

Wishing Well Care Limited

Waters End

Inspection report

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Leicestershire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This was our first inspection of Waters End. The visit was announced and was carried out on 20 August 2018. This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The provider was given notice because we needed to be sure that someone would be in the office.

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.

At the time of our visit the manager, who was also the provider, was in the process of registering to be the registered manager. They had been the manager since April 2018. 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.

Systems were in place to monitor the quality of the service being provided though these had not always been effective.

Risks associated with people's care and support had not always been identified or assessed.

Pre-employment checks had not always been carried out in a timely manner.

The manager was in the process of identifying and providing the training the staff team needed in order to maintain the knowledge and skills required to meet people's needs.

Relatives of the people using the service felt they were safe with the support workers who provided their care and support. The staff team were aware of their responsibilities for keeping people safe from avoidable harm and knew the actions to take should they be concerned for anyone.

There were suitable numbers of staff available to meet people's care and support needs.

People were supported with their medicines in a safe way and as prescribed by their GP. Protocols were in place for medicines prescribed as and when required and a homely remedies protocol was being developed.

Protective personal equipment was available and used and the staff team ensured people's home

environment was clean and tidy.

There were arrangements in place to make sure action was taken and lessons learned when things went wrong to improve the service provided.

People's care and support needs had been identified and plans of care had been developed for each person using the service. The staff team knew the needs of the people they were supporting well.

The staff team supported people to make decisions about their day to day care and support. They were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) ensuring people's human rights were protected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's food and drink requirements had been identified and a balanced diet was being provided. People received on-going healthcare support and had access to the relevant healthcare services.

People told us the staff team were kind and they treated people in a caring and respectful manner.

An end of life policy was in place. This showed the staff team how to provide the personal and emotional care people deserved as they approached the end of their life.

People knew who to talk to if they had a concern of any kind and were confident any concerns they had would be taken seriously and acted upon by the manager and the staff team.

A business continuity plan was available to be used in the event of an emergency or untoward event.

People were able to have a say and to be involved in how the service was run.

The manager was aware of their registration responsibilities including notifying CQC of significant incidents that occurred at the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People were kept safe from abuse and avoidable harm.

Risks associated with people's care and support had not always been identified or assessed.

Pre-employment checks had not always been carried out in a timely manner or followed up. Appropriate numbers of staff were available to support the people using the service.

People received their medicines as required and lessons were learned and improvements made to the service when things went wrong.

Is the service effective?

Good ●

The service was effective.

People's needs had been identified when they started using the service.

People were supported by knowledgeable staff who knew them well.

The staff team understood the principles of the Mental Capacity Act 2005 and always obtained people's consent to their care and support.

People were supported to maintain a balanced diet and were assisted to access health care services when they needed them.

Is the service caring?

Good ●

The service was caring.

The staff team were kind and caring and treated people with dignity and respect.

People were supported to make decisions about their care and support.

The staff team respected people's personal preferences and choices.

Is the service responsive?

Good ●

The service was responsive.

People had plans of care which included their individual needs and choices.

People knew what to do and who to speak with if they had a concern of any kind.

An end of life policy was in place to support the staff team to care for people at the end of their life.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Monitoring systems used to check the quality of the service being provided were not always effective.

People told us the service was well managed and the manager and staff team were friendly and approachable.

People were given the opportunity to share their thoughts on how the service was run.

The manager worked with other organisations for the benefit of the people using the service.

Waters End

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 20 August 2018. Our visit was announced and carried out by one inspector

Before the inspection, we reviewed information we held about the service such as notifications, these are events which happened in the service that the provider is required to tell us about.

We contacted the health and social care commissioners who monitor the care and support of people receiving care from Waters End to obtain their views of the care provided. We also contacted Healthwatch Leicestershire, the local consumer champion for people using adult social care services to see if they had any feedback. We used this information to inform our judgement of the service.

At the time of our inspection there were two people using the service and receiving the regulated activity, personal care. We observed the support people received and three relatives were spoken with to gather their views of the service their relative received.

During our visit to the office we spoke with the manager who was also the provider, a support worker, two senior support workers and the administration manager.

We reviewed a range of records about people's care and how the service was managed. This included the plans of care for the two people using the service and associated documents including risk assessments. We also looked at two staff files including their recruitment and training records and the quality monitoring processes the management team completed.

Is the service safe?

Our findings

The staff team were aware of their responsibilities for keeping people safe from harm. The staff team had yet to receive training in the safeguarding of adults, though a safeguarding policy was in place and they knew the actions to take if they were concerned for someone. One staff member explained, "I would go straight to [manager], she would definitely act on any concerns we had." Another told us, "I would get in touch with [manager], and social services and the police, [Manager] would act without a doubt." The manager explained they were in the process of organising the relevant training.

Not all of the risks associated with people's care and support had been assessed. These included the risks associated with the equipment used to move people safely. The manager assured us these would be completed. Risk assessments had been completed with regards to people's mobility and the risks associated with specific health conditions. The risk assessments identified the action the staff team were required to take to reduce the acknowledged risks to individual people and these had been reviewed.

Personal emergency evacuation plans (PEEPS) had yet to be developed. These show how each individual must be assisted in the event of an emergency. The registered manager was in the process of completing these plans and assured us the staff team were aware of how to support the people using the service should they need to. Observations during our visit confirmed the staff team knew how to support each person in the event of an emergency.

People using the service had not always been protected by the recruitment processes that were in place. Whilst previous employment had been explored, references and a check with the Disclosure and Barring Service (DBS) had not always been collected in a timely manner. A DBS check provided information as to whether someone was suitable to work at this service.

Relatives told us the people using the service were safe with the support workers who provided their care and support. One explained, "I feel [person] is safe here, we don't worry when we are not here." Another told us, "Yes [person] is safe, they [staff team] are very, very good."

The manager knew the actions they needed to take to keep people safe. They knew the procedure to follow when a safeguarding concern was raised with them, including referring it to the safeguarding authority and CQC.

Relatives told us there were enough staff on duty to meet the needs of the people using the service. One explained, "We think it is exceptionally good. [Person] always comes first and they are on the ball with what [person] needs are." Another told us, "There is always someone around."

People received their medicines in a safe way and as prescribed by their GP. Information on the support people needed was included in their plan of care. Medicine stocks were checked regularly to make sure they were correct and in line with the medicine administration records. Audits were carried out on a weekly basis to make sure records were up to date and the appropriate support people needed was provided.

Competency checks were being carried out on the staff team to make sure they continued to offer people their medicines in a safe way.

People were protected from risks to their health and well-being by the prevention and control of infection. Protective personal equipment (PPE) was readily available and used. The staff team were aware of the correct procedures to follow whenever food was prepared and stored and training in infection control and food hygiene was being sourced.

A business continuity plan was in place for emergencies or untoward events such as fire, flood or loss of power. It identified a place of refuge should an evacuation of the building be required and provided the staff team with a plan to follow to enable them to continue to deliver a consistent service should these instances ever occur.

The staff team understood their responsibilities for raising accidents, incidents and concerns with the manager and evidence was seen of lessons being learned when things went wrong. This included changes to how the weekly shopping was purchased. This used to be classed as an activity for the people using the service but wasn't an enjoyable experience for them and was felt to be more of a chore. The new manager took this on board and took this task over. The people using the service were still able to go out shopping as an activity, but for items such as fresh fruit and vegetables from the local farm shop and personal items of their choice making it a much more pleasurable experience.

Is the service effective?

Our findings

People using the service had their individual support needs assessed. This was so the manager could satisfy themselves that people's needs could be met by the staff team working at the service. A relative told us, "They [manager] talked to us about the things [person] needed, no stone was left unturned." Another explained, "We had a meeting at the beginning."

The staff team knew the needs of the people they were supporting well. A relative explained, "I feel the staff know [person] really well and the new ones [staff members] are learning." Another told us, "They know [person] inside out. [Person] is very well looked after."

Relatives felt the staff team were appropriately trained and had the relevant knowledge and skills to meet the care and support needs of the people using the service. One explained, "[Manager] is offering everything that is going [training courses]. She has asked if there is any course staff want to do to improve themselves."

The manager was in the process of arranging relevant training to make sure the staff team had the skills and knowledge they needed to support the people using the service. One staff member explained, "I have recently had epilepsy training and there are on line courses we are in the process of doing." Another told us, "I have done epilepsy training and behaviour training and we have the NHS App which reminds you about safeguarding, mental capacity and deprivation of liberties. [Manager] has started a new e learning so we can go online and do the training. It's just being set up now."

The staff team were supported through supervision and staff meetings. They told us the manager was supportive and available if they needed any help or advice. One explained, "[Manager] is on the phone when not here and she is brilliant. There has not been one instance when she has not answered the phone, and we've not had that before." Another told us, "She [manager] is brilliant, really approachable and she listens 100%."

People's care and support were provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The manager was working in line with the relevant legislation and guidance.

The manager and staff team understood their responsibility around the MCA. They told us if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well and when necessary, with the relevant professional's involvement. One staff member explained, "It's about supporting people to make their own decisions and not assuming they can't."

If people can't make their own decisions, then we make sure the decisions made are in their best interest through meetings with parents and social workers."

People's consent to their care was always sought and they were supported to make choices on a daily basis. A relative explained, "They always involve [person]. They offer choices with regard to what to wear and what to eat." A staff member told us, "It's all about them, [people using the service] and what they want to do. We involve them in decisions about their care and offer choices such as for activities and food."

People had access to healthcare services and received on-going healthcare support. Changes in people's health was recognised by the staff team and prompt and appropriate referrals were made to healthcare professionals. These included GP's and the speech and language team who supported people who had swallowing difficulties. The staff team sought the appropriate advice and support when people needed it.

The staff team worked together within the service and with external agencies to provide effective care. Staff ensured key information was provided to medical staff when people were transferred into hospital to ensure their needs could continue to be met. This included the use of a document entitled 'know me better, patient profile' which was used to inform people how best to communicate with the people using the service.

The staff team supported people to have sufficient food and drink when they supported them at meal times. They knew the importance of making sure people were provided with a healthy balanced diet whilst providing them with the food and drink they liked. A relative told us, "[Manager] is making sure they [people using the service] eat healthily. They [manager] will even come in and give some cooking lessons [To the staff team]."

Is the service caring?

Our findings

Relatives told us the staff team at Waters End were kind and caring and they looked after the people using the service well. One explained, "They [staff team] are kind, caring and thoughtful." They went on to say, "They show a lot of respect toward us and [person]." Another told us, "The support is good, very good. [person] is treated with dignity and respect. They [staff team] have their wellbeing at heart."

We observed the staff team supporting the people using the service. They spoke to people in a kind way and offered support in a relaxed and caring manner. The staff team had a good understanding of people's needs. People were treated well and support was provided in a good-humoured way.

The staff team reassured people when they were feeling anxious and when comfort was needed, this was provided in a caring manner. For example, one of the people using the service became a little distressed during our visit, the staff member went to them and reassured them and provided them with an activity they enjoyed doing.

The staff team understood the importance of promoting equality and diversity and respecting people's personal preferences and choices. Plans of care demonstrated people and/or their relatives had been actively involved in making decisions about their care and support and they were asked to take part in reviews. A relative told us, "We are fully involved in all areas of [person's] care."

The staff team had the information they needed to provide individualised care and support. They knew the people they supported. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences. This included the names people preferred to be called, the activities they liked to do and the food they liked to eat.

The staff team gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One explained, "I keep the door closed at all times and the curtains, and I keep them [people using the service] covered up." Another told us, "I do things quietly and discreetly and don't shout things from the roof tops. I make sure I am being confidential when talking to others."

Relatives told us the staff team made them welcome when they visited their relation. One explained, "I visit anytime and am always made welcome." Another told us, "We are always made welcome when we are here."

The staff team supported people to make decisions on a day to day basis. For people who were unable to make decisions about their care, either by themselves or with the support of a family member, the manager had obtained details of advocacy services. This meant people had access to someone who could support them and speak up on their behalf if they had no other support.

Is the service responsive?

Our findings

People received care and support based on their individual needs. Plans of care had been developed and these were being followed by the staff team. The plans of care checked were up to date. They covered areas such as, mobility, behaviour, communication and personal care, and showed the staff team how to support people in the way they preferred. They had been reviewed on a monthly basis or sooner if changes to the person's health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken and the plan of care amended and updated.

Relatives told us they had been involved in the reviews of their relations plan of care. One explained, "We have recently done an up to date one [plan of care] and we signed to say we agreed with the support [person] received." This was confirmed on checking the person's plan of care. Another told us, "They talk to me at least once a month about the care plan and if anything needs to change."

People using the service were supported to participate in activities they enjoyed and they were encouraged to follow their interests. Things they liked to do were explored and included in their plan of care. The staff team had access to transport, enabling the people using the service regular access to social activities. Evidence was seen of regular trips out including shopping trips and a trip to Burford wildlife park and other local parks. Other activities enjoyed included pub lunches, ball games, puzzles and long walks out. A relative told us, "[Person] is encouraged to do activities. We are currently creating an activity plan. We're taking photos of things [person] likes to do and places they like to go and taking photos of the staff they will be with so they know what's happening each day."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The staff team had been taught how to use sign language to communicate with the people using the service. One relative explained, "The new staff are learning to speak sign language and [manager] is going to get someone in for sign language lessons. She is doing everything she possibly can."

A formal complaints process was in place and people knew who to contact if they were unhappy or unsure about anything. A relative told us, "I would complain to the manager and if I had no joy, I would go to the local authority." Another explained, "I would either go to [person] keyworker or [manager]. She is very good, very positive and she listens." (A keyworker is an identified member of the staff team who is responsible for ensuring the person gets the care and support they need and generally looks out for them.)

An end of life policy was in place and the staff team were aware of how to support people with the personal and emotional care they needed at the end of their life. One staff member told us, "We would make sure they were comfortable and happy, we know what they like, we would make sure their family were around them as well as the staff they liked."

Is the service well-led?

Our findings

At the time of our visit the manager, who was also the provider, was in the process of registering to be the registered manager. They had been the manager since April 2018. 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.

Whilst the manager was monitoring the quality and safety of the service, the audits carried out had not identified the shortfalls found during our visit. Not all the required risk assessments had been completed, PEEPS had not been developed and the required recruitment checks had not always been completed in a timely manner or followed up.

Regular checks had been carried on people's plans of care, daily records and medicine records. This was to make sure they were up to date and accurate and checks on the environment in which people's care and support were delivered, had also been completed.

Relatives told us the service was well managed and the manager was welcoming, open and approachable. One told us, "You can talk to her [manager] at any time. She is doing everything she possibly can to improve the service." Another explained, "It [service] is definitely well led. As parents we have a very good rapport with the staff and they involve us. We are very confident in [manager] she is a wonderful woman."

The staff team felt the manager was open and approachable. One explained, "[Manager] is really positive, I think she has made a difference. She's got good ideas and she's been coming in so people can go out." Another told us, "It's not a business, it's their [people using the service] home. She has definitely made a difference, I am excited for the future."

Staff members told us they enjoyed working at the service. One explained, "I love it, the days when you get them to smile and you know you are making a difference, it makes it so worthwhile." Another told us, "It is such a lovely company to work for."

The staff team were given the opportunity to share their thoughts on the service and be involved in how it was run. This was through formal staff meetings and regular conversations with the manager. A staff member explained, "We have staff meetings and we can talk about anything." Another told us, "[Manager] wants to learn more about [people using the service]. She is open to suggestions and is full of ideas."

The manager made themselves readily available to the people using the service and their relatives. This provided people with the opportunity to feedback about the service being received, and to share any thoughts on how the service could be improved. A relative told us, "I am very satisfied at the moment, [manager] definitely takes things on board."

The manager explained they were also in the process of developing surveys as another way of gathering

people's thoughts of the service being provided.

The manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

This was a first ratings inspection of the service. The manager understood their responsibilities for ensuring that once rated, this rating would be displayed. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.