

Progress Adult Living Services Ltd

Wellcroft House

Inspection report

11 Wellcroft Street
Wednesbury
West Midlands
WS10 7HU

Date of inspection visit:
20 February 2020

Date of publication:
27 March 2020

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

Wellcroft House is registered to provide accommodation and personal care for up to six people. This includes younger adults with learning disabilities or autistic spectrum disorder, physical disability or sensory impairment. At the time of the inspection six people were living at the home.

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;

Staff were aware of how to keep people safe and relatives raised no concerns about how staff supported their family members. Staff knew how to escalate issues and concerns and were aware of potential risks when providing support. People received their medicines appropriately, as required. Staff used correct equipment, such as gloves and aprons when assisting people. Accidents and incidents were managed appropriately. Staff were recruited in a safe way.

Staff received an effective induction and ongoing training. Relatives felt staff knew people well enough to enable them to support individual needs and requirements. People received food and drinks as required and attended any medical appointments.

Mental capacity assessments were not always carried out or updated prior to applications being put forward for Deprivation of Liberty Safeguards (DoLS). However, staff understood mental capacity and how to act in the person's best interests. Action was taken by the manager to ensure mental capacity assessments were in place where required.

People were supported to have choice and control over their lives and staff understood that they should support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured that people's privacy and dignity was maintained.

Staff were seen to be kind and caring towards people and relatives felt they were compassionate and available to people. People were given choices and were able to make their own decisions as far as possible. Staff supported people to be independent where this was possible and ensured that people's privacy and dignity was maintained.

Relatives had been involved in the development of care plans and were invited to regular reviews of care.

Care plans provided staff with information about people's needs and preferences and how they would like these to be met. A complaints procedure was in place and relatives knew how to raise concerns and felt these would be addressed. People were supported to remain active and participate in social activities, in line with their interests.

Feedback was gathered from people and used to inform the service. People were becoming familiar with the new manager and relatives told us they felt the manager was approachable.

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

Rating at last inspection

This was the first inspection for the service under the new provider.

Why we inspected

This was a planned inspection, however we had also received information of concern in relation to the conduct of some staff members and the previous registered managers understanding and reporting of safeguarding concerns. Immediate action to address these issues had been taken by the provider.

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?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wellcroft 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 carried out by one inspector.

Service and service type

Wellcroft House is a care home, which provides accommodation and personal care for younger adults with learning disabilities or autistic spectrum disorder, physical disability or sensory impairment. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. However, the new manager in post had made the appropriate application with CQC and this was in progress. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the date of registration. We sought feedback from the local authority and professionals who work with the service. We did not request a provider information return [PIR] on this occasion. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of the information we held to plan our inspection.

During the inspection

We were not able to speak with people using the service, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three members of care staff, the deputy manager, the manager and a visiting professional. We looked at two people's care records, including their Medication Administration Records (MAR), two staff recruitment records and records relating to the governance of the service. This included quality assurance audits, records of accidents and incidents and complaints made.

Following the inspection

We spoke with three relatives via the telephone to gain their views on the service.

Is the service safe?

Our findings

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

This was the first inspection rating for the service under the new provider. At this inspection this key question was rated Good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- A recent safeguarding incident had not been dealt with appropriately by the previous registered manager. This meant timely action had not been taken to maintain safety and prevent reoccurrence. Immediate action had been taken by the provider to address this which had resulted in some staff no longer working at the home. Following the incident staff had been reminded of their responsibilities to keep people safe and the importance of following the provider's safeguarding policy. The deputy manager told us there were plans to update the staff team with safeguarding training. Staff understood their responsibilities and knew how to raise any concerns to keep people safe.
- With the exception of the incident noted, safeguarding referrals to the appropriate external agencies had been made as required.
- Staff told us they would whistle blow if they felt concerns were not being taken seriously enough by managers. A whistle-blower exposes inappropriate practices within an organisation to the relevant authorities.
- Relatives felt people were safe. One relative said, "[Person] is safe, everything is risk assessed, there has never been a problem." A visiting professional told us, "I am very happy with the staff and how they keep [person] and others here safe." Staff understood how to keep people safe. One staff member told us, "People are 200% safe here, we all know how people can become victim to abuse and look out for it."

Assessing risk, safety monitoring and management

- Risk assessments for people were in place and although they were detailed the manager told us how they intended to make them even more individualised. Risk assessments included, but were not limited to personal care and continence, health and medicines, manual handling and community access. Staff members said they felt that risk assessments assisted them to do their job.
- Accidents and incidents had been dealt with as required, with action being taken if needed. However, there was not a clear audit trail on accident forms to provide information on subsequent actions carried out to mitigate future risk. The manager told us this would be addressed.
- Personalised evacuation plans were in place, which gave details to staff should there be the need to evacuate people safely from the building.

Staffing and recruitment

- Rotas reflected the amount of staff on duty at the time of the inspection and we saw staff were available to people and where 1:1 care was required this was provided. A relative told us, "There are enough staff, I never worry about that." Staff we spoke with felt the staffing levels were acceptable. One staff member said, "We have struggled in the past covering vacancies, but things are much better, and we cope by supporting each

other to keep the service fully covered. The new manager has cut back on agency staff and we prefer to use staff from within the wider organisation, as this helps with consistency for people."

- Staff were recruited safely. We found all pre-employment checks had been carried out including the obtaining of references and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Relatives told us they had no concerns about people receiving their medicines safely. One relative said, "All medicines are given on time without issues."
- Staff members told us they were trained to give medicines and had their competency checked regularly.
- Where people received medicines 'as and when' required there were instructions for staff as to how to give these.
- Medicine Administration Records [MAR] that we looked at showed medicines had been given appropriately.

Preventing and controlling infection

- We found staff ensured hygienic practices were in place when assisting people with personal care and saw examples of this. A relative told us, "I have always seen the staff using the right equipment."
- Staff spoke to us about the need to maintain cleanliness within the home.
- A compliment received from a professional visitor stated, "The home is very clean and tidy, one of the best I have been to."

Learning lessons when things go wrong

- The deputy manager had worked at the service for a considerable time and they told us there had been a conscious effort to make changes and learn from the safeguarding incident. They told us how senior managers had visited to ensure that staff understood what was required of them in reporting concerns and staff had been shown a video on safeguarding and ongoing discussions were in place during 1:1 supervisions and team meetings. The deputy manager explained the incident had been a learning curve for managers too and they were now more aware of learning more about the staff team, by being out on the floor watching their interactions with people. The deputy manager added that pre-employment checks were not enough to ensure the safety of people and that staff's actions over time were now monitored. The staff team had also changed in response to the incident. There were now two team leaders employed in addition to the manager and deputy manager, so there were more senior staff for staff to go to if required.

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.

This was the first inspection rating for the service under the new provider. At this inspection this key question was rated Good. 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

- Pre-admission information assisted the provider in compiling an initial assessment to ensure care was planned and reflected people's individual needs and preferences.
- Protected characteristics within the Equality Act, such as disability needs, religious and cultural requirements, age, gender and sexuality had been considered as part of the assessment process.
- We found staff understood people's needs, for example where people experienced emotional challenges specific care plans and guidance were in place. Staff understood how one person may hurt themselves unintentionally due to their behaviours and staff knew how to reassure the person and keep them from harm.
- We found oral care was considered within people's care plans, this included how people liked their teeth brushed, twice a day with an electric toothbrush for example and also issues for staff to be aware of such as where people were 'nil by mouth' ensuring only small amounts of toothpaste were used.

Staff support: induction, training, skills and experience

- Staff told us they received an effective induction and were able to work with experienced staff members before their first shift. One staff member told us, "My induction was very useful, I couldn't have done it without my colleagues support and encouragement, those two weeks were invaluable." We saw new staff completed the care certificate as part of their induction. The care certificate is a set of standards, which sets out the required skills, knowledge and behaviours required of people working in health and social care sectors.
- Staff told us they received regular supervision, and they could go to the manager or senior staff members at any time.
- We saw that the training matrix provided guidance for the manager as to when staff training was due to be carried out. A staff member told us, "Every day here is a school day. I learn a lot everyday just doing the job and the training we get gives us a lot of information. We don't miss training as we get email reminders and prompts from managers."

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

- We saw people enjoying the meals they were presented with and were encouraged to eat independently where this was appropriate.
- Relatives told us they were happy with the standard of food given to people and one relative said, "[Person] always eats the lot and enjoys it. I think they get regular drinks and snacks, but this is led by the staff as [person] isn't able to request them."

- We saw where people required specific diets or textures in relation to their food, this was in place.

Staff working with other agencies to provide consistent, effective, timely care/supporting people to live healthier lives, access healthcare services and support

- The provider worked with other professionals to ensure positive outcomes for people. A visiting professional who came into the home regularly told us they had a good relationship with staff and no concerns as to the care people received.
- Relatives told us people received the correct care and attended any medical appointments. One relative said, "If there are any concerns the staff call me without hesitation and [person] never misses any general hospital or doctor appointments."
- Staff told us they would notice if people were not well and would call the GP or medical professionals. One staff member said, "They [people using the service] are like family to me. I would tell if they are unwell like I do with my own [family]. I can see the difference between them being under the weather or on top of the world."
- We saw from records concerns were shared with professionals in a timely manner and appropriate actions taken where required.

Adapting service, design, decoration to meet people's needs

- Staff told us about the communication aids they used to enable people to communicate with them. One staff member told us, "We use Makaton, so people can communicate, it helps them to share how they are feeling and stops the frustration of having no speech." A relative told us, "I am really pleased with how the staff are addressing the use of Makaton for [person] they really go above and beyond with it."
- We saw there was an environment assessment in place. This assessed any hazards within the environment and also led to checks being made on any equipment used to assist people, such as wheelchairs.
- The home had been designed to enable easy access for the people using it. There was a lift in place for people who could not use the stairs and doorways were wide which allowed access for wheelchairs.
- Decoration around the home was appropriate. Bedrooms had been personalised to the person's tastes and interests, with photographs of them undertaking activities in place and pictures of families and loved ones. People had been involved as much as possible in choosing colour schemes and furnishings for their rooms. We saw a compliment from a professional stated, "All the bedrooms are lovely and so personal to each client."

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff understood how to support people in their best interests and spoke to us knowledgeably on mental

capacity and DoLS. However, we found that whilst DoLS applications were being completed, assessments of capacity were not always updated or carried out prior to the application. This meant that there was an assumption that the person's capacity was unchanged from the original information provided. Care plans only included generic information such as 'lacks capacity' or 'makes basic decisions'. The manager told us that they would make the changes immediately and going forward would ensure that the level of capacity was assessed before making the DoLS application. We saw that nobody living in the service was being deprived of their liberty unlawfully.

- We saw staff asked people for their consent before assisting them. One staff member told us, "We work with non-verbal people here, but they can still consent. Some will shake their head or push you away. We know when someone doesn't want to consent."

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.

This was the first inspection rating for the service under the new provider. At this inspection this key question was rated Good. 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

- We saw positive interactions between staff members and people using the service. People were responsive to staff members and we saw them laughing together and enjoying time in each other's company.
- A visiting professional told us, "The staff care for [person] in a very loving way. They know the boundaries and that they aren't [person's] family, but they are appropriately warm with them, whilst being professional."
- Relatives told us they knew staff and got along with them. One relative said, "I really like [person's] key worker they do everything they can for them and will fight the authorities for what they need [person] requires. We couldn't ask for better."
- The manager and staff were aware of the need to ensure people's diversity were respected. There was currently no one with specific cultural or religious needs, but we saw the manager had put an equality and diversity plan in place, which consisted of a file giving dates and activities related to traditional dates including Eid, Diwali and Easter and Christmas.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people were treated with dignity and their privacy was respected. One relative said, "The way they [staff] maintain privacy and dignity is first class. They have to do everything for person, even clean their teeth, but they never make them feel hopeless or useless." Staff told us how they showed empathy towards people when supporting them and ensured dignity was maintained.
- We found where possible independence was encouraged and saw some people eating without assistance or putting their own shoes on with a bit of help from staff.

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

- We found people were offered choices as far as possible and saw people choosing the television programmes they wanted to watch or choosing what to eat for lunch. Where people were unable to carry out actions for themselves we saw staff acting appropriately on their behalf, for example tuning the radio to an age appropriate station.
- Relatives told us they were involved in developing care plans and were invited to ongoing reviews of care.
- Where people required the services of an advocate, the manager told us they would ensure that advocacy services were contacted and support the person to work with the advocate. An advocate assists people to express their views and wishes and stands up for their rights.

Is the service responsive?

Our findings

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

This was the first inspection rating for the service under the new provider. At this inspection this key question was rated Good. 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

- Care plans were in place and were detailed, although the manager planned to improve these further. Care plans included but were not limited to; information on what was important to the person, things they liked and disliked, personal care needs, medical and health information and emotional behaviour. Staff told us the plans held enough information to help them have a good overview of the person and their needs.
- We found care plans were reviewed in a timely manner and relatives had been involved with their content. One relative told us, "The staff always liaise with me, we make a good team." We found reviews of care were carried out in a timely manner.
- We saw care plans reflected people's interests, for example we saw information that one person liked music and disco lights and we saw staff ensuring the music and lights were turned on for a person to enjoy.

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

- Relatives told us how people enjoyed the activities on offer. One relative said, "I couldn't provide [person] with the level of activities that the staff do. [Person] is always going out and inside the home they have a massage person come in. [Person] lives an enjoyable life". We saw the massage therapist visiting and the positive impact this had on people.
- We saw how some people had developed friendships with other people using the service and this was encouraged by staff.
- Relationships with family members was encouraged where appropriate and we saw letters sent into the service by relatives thanking staff for helping their loved ones choose presents for them for special occasions. Family members were also invited for barbeques and parties.

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.

- We saw that people using the service were unable to read written information, however the deputy manager told us that other formats were in use where required, such as a pictorial format or sharing information using the communication aid Makaton.
- Care plans included information entitled, 'what am I communicating to you'? This gave the staff information on people's actions in relation to communication, what they might mean and what staff should do to communicate effectively.

Improving care quality in response to complaints or concern

- Relatives told us they knew how to make a complaint should the situation arise, but they had not needed to do so. One relative told us, "I am very vocal, so if I had a complaint they [staff] would know about it, but I have never had to complain. I am sure they would listen if I did."
- We found that whilst there had been no complaints since the change in provider, there was a complaints procedure in place, should the need arise.

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.

This was the first inspection rating for the service under the new provider. At this inspection this key question was rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The new manager had only been in place for two weeks at the time of the inspection. There had been an interim manager in place who worked within the organisation, prior to the manager taking up their role.
- People living in the home showed an awareness that they were becoming familiar with the new manager and acknowledged her within the home. A relative told us, "I have met with [manager's name] and they seem lovely, but we have not been inconvenienced by the change in management, there has been consistency and we have been updated." Staff told us they were already finding the new manager supportive and one said, "[Manager] is a perfect fit here. They have spoken to us all one by one to introduce themselves. They are doing their best to keep us all safe and happy and to lift our spirits up and we have a great atmosphere here again."
- Relatives told us they were happy with their loved ones living in the home. One relative said, "I am really pleased with Wellcroft, they have delivered on every level for my [relative]. A staff member told us, "I am supported very well by my colleagues here and the morale is great. I like working here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance audits were carried out and these identified any areas for improvement and gave the provider an oversight of the service. Audits provided information on any patterns and trends within the service and included but were not limited to; medicine administration, incidents, care files and staffing.
- Audits provided a clear oversight of any patterns and trends related to the service, including but not limited to; recordings, accident and incidents, falls, training and staffing.
- The provider and registered manager understood the regulatory requirements of their role. They had ensured that notifications were sent to us where incidents occurred, so that we could see how they had responded to any issues raised.
- We saw evidence that competency checks were carried out on staff members practice.

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

- We found feedback was effectively gathered from people using the service and their relatives. Feedback was gathered from people using the service by their keyworker during 1:1 sessions. This was limited information, but gave some overview of how the person felt about living in the home. Relatives received questionnaires asking their opinions.

- We saw that responses were positive and that relatives had made comments such as; 'staff cater for and understands person's needs, thank you so much', and, 'I am very pleased with the care person receives, I cannot think of anything I would improve'.
- Resident meetings took place regularly and included discussions on general likes and dislikes and discussions around activities.
- We found staff meetings were held regularly, the agenda had recently covered the previous incidents and how safeguarding could be improved and maintained within the service.

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

- The previous registered manager had failed to act upon a safeguarding issue, however when this was brought to the attention of the provider immediate action was taken to ensure people's safety.
- We discussed with the manager their requirement to meet the duty of candour and they understood the importance of providing CQC with information regarding any notifiable incidents, so we could be aware of how these had been dealt with.

Continuous learning and improving care / Working in partnership with others

- We found staff worked well with professionals and a visiting professional told us, "I can come up with suggestions and the staff are receptive. We are equal partners in reaching best interest decisions for [person]."
- Records were kept of interactions with health professionals and people's needs were met through partnership working.