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Wurel House

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 ●

Summary of findings

Overall summary

About the service

Wurel House is a domiciliary care service that provides care and support services to four people with a learning disability living in their own home. The office where the provider runs the service is located in the garden of Wurel House. There were staff at the service 24 hours a day, including a member of staff who slept at the service. The provider owned the property, people could choose to be supported in their home by another agency and this would not impact their tenancy.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The provider was supporting each person at Wurel House with the regulated activity of personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. There were enough staff available to meet people's needs promptly. People received their medicines safely. Incidents and accidents were investigated, and actions taken to prevent a reoccurrence. Infection control procedures were followed by staff.

People's needs were assessed, and care was planned and delivered to meet legislation. People were supported to plan their own menu and make healthy choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported by staff who received regular training to meet their needs.

People received kind and compassionate care. People's independence was promoted by staff. People were treated with respect and dignity and supported to make decisions about their care.

People received personalised care that was tailored to meet their individual needs, preferences and choices. Care plans were detailed and guided staff about people's needs and how to meet them. People's concerns and complaints were listened to and used to improve the service they received.

The registered provider was well regarded and had a clear vision for the service which was understood by

the staff and embedded within their practice. There were effective quality assurance systems in place that were used to drive service improvements.

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

Rating at last inspection

The last rating for this service was Good (published 25 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Wurel House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides care and support services to four people with a learning disability living in their own home.

The provider managed the service on a day to day basis. As a registered provider, 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection. Also people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started and ended on 21 November 2019. We visited the office location on 21 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

We spoke with two people who used the service. We spoke with two members of staff which included the provider, and a support worker.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one relative, one support worker and sought feedback from one professional who worked in partnership with the service. We continued to seek clarification from the provider to validate evidence found. The provider supplied information relation to Mental Capacity Assessments requested during the inspection's site visit.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person said, "I can lock my bedroom door which makes me feel safe." When asked if they felt their family member was kept safe, one relative said, "100%. There's always someone with him and in the house. He's never left on his own. There are no problems there."
- People were protected from abuse. Staff told us that they received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. Staff understood the different types of abuse, how to recognise these and what to do should they witness any poor practice. One staff member said, "It's about creating moral and professional relationships with the residents, so they are free to talk to you about anything. We have risk assessments in place to support them. We know how to report abuse and how to detect. Some can look withdrawn or separate themselves with others. Others might have some physical indications."
- People were supported to be as independent as possible with their money, while staff ensured that risks from exploitation and abuse were reduced. People's money was stored securely and there were systems and checks in place to keep people's money safe. One person, who was living with an alcohol dependency, received support with budgeting which allowed them to prioritise their funds and reduce their need and ability to purchase alcohol. The provider said, "The intention is not to restrict but to try and empower (the person). An essential point of our role is to give him options and he understands that."
- Incidents had been escalated appropriately where safeguarding concerns were highlighted. The provider had made appropriate notifications to the CQC and the local authority to report incidents of concern.

Assessing risk, safety monitoring and management

- Risks had been identified and were clearly documented. People were supported to take risks as part of their daily lives. For example, one person had risks associated with the deterioration in their mental health, such as neglecting their own personal care. Strategies were in place to reduce the triggers that led to a decline in their mental health and to support them to manage their personal care.
- People safely accessed the community both independently and with support. Risks had been fully assessed to ensure that people were able to be as independent as possible. Staff encouraged, and records showed, that people were supported to take positive risks. For example, one person liked to go out and meet with friends but could often find themselves in vulnerable situations. Staff discussed with, and encouraged, the person to socialise with their friends, at Wurel House. The provider told us, "Empowerment is the best way to go. It's about making him understand that this is his home and he can bring friends home. That way we can see and monitor his safety."

Staffing and recruitment

- There were enough numbers of staff to keep people safe and meet their needs. Our observations were that staff could support people when they needed it. One staff member said, "Yes there's always enough staff and our manager is always there."
- Staffing levels were planned according to people's needs and their weekly activities. The provider told us that they would adjust individual days with an additional staff member if there was an activity scheduled to take place. Records showed that people's one to one time was being carried out by staff.
- Staff told us they felt well supported by the provider. The provider was at the service every day during the week and was available at weekends should staff need support. One staff member said, "We regularly have supervisions and staff meetings. It helps you to do your job according to the rules and regulations."

Using medicines safely

- Some people needed support with medicines. There were safe systems in place to ensure that medicines were administered safely. We do not inspect how medicines are stored in people's homes, although the provider told us that staff supported them to store these securely. Staff had received training in administration of medicines and had regular checks to ensure they remained competent.
- Records were completed consistently and there were systems in place to monitor recording and check that people received their medicines safely.
- Staff were proactive in supporting staff to understand the medicines they were taking and why they were taking them. For example, one person received medicines to support them with anxieties and behaviours associated with their autism. Staff accessed an easy read document of the specific medicine and discussed this with the person to support their understanding. The provider told us that the person will now often seek out staff to prompt them with his medicines as he understood how important they were.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) including gloves and aprons. They had received training in the prevention and control of infection.
- The provider had appropriate policies in place to guide staff in how to provide care safely to avoid spreading infection.

Learning lessons when things go wrong

- Lessons had been learnt by staff to improve practice and delivery of care. Accidents and incidents had been completed and the provider analysed these to drive improvements in the care provided. For example, an incident occurred when one person became agitated and anxious when a staff member was speaking to someone on the phone. After discussing the incident with the provider, staff were instructed to make any personal calls outside of the service or away from the person when inside the service.
- Staff ensured that they recorded any incidents of challenging behaviour on ABC charts. These are recording tools which records information about a behaviour. These help staff to better understand what the behaviour is and how the person is communicating so that they can support the person more effectively.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider carried out assessments regarding people's physical, mental health and social needs prior to them moving into the service. The provider had ensured that protected characteristics, such as people's religion, race, disability and sexual orientation were explored and recorded appropriately.
- Some people had been assessed as sometimes exhibiting behaviours that may challenge. There were risk assessments and guidelines in place for staff to manage this effectively and safely. These focussed on triggers for any changes in people's behaviour and the specific actions that staff should put in place to support that person.
- Staff worked effectively with others to ensure that people received consistent and person-centred care when they moved between services. Some people had moved to Wurel House from placements where they had faced social and emotional challenges. The provider developed transition plans to ensure that people moved effectively. For example, one person's move involved an introductory phone call followed by a visit to the person's home. Three transition visits to the home followed by an overnight stay ensured the person was familiar and comfortable with their surroundings prior to moving. The plan focussed on 'establishing a communication line with this person who lived with autism'. Recordings of the transition stated, 'Given his autism, a decision was made to concentrate on positive and structured topics'.

Staff support: induction, training, skills and experience

- Staff told us that they had the training they needed to work effectively with people. One staff member said, "It's good, the trainers come here. They support you and do practical work to teach you." Another staff member said, "Training is clear and always updated. If there's always changes they tell us. If I'm not sure I always ask the provider. All the courses are important in their own way from MCA to food hygiene."
- Training had been identified according to the needs of the people living at Marlborough Lodge. These included courses such as Mental Capacity Act (MCA), safeguarding, handling violence and aggression and medication. The provider was fully trained in interventions with people living with learning disabilities and shared this experience and skills with their staff team.
- New staff were expected to complete an induction and records showed these had been completed following their recruitment.
- Staff told us that they felt well supported in their roles and were provided with regular supervision sessions.

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

- People were supported to prepare their own shopping lists and purchase the food that they wanted. One

relative said, "They take him out shopping and advise him. I know he eats fruit and veg. It's quite a healthy set of food."

- Shopping was completed on a one to one basis and people were supported, as much as possible, to prepare their own food. People still required some support in the kitchen to ensure they used cooking equipment and utensils safely.
- Support workers guided people on healthy purchases and eating. Although meal preparation was done with the individual, people got together to enjoy communal meals and takeaways to socialise.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of healthcare professionals. Records showed that referrals to specialist services like psychologists and Speech and Language Therapists (SALT) were made in a timely manner. The provider had ensured that detailed recordings had been made of health visits and any medical interventions to help inform staff's practice and ensure people were supported according to their needs.
- People's needs were detailed within hospital, or care passports. This provided details to clinical staff as to what the person's current health and care needs were should they be admitted to hospital.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. No one being supported by the provider was under the Court of Protection. We checked whether the service was working within the principles of the MCA

We made a recommendation at the last inspection that the provider complete capacity assessments in line with the requirements of the MCA. On this inspection, we found that the provider had given enough consideration and undertaken enough work to fulfil this requirement.

- Since the last inspection the provider stated that they had not needed to complete any formal assessments to determine people's capacity in a specific area but had worked with individuals to understand the consequences of certain decisions.
- Following the inspection, the provider sent us copies of mental capacity assessments and best interest decisions that they carried out retrospectively since the recommendation in the last inspection. For example, one person had been assessed to determine their capacity to deal with their finances and to appoint a relative to support them. The provider used money as a communication tool to ensure the person understood and was therefore able to make a decision.
- The provider and staff demonstrated an understanding of the MCA and could describe their responsibilities regarding the legislation. All staff had received training on the Mental Capacity Act. One staff member said, "Just because someone lacks capacity in one area it doesn't mean they lack capacity for other things. Capacity can fluctuate so we ask people the same questions at different times."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People told us they were happy at the service and observations were that people felt comfortable and happy in staff presence. People laughed when staff interacted with them and engaged playfully. One person said, "Staff are so nice, they help me with things." One relative said, "They are the best thing that's happened to him in a long time. They talk to him and he wants attention. He'll go and have a tea with (the provider) in the office."
- Staff ensured that people were treated equally and that protected characteristics were supported sensitively. For example, one person spoke to staff about their own sexuality and the provider supported this by sourcing accessible information to help them understand their feelings better.
- The provider had ensured that when risk assessments had been completed with people they had access to an easy read explanation of what people's human rights were that gave examples of people's right to be treated fairly. These provided people with simple explanations about human rights, dignity and respect.

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

- People were informed of our inspection in advance and told why we were there. Staff had explained that we had come to speak to them and some were eager and happy to speak to us. The provider was supportive and encouraged people to share their experiences and supported people to talk to us when they indicated they felt more comfortable with staff with them as they spoke.
- People were supported by staff who actively sought people's opinions and wishes. We observed staff asking questions about what people wanted to do and offering them choice. One staff member told us that they needed to be patient and selective on occasions to ensure that people were able to express their views, especially those living with autism. They said, "You get to know them and each of them has a different way of communicating. It's detecting their mood as well. We know how to have different conversations at different times of the day."
- Where people were unable to advocate for themselves or had no representative that could do this on their behalf, staff supported people to access an advocate or advocacy service.

Respecting and promoting people's privacy, dignity and independence

- People were consistently supported to remain as independent as possible. They took an active role in learning and completing daily living tasks. The provider told us that the ethos of the service was to promote people's independence as much as possible. For example, the provider had changed the way people chose their weekly food. Staff had moved away from joint menus to supporting people to make their own choices to promote and develop independence. One staff member said, "I try to help them be independent with

their choices. I always ask what they would like to do. I feel when I ask them they feel empowered. If it's not possible to do a certain thing then we give additional choices." One relative told us, "They always encourage him to do things."

- The provider told us that they had prioritised people's support with their anxieties and behaviours when they moved to the service to break down barriers to people being independent. The provider said, "It is reducing their barriers first and allowing that independence to come through. Stabilising people's behaviours following admission is crucial and we try to minimise that and replace that with a good essence of living. It's about knowing their abilities and improving on them." Records showed, and relatives told us, that staff had been successful with achieving this.

- People's privacy was respected. We observed people chatting with staff in communal areas, while people made their wishes clear when they wanted to speak to others in their room. One staff member said, "There are certain conversations with people that we need to have on their own. It promotes privacy."

- The service followed current data protection laws. The information we saw about people was kept confidentially. This meant that people's private information was kept securely. Staff had attended training on data protection and confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

We made a recommendation at the last inspection that the provider review their care plans to include people's aspirations, goals and plans to achieve them. At this inspection the provider had fulfilled this recommendation.

- The provider had revised each person's care plans, ensuring that they captured the outcomes people wished to achieve and how to achieve them. For example, some people wanted to become more independent with daily living tasks or explore more opportunities for activities in the community.
- Care plans detailed what the person could do and what support they needed from staff to achieve this. Reviews of people's care demonstrated how they had achieved these. One staff member said, "Yes I find the care plans useful. They are important because before we embark on something we need to know the risks associated with any activity."
- Staff had a good understanding of person-centred care which they said was embedded in the service by the provider. One staff member said, "It means people are different. It's a holistic approach and how they wish to have their care and be supported."
- People living with autism were supported by staff who understood their needs and responded effectively using communication methods specific to that person. One staff member said, "The provider shows us how to support people with autism well. One person we support likes routine and doing things in the same way, while another person doesn't like to be rushed."
- Some people required support to manage their anxieties, behaviours and mental wellbeing. People had received personalised support to manage these behaviours following their move to the service. One person's behavioural support plan showed the support and techniques staff needed to support them, while people's progress had been recorded in reviews of their care. One record stated, 'He is more confident, communicative and gradually increasing his adaptive skills. There is no sign of the frequency and intensity associated with his challenging behaviour in the past'. One person told us, "I speak to David if I'm upset. He's really kind and nice." One relative said, "I can't fault them. They've been so good with him. They have been fantastic, calmed him down and managed his anxieties." One staff member said, "It's not about medication sometimes, talking is a therapy on its own. It's about creating a good relationship with them to allow them to talk. Then they'll talk about things that they like and relax."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and care plans guided staff in how to support them. For example, one person living with autism required others to communicate with them in short sentences with just two key words in each sentence, for them to think and respond. Staff we spoke to were knowledgeable on people's individual communication needs.
- People were supported to understand information about their care through easy read documents obtained or developed by the provider. For example, risk assessments explained to the person in a 'Keeping Me Safe and Well' document. This explained simply what a risk was and how this could affect their health, happiness and safety. Their risk assessments explained to people that staff could support them to take positive risks but that it would need to be done in a safe and positive way. People were supported by other easy read information on safeguarding and the medicines they took.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider emphasised the importance of ensuring one to one activities and support was undertaken effectively to avoid social isolation and so that people carried out activities they wanted. One staff member said, "Two people we support are independent, but we still give them one to one support with activities. We do whatever they want to do as long as it's safe for them."
- People's one to one activities were recorded in detail and showed the person's involvement in the activity and any progress they made. For example, one person wanted to improve their skills in the kitchen and staff detailed what tasks they completed.

Improving care quality in response to complaints or concerns

- The provider told us they did not have any formal complaints and would address issues as they arose.
- The provider ensured that people received accessible information in a format they understood for them to raise any concerns or make a complaint. An easy read complaints policy was visible for people to access if needed.
- People told us they were happy and had no concerns. When asked if they felt their complaints would be addressed appropriately, one relative said, "Oh yes, 100%. I can't fault (the provider). He's been so good sorting anything out."

End of life care and support

- No one was receiving end of life care at the time of the inspection. The provider explained that they supported all young people at Wurel House and that end of life wishes had not yet been discussed with people.
- The provider explained that they would support people to develop plans to support them when they, or their family or advocates, wished to do so.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

We made a recommendation at the last inspection that the provider checks the guidance about notifications to the Care Quality Commission (CQC). At this inspection, the provider had fulfilled this recommendation.

- Records showed that the provider had taken guidance and was submitting notifications and reporting incidents when they were required. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. This means we can check that appropriate action has been taken.
- The provider had worked with a local authority safeguarding office to discuss safeguarding incidents and protocols for reporting. The provider told us that they accessed a portal for guidance and advice on reporting safeguarding concerns.
- The provider used audits to manage the quality of support provided. The provider completed weekly checks of medicine administration and regularly monitored people's finances and transactions. Care plans and risk assessments had been updated while checks were made that people had received their one to one support each week. The provider told us they undertook spot checks and surprise visits to Wurel House to check on staff and to monitor how people were.
- Staff were clear about their roles and responsibilities and worked with the provider closely to share information about people's support. The provider stated that they felt the current staff structure worked well at the service and that staff could step up and take on more responsibilities if needed.
- Incidents, including those where people's behaviours challenged them and others, had been reviewed and learning shared with the staff team. Changes in need and updates had been made to risk assessments and care plans.
- Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. The provider understood their responsibilities under duty of candour. There were policies in place to support staff to respond appropriately should anything go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported by a provider that showed great enthusiasm and drive for people to have person centred support, and to create an environment where they were empowered to be as independent as possible.
- People, relatives and staff all told us that the provider was very supportive to them and active in providing direct care to people. One person said, "He's really nice, he takes me out to town, so I can do things sometimes." One relative said, "Oh he's brilliant. I can't fault him. He's been so good sorting anything out. He'll pick me up and sort things out. He supports me if I need an encouraging word with him occasionally."
- The provider was an active presence at the service and made themselves available to staff and people outside of working hours. One staff member said, "I love the home. If management is good, which they are, it makes the work of our workers easier. Our boss is very supportive."

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

- People and their family members could give feedback about the service through surveys which were in an accessible format.
- People could express their views and be actively involved in their care through key worker meetings. The provider told us that through developing relationships with people over the years, people had become very comfortable approaching staff and expressing their views.
- Staff told us they regularly had staff meetings to express their views about the service. These meetings were used to drive improvement and discuss more proactive ways of supporting people. For example, the provider had completed a check of weekend one to one activities and identified that the same place in the community was being accessed. Although staff expressed that they give choice they always chose the same place, the provider reiterated in the staff meeting that with clients of this group it is common for them to acquiesce and take the safe option and expect staff to make decisions for them. The provider had used the meeting to reiterate and discuss with staff their role to encourage people to make choices and make this part of their good practice.

Working in partnership with others

- The provider worked with local authority and social care partners to further their knowledge and improve their leadership. The provider had worked with the clinic at the local university which provides guidance and support as a specialist learning disability centre.
- In order to support people at the service to manage their mental wellbeing, staff had links with the local health team and access to psychiatrists.