, along with their preferred routines. We saw that reviews were carried out in a timely manner and relatives told us they were included in these and had been consulted on the initial care plan.

We saw that where family members had requested that specific cultures were acknowledged staff ensured that this took place. Cultures were reflected in the food people ate, how they dressed and where religions were required to be observed this was facilitated.

A relative told us, "They [person] go out all over the place all of the time. They go swimming or to the pub, they do a lot". A second relative said, "[Person] is busy during the week, but on the weekends the staff make sure that activities or outings are going on". We saw that people were taken out into the community during the inspection and that this was a pre-planned event. Staff told us how a person who enjoyed attending festivals had been accompanied by staff and we saw memorabilia from their experiences displayed in their bedroom, with staff framing specific collages.

Relatives told us that they knew how to make a complaint. One relative shared, "I have had a few minor issues and the registered manager is very effective at dealing with things". We saw that complaints were dealt with effectively and recorded so that any patterns could be identified.

The registered manager told us there were plans to introduce an End of Life plan. There had been no requirement due to the age and health of people using the service, but the registered manager told us that they wanted to ensure that all eventualities were considered.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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.

A relative told us of the registered manager, "We know the manager well, they are a good manager and they include us". A staff member shared, "[Registered manager] is a really good manager, open to us all and very supportive". We saw a good rapport between staff members and the registered manager.

Relatives told us how they felt about the service and one said, "We are really satisfied with the home, it is a nice place and [person] is settled there". We found that the home had a positive atmosphere and was decorated to suit the age group of people living there, with a 'homely' feel. Staff members told us how they enjoyed working at the home and felt part of the team.

Meetings for staff took place regularly and one staff member told us, "I can put my opinions forward in team meetings and they get listened to. One I suggested was bringing in additional staff for activities and this was done. We saw that minutes from meetings showed how discussions had included the care of people and staff members wellbeing.

We found that questionnaires had periodically been sent out to family members and the response had been positive. Relatives told us they had been informed of the outcomes from surveys undertaken and staff told us how suggestions made by family members were considered, such as a potential hot tub for people to enjoy.

Staff were aware of the whistle blowing procedure and told us that they would follow it if they were not satisfied with any responses from the registered manager or provider. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation. We found the service worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care.

Audits carried out gave an insight into patterns and trends and were taken on a regular basis. They included but were not limited to; medicine administration, recordings and file content, staffing and supervisions and the environment. The registered manager told us of the support received from the provider and that they carried out regular audits.

We found that the previous inspection rating was displayed as required. Notifications of incidents were sent to us as required.