East Living Limited

Wakeling Court

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

At our last inspection of this service in October 2014 we found there was one breach of regulations. This was because the service did not have effective systems in place for the safe administrations of medicines. During this inspection we found the provider had successfully addressed this issue.

The service is registered with the Care Quality Commission to provide accommodation and support with personal care to a maximum of 22 adults with mental health needs. 18 people were using the service at the time of our inspection.

The service had a registered manager in place. They were on a period of leave at the time of our inspection and we were told they were due back in April 2016. An acting manager was in place during the registered managers absence. 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.

Although people had access to health care professionals there was not always an effective system in place for monitoring people's health care needs were being met. Staff received regular supervision and had access to training. However, there was not an effective system in place to monitor when staff were due training. The service worked within the principles of the Mental capacity Act 2005 and Deprivation of Liberty Safeguards. People were able to make choices about their daily lives. People were supported to eat and drink sufficient amounts.

The service had systems in place to help protect people from the risk of abuse. Risk assessments were in place which set out how to support people in a safe manner. There were enough staff working at the service to meet people's needs and checks were carried out on prospective staff. Medicines were stored, recorded and administered safely.

People told us they were treated well by staff. We observed staff interacting with people in a friendly and respectful manner. Staff understood how to promote people's dignity, privacy and independence.

People told us the service was meeting their needs. Care plans were in place which were personalised around the needs of individuals. People had access to leisure activities. The service had a complaints procedure in place and people knew how to make a complaint.

People and staff spoke positively of the management at the service and of the working atmosphere. Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service.

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. Staff understood their responsibility with regard to safeguarding adults and systems were in place to protect people from the risk of abuse.

Risk assessments were in place which set out how to support people safely. The service did not use any form of physical restraint when working with people.

There were enough staff to support people safely. The service had recruitment procedures in place which included carrying out various checks on prospective staff.

Medicines were stored, administered and recorded in a safe manner.

Is the service effective?

Requires Improvement

The service was not always effective. Although staff undertook training there was not an effective system in place to monitor when training was due.

People had access to health care professionals but the service did not always effectively monitor if people's health care needs were being met.

The service worked within the principles of the Mental capacity Act 2005 and Deprivation of Liberty Safeguards and people were able to make choices about their daily lives.

People told us they liked the food and that they had enough to eat and drink.

Is the service caring?

Good

The service was caring. People told us staff treated them with respect and we observed staff doing this during our inspection.

Staff understood how to support people in a way that promoted their dignity, independence and privacy.

Is the service responsive?

Good

The service was responsive. Care plans were in place which were subject to regular review. These set out how to meet people's needs in a personalised manner. People had access to various activities.

The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led. There was a registered manager in place. People and staff spoke positively of the management at the service and of the working atmosphere.

Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service.

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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 over two days on the 18 and 23 February 2016 and was unannounced. The inspection team consisted of three inspectors and a specialist advisor with a background in mental health services and the Mental Capacity Act 2005.

Before the inspection we looked at the evidence we already held about this service. This included details of its registration, previous inspection reports and notifications the provider had sent us. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with five people that used the service. We spoke with six staff. This included the quality assurance manager, the regional business manager, the acting manager of the service and three support workers. We reviewed six sets of care records including support plans and risk assessments for people. We looked at six sets of staff recruitment, training and supervision records, medicine records, audits and quality assurance checks and various policies and procedures.

Good

Is the service safe?

Our findings

At our previous inspection of the service in October 2014we found they were not administering and recording medicines in a safe manner. We found at this inspection that the issue had been addressed.

People told us they were supported with their medicines. One person said, "The staff help me with my medication which I take three times a day." Most medicines were stored in designated and locked medicines cabinets inside people's bedrooms. Others were stored in a locked cupboard inside the office. We found records that listed what people's medicines were for and of possible side effects. Where people had been prescribed 'as required' (PRN) medicines guidelines were in place for staff about when they should be administered. Medicine administration record charts were in place for people which staff signed every time a medicine was administered. These included details of the name, strength, form and dose of each medicine. We checked people's charts for a four week period leading up to the date of our inspection and found them to be accurate and up to date.

On the first day of our inspection we found the service did not have effective systems in place for recording medicines that were to be disposed of. However, this issue had been addressed by the second day of our inspection. Medicines no longer needed were recorded and returned to the supplying pharmacist. The pharmacist signed to evidence that they had taken the medicines.

Both whistleblowing and safeguarding policies were available on the staff intranet. The safeguarding policy detailed escalating concerns through the manager and the company's safeguarding lead and to the local authority. There was a noticeboard by main reception entitled 'safeguarding' that contained a flowchart detailing who to contact to make a safeguarding referral, lines of accountability within the service and who to report to. There was also an easy to read poster with a picture of the manager that said if you were unhappy with anything you could speak to staff and the manager at any time.

Staff we spoke with were aware of what made different people vulnerable and spoke about issues they had worked with in this respect, giving good examples of how people had been protected from possible harm. Staff told us how they would escalate any safeguarding concerns they had regarding people and that the manager would liaise with the local authority safeguarding team where appropriate. We were told that there had not been any safeguarding referrals made within the last year.

Levels of independence meant that some people controlled their own money while others were supported. Three people's money was managed by staff. We saw that systems were in place to check people's monies held at each staff shift handover and that the money was held in in a secure setting. The provider's policy was that no more than £50 was to be kept in each person's safe, however both people we observed were keeping more than this. The regional business manager said the policy was out of date and needed to be revised to reflect the practice of the service.

Risk assessments were in place for people. These included information about the risks people faced and what action to take to mitigate those risks. For example, the risk assessment for one person about diabetes

included information about working with the person's family to encourage them to bring more healthy foods for the person and speaking with the person to help them understand the risks and what action they could take to reduce the risk. Assessments covered risks associated with suicide, neglect, aggression and violence and physical and medical risks and road safety and community orientation.

The regional business manager and support workers told us the service did not use any form of physical restraint when working with people. Where people exhibited behaviours that challenged the service the focus was on seeking to de-escalate the situation and helping people to calm down. One staff member said, "Its abut talking to them, having good communication [when people may becoming upset or anxious]."

Staff said there were enough staff working at the service to meet people's needs and that they had enough time to carry out their duties. They told us if a member of staff was off sick than alternative staff cover was arranged. One member of staff said, "We do have enough staff." We observed during our inspection that staff were able to respond to people in a timely manner.

The service had robust staff recruitment procedures in place. Staff told us and records confirmed that various checks were carried out on prospective staff. These included criminal records checks, employment references and proof of identification. This meant the service had taken steps to help ensure suitable people worked at the service.

Requires Improvement

Is the service effective?

Our findings

People told us that staff supported them with their health care needs. One person said, "The staff help me feel safe, they arrange a doctor's appointment if I am unwell."

Staff told us they had regular training. One staff member said, "If we want to go on a training course she [registered manager] asks what it will bring and she arranges it." Records confirmed that staff undertook training. However, there was not an effective system in place to monitor when staff were due to have refresher training in any given subject and the acting manager told us they were not aware of how frequently refresher training was supposed to take place. We noted that some training had not being refreshed for several years. For example, one staff member had not had any training about moving and handling since February 2010 and another staff member had not undertaken training about infection control since May 2011. We recommend that the service implements effective systems for monitoring what training staff have had and when they are next due to have training in any given area.

Staff told us and records confirmed that they had regular supervision. One staff member said, "I had supervision just a couple of weeks ago. We talked about key working relationships." Another member of staff said, "We do regular supervision. We talk about key clients, things I need to do and if there is any training going on. It is very helpful."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider had a policy in place about MCA and DoLS. However, this was not entirely in line with current legislation. For example, it did not make clear that the registered manager had the authority to issue an urgent DoLS authorisation for up to seven days without authorisation from the local authority. We discussed this with the regional business manager who told us they would look in to getting the policy amended accordingly.

We found that the service had carried out mental capacity assessments with people and best interests meetings had taken place as appropriate. The service had made a DoLS application for one person and records showed this was done within the principles of the MCA.

Staff told us most people were able to make choices over their daily lives and explained how they supported people to do so. One staff member told us how they supported a person to choose their clothes, saying, "I

hold them up [different clothes] and he says which ones he wants." Another staff member said, "I ask him if he wants breakfast first or personal care."

People told us they were happy with the food at the service and that they were provided with sufficient amounts of food and drink. One person said, "I get enough food, it is ok most of the time, two choices for lunch & dinner." Another person said, "The food is good we get snacks and drinks when we ask for them." Another person said, "The staff gave me more to eat yesterday when I told them I was still hungry."

The service had a four week rolling menu. However, it was not clear how this reflected people's choices. We discussed this with the acting manager who told us they were introducing a system where people would be more involved with planning menus with the use of picture cards to help them communicate their choices.

Records showed people were supported to eat a balanced diet. Where people had assessed needs around eating these were met. For example, one person had worked with the speech and language therapy team due to swallowing difficulties. We saw that guidelines were in place about supporting the person with eating and observed staff followed those guidelines.

We saw one person was cooking their own breakfast independently and they told us they always made their own breakfast. This was at 11.30 in the morning which showed people had choice about what time they ate.

There were mechanisms in place for monitoring people's healthcare needs. On each person's file was a 'health monitoring form' which showed details of appointments with healthcare professionals. We found examples where these showed input from a variety of disciplines on a regular basis. Foot clinic for nail care, blood pressure checks, routine chiropody appointments, GP appointments and psychiatric outpatient appointments were typical entries. We spoke with health care professionals that were visiting the service at the time of our inspection and they spoke positively about their working relationship with the service.

We found two examples where people had been sent letters for bowel cancer screening. This involved taking a stool sample which people needed assistance with. In one file there was evidence that staff had attempted this and liaised with the screening service and involved the GP to assist with this. In the other file there was no evidence that anything had progressed since the initial screening letter in October 2015 and reminder in November 2015.

Staff told us that people's healthcare needs would be identified and monitored though one to one meetings with their keyworkers. A keyworker is a member of staff who has designated responsibilities for working closely with a specific person using the service. We looked at four people's one to one meeting records that were recorded on a pro forma. However, the pro forma did not include a set format of topics to be reviewed or reported on. This left it up to individual key workers as to whether people's healthcare needs were reviewed in the meeting. For example, the one to one meeting write ups for the person where the bowel cancer screening had not been followed up. We discussed this with the acting manager who said they would ensure that health matters were a standing item on monthly keyworker meetings. We recommend that effective systems are implemented for monitoring people's health care needs and making sure that they are met.

Good

Is the service caring?

Our findings

People told us they were well treated by staff. One person said, "The staff are amicable." Another person said, "The staff are lovely" and "Staff are very good they treat me well and give me all the help I need."

Care plans included information about people's life history, including details of their family and previous employment. This enabled staff to get an understanding of the person and helped them to build relationships with people. Staff told us they had worked at the service for a number of years and had been able to get to know individual people and to build relationships with them.

Care plans included a 'strengths and needs' assessment. This set out what people needed support with and what they were able to do for themselves. This helped staff to support people to maintain their independence. For example, for one person the assessment said they were able to choose their own clothes and could dress themselves but needed prompting to change their clothes. The care plan for another person stated, "I shower and wash my hair independently but I need to rely on staff to prompt and remind me." The care plan for another person included information about a cooking programme they were on. This helped to promote their independence and was also used to support the person to develop healthy eating habits to help manage their diabetes.

We saw that risk assessments set out to promote safety in a caring and sensitive manner. For example, the risk assessment about self-neglect for one person stated, "[Person that used the service] to be prompted daily to attend to her personal hygiene. This is to be done gently, emphasising the benefits of having a wash rather than the reasons why the wash is needed. [Person that used the service] is proud of her hair so offering to wash her hair with her may be an incentive for her to have a bath."

Care plans included information about how to support people with their communication. For example, the care plan for one person stated, "[Person that used the service] English language comprehension is markedly better than her spoken English. Staff need to read body language and facial expressions to gauge her mood. Her ability to process information is limited and she tends to become confused when discussing complex and difficult issues and staff need to be patient." Staff were able to explain to us the different ways in which they communicated with people.

We observed that staff interacted with people in a respectful and friendly manner during the course of our inspection. Staff were seen to knock on doors and wait for a reply before entering people's bedrooms. People were at ease and relaxed in the company of staff. Staff had a good understanding of how to promote people's dignity One staff member said, "I ensure they have privacy, making sure curtains are closed and making sure they have a dressing gown on [when going from their bedroom to the bathroom]." The same staff member told us, "I may offer to do his back but point to other areas for him to clean himself."

People had their own mobile phones. This helped to promote their privacy and independence and we found that people were able to receive visitors in to the home. People showed us their bedrooms. We saw these were personalised to reflect their individual tastes. Bedrooms contained personal possessions such as

family photographs and religious iconography. Records showed people had been able to choose the paint colour in their bedrooms and people said they were happy with their rooms.

Good

Is the service responsive?

Our findings

People told us they were happy with the support they received from the service. One person said, "I get enough help from the staff, they help me to keep my room clean and tidy and do my laundry." Another person said, "I use my call button if I need help or I go and find staff if I am not in my room."

Care plans included a section entitled 'What is important to me' which indicated they were devised to take into account the wishes and views of the person. We saw that care plans were personalised and set out how to meet the needs of individuals. For example, the care plan for one person said, "Sometimes I do not want to eat but when staff encourage me I will come to the dining room." The care plan for another person stated, "I take delight in my dressing and make-up." The care plan for another person stated, "I have difficulty in forward planning when I have to accomplish a task that consists of a number of sequential steps. I tend to get distracted easily and lose track of what I am doing. This is why I need step by step instructions." This showed care plans were designed to meet people's individual needs.

Care plans included objectives and achievable goals. To help ensure progress was made each goal had timescales and an assigned member of staff to oversee it. People had monthly one to one meetings with their keyworker. This gave them the opportunity to discuss and review progress made with the goals set in their care plan. Issues discussed at these meetings included keeping bedrooms clean, maintaining personal hygiene and plans for Christmas. We found that care plans were subject to review which meant they were able to reflect people's needs as they changed over time.

There was evidence that people were able to consent to the care and support provided. People were asked to sign forms to agree to staff administering their medicines and to agree that the service could share confidential information about them with relevant parties.

People had access to a variety of educational and leisure activities both within the service and in the community. These included various day services for adults with mental health issues and a healthy eating programme that was run by the local authority. The service arranged a weekly meal out for people. In house there was a weekly newspaper discussion group and an arts and craft session.

People were aware of who they could complain to if needed. One person said, "If I was unhappy about anything I would tell the manager" and another person said, "I would tell the staff if I was not happy with something."

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of whom people could complain to if they were not satisfied with the response from the service. We saw a copy of the complaints procedure was on display in the communal area of the home. In addition, we saw copies held on people's files which they had signed to indicate they had read the procedure. The provider also had an easy read version of the complaints procedure which made it more accessible to people with literacy difficulties. This meant the service had taken steps to help people be aware of and understand the complaints procedure.

Records showed that there had been two complaints received since the previous inspection. These had been investigated in line with the complaints procedure and resolved to the satisfaction of the people making the complaints.

Good

Is the service well-led?

Our findings

People told us they were able to talk with care and management staff to discuss any issues they wanted to. One person said, "I have monthly key working meetings and resident meetings where we can talk about things."

The service had a registered manager in place. They were on an extended period of leave at the time of our inspection and an acting manager had been appointed to oversee the running of the service. They were supported by a team leader in the management of the service.

Staff spoke positively about the senior staff. One staff member said of the registered manager, "She is caring, very fair and knowledgeable. You can phone her and get advice even if she is not working. She is very good." Another staff member said, "She [registered manager] is approachable and very caring." The service had a 24-hour on-call service which meant staff were able to get support from senior staff at any time. One staff member said, "There's an on-call number, it is on the wall in the office. They will answer and ask what's going on and then give advice." Staff told us the service had a good working atmosphere. One staff member said, "We are a very good team here, we work together as a team."

The quality assurance manager carried out four monthly visits to the service. These were to carry out checks to test how well the service was performing in various areas including health and safety, complaints and record keeping. A new quality assurance system was being introduced which involved the manager of the service providing a monthly report for the quality assurance manager so they were able to monitor the service and identify any shortfalls from the reports.

The regional business manager told us that six monthly staff meetings were held for all support workers that worked across different services for the same provider. They told us these were used as a learning and development opportunity. We saw the minutes of the most recent meeting held in January 2016 which evidenced discussions about assessing risk, safeguarding, good record keeping and working with people who were difficult to engage with. The regional business manager told us that these meetings also served to make her more visible and accessible to staff as she was the line manager to the registered manager of the service.

Senior staff carried out spot checks during the night to ensure that good practice was being observed by staff during that period. At the most recent night spot check an area of concern was identified with a member of staff and the provider took appropriate action.

The acting manager told us they carried out various quality assurance and monitoring checks. Health and safety checks were carried out every three months of people's bedrooms. These included checks of electrical appliances, fridge temperatures, if there were any cracked tiles and if the floor covering was safe. In addition to this there was a six monthly health and safety audit of the home. The last one in October 2015 found that the emergency lighting and fire extinguishers in the home were due to be serviced and we saw that this had subsequently happened.

Residents meetings were held. The minutes of these evidenced discussions about maintenance issues, religious festivals, compliments and complaints and healthy eating. The service also held regular staff meetings. We found these included discussions about Deprivation of Liberty Safeguards, health and safety and issues relating to people that used the service. These meetings gave people and staff the opportunity to be involved in the running of the service and to discuss matters of importance to them.