

The Lady Verdin Trust Limited

The Lady Verdin Trust - Wellswood Drive

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

This was an announced inspection, carried out on 26 October and 2 November 2017.

1 Wellwood Drive is part of the Lady Verdin Trust and is registered to provide accommodation for three people who require support and care with their daily living. At the time of our inspection visit two people were living at the service.

The service had a registered manager. 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.

On our last visit in May 2015 the service was rated as good. This inspection identified that the service continued to meet all the relevant fundamental standards and the rating remains good.

Family members told us they felt people were safe living at the service. Systems were in place to protect people from the risk of harm. Staff were knowledgeable about safeguarding people from abuse and protecting their rights. Staff were confident that they could raise any matters of concern with the registered provider or the registered manager and that they would be addressed appropriately.

People received good care and support from staff who knew them well. Robust recruitment processes were followed and there were sufficient qualified, skilled and experienced staff on duty to meet people's needs. The registered provider ensured consistency in care as a dedicated team of staff supported the same people. This enabled people and their family members to build good working relationships and develop confidence in the support provided.

Staff understood how to meet the needs of those individuals they supported. Support plans contained relevant information to enable staff to meet and promote people's individual needs. A new support plan document was in the process of being introduced by the registered provider to assist staff to record more detailed information about people's personal preferences. Support plans we reviewed promoted the involvement of the person or other important people such as family members.

There were safe systems in place for the management of medicines. Medicines were administered safely and administration records were up to date. People received their medication as prescribed and staff had completed competency training in the administration and management of medication.

Risks had been appropriately assessed and staff were provided with guidance on how to protect people and themselves from each identified risk. Support plans were regularly reviewed to ensure information about people was up to date and accurate.

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 support this practice.

The registered provider's complaints procedure was robust and made accessible to people and their relevant others in a variety of formats such as a pictorial guide to raising complaints. Family members told us that they had never had reason to raise a complaint but were confident their concerns would be acted upon.

Staff were caring and they always treated people with kindness and respect. Observations showed that staff were respectful of people's rights, choices, privacy and dignity and encouraged people to maintain their independence. Staff were skilled in recognising and using people's preferred methods of communication.

Staff worked well with external health and social care professionals to make sure people received the care and support they needed. Staff were responsive in meeting changes to people's health needs.

Staff received support through supervision and team meetings which enabled them to discuss any matters, such as their work or training needs. There was a programme of planned training which was relevant to the work staff carried out and the needs of the people who used the service.

The service was well managed and quality assurance systems were in place to ensure people received a safe and effective service. We were notified as required about incidents and events which had occurred at 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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

The Lady Verdin Trust - Wellswood Drive

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.

We visited the service on 26 October 2017 and the registered provider's office on the 2 November 2017. Our inspection was announced and the inspection team consisted of one adult social care inspector.

During our visit to the service we spent time with two people who lived at the service and spoke with two family members. We also spoke with two care staff and the registered manager of the service.

We looked at two people's support plans and also records relating to three staff and the overall management of the service.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection, complaints and safeguarding. We also contacted local commissioners of the service and the local authority safeguarding team who raised no concerns regarding the service.

Is the service safe?

Our findings

People were protected from the risk of abuse. Staff told us "I would recognise a change in someone's behaviour if something was wrong, I would alert the manager if I had any concerns about people's safety" and "People can tell us in their own way if something isn't right, we understand their body language and we would work hard to find out what was going on". Relatives told us, "When I go to bed at night, I know [my relative] is well looked after and they are safe. I couldn't ask for more from anyone, I have great peace of mind" and "I have every confidence that the staff would protect [my relative] from any harm or risks. They are competent and confident in what they do. I have no concerns about [my relatives] safety".

Staff knew how to recognise and report any suspicions of abuse. Information regarding how to report concerns about people's care and support was shared with staff. Staff understood about whistleblowing and knew how to contact outside agencies, such as the local authority or CQC if they felt unable to raise concerns within the service. Whistleblowing is where staff can raise concerns either inside or outside the organisation without fear of reprisals. This helped ensure that people were protected from the risk of abuse.

Appropriate checks continued to be undertaken before staff commenced work. These records included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of the person's identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Family members told us, "There is always staff available to help [my relative] whenever we visit" and "The staff are available 24 hours a day at the service and [my relative] is always able to go out whenever they want". Staffing at Wellswood Drive was sufficient and flexible to meet people's needs and people were responded to quickly if they required help or support. Two staff were available throughout the day and during the night one staff member slept at the service. Staff we spoke with told us they felt that there was sufficient staff to safely meet the needs of the people using the service.

The registered provider had risk assessments in place to protect people from the risk of harm. Risk assessments identified people's individual risks and gave staff guidance on how to mitigate those risks to maintain people's safety and well-being. Risk assessments covered areas such as falls, mobility, nutrition and medicines and they were updated regularly to reflect people's changing needs.

Medication was managed safely at the service. Staff who administered medication had a good knowledge of people's medicine needs and their individual medical history. We observed people being given their medication appropriately. Competency checks were completed with staff prior to administering any medication to people supported. Records and staff confirmed that appropriate checks had been completed. We looked at two people's medication administration records (MARs) and found that they had been completed consistently and in detail. Medication stock checks were completed as required by staff. We viewed accident and incident reports and incidents were recorded appropriately through the registered provider's quality assurance system. Each accident or incident that occurred was reviewed and a post

incident analysis was completed. This enabled the registered provider to identify any risks and trends and put in place appropriate measures to help minimise the risk of an incident occurring again.

Safety checks had been made regularly on equipment and the environment. This included checks on the fire alarm system, fire extinguishers, emergency lighting, portable appliances, gas safety and mobility equipment. The provider could be assured by making these checks that the premises and equipment were in good working order and safe for purpose. A contingency plan (This is a plan of actions to be taken by the staff in specific emergency situations) was in place in regard to a range of events that might stop the service from operating normally. This covered a range of eventualities so that staff would know what to do and could implement emergency procedures to keep people safe.

People had individual personal emergency evacuation plans (PEEPs) that staff could follow to ensure people were supported to leave the service safely in the event of an emergency. Staff practiced fire evacuations to test if PEEPs worked well in practice.

Is the service effective?

Our findings

Staff were knowledgeable about the care and support people needed. Family members told us, "If they notice that [my relative] is becoming unwell or something has changed in their health needs they will call out the doctor or make an appointment with a health professional" and "The staff are very good at making sure [my relative] gets all the treatment they need". Staff explained their role and responsibilities and how they would report any concerns they had about a person's health or wellbeing. Appropriate referrals for people were made when required to other health and social care services. Staff identified people who required specialist input from external health care services, such as GP's, Chiropodists and Opticians and where appropriate staff obtained advice and support from them. Thorough records of health appointments, including what was discussed and any actions decided were recorded by staff to ensure people received care and support that met their needs.

As part of the registered providers training and development plan new staff were registered to complete The Care Certificate. This is an identified set of 15 standards that social care workers complete during their induction and are required to adhere to in their daily working life. Staff confirmed that they attended a mix of both e-learning and face to face training. Records showed that staff had undertaken training in topics such as health and safety, moving and handling, safeguarding adults and equality and diversity. Records confirmed and staff told us they had regular supervision and the management were always available for support. Supervision gave staff the opportunity to identify any areas they wished to develop further or support they may wish to receive for their roles. Staff told us they could express their views during supervision and felt their opinions were valued by the registered manager.

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 are called the Deprivation of Liberty Safeguards.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable about how to ensure that the rights of people were protected who were not able to make or to communicate their own decisions. Staff had received training in the Mental Capacity Act, 2005 (MCA) and there was a guidance manual displayed for staff to use when considering consent and decision making on a daily basis. It was clear through the practice we observed that staff asked people for their consent before carrying out any activities and that staff understood people's individual communication styles. Care records demonstrated that relevant others who needed to be consulted as part of a best interests approach to decision making had been appropriately involved. This meant that where people were not able to make complex decisions for themselves, decisions were made in people's best interest in line with legislation.

The registered manager demonstrated that applications had been made to the local authority on behalf of people in relation to Deprivation of Liberty Safeguard (DoLS) authorisations.

People were encouraged to make their own choices about food and drink. Support plans identified people's likes and dislikes for food and drink and any form of assistance they needed with preparing food or drink. During our visit we observed staff assisting one person to choose and prepare their evening meal. Meals were healthy and varied to ensure a balanced diet and alternative meal options were available for people to have throughout the day or night. Observations showed that staff used language, gestures and visual choices to help people to make their own decisions at mealtimes.

Is the service caring?

Our findings

Observations showed that people were comfortable with staff who supported them. People displayed relaxed body language; positive facial expressions and the use of both gestures and individual communication styles were promoted when interacting with staff. Staff were patient with people when they were attending to their needs and were caring and respectful in their approach at all times.

One person when asked, "Do you like living here?" and "Are the staff kind?" indicated by using some words and gestures that they were very happy living at the service and liked the staff. Family members told us, "Staff are excellent and caring and promote [my relatives] well-being and independence at all times" and "The staff are very committed in their work. They treat [my relative] as part of their own family. I couldn't wish for a better staff team".

All staff had worked at the service for more than six years. The consistent approach with staffing ensured that people's individual preferences and needs were well met. Family members told us, "The consistent staff team has been a blessing. They all know [my relative] so well because of working alongside them for so long". Records showed that for one person maintaining structure and routines in their life was important. Staff demonstrated a good understanding of people's routines and the potential impact of any changes on the person.

There was a good rapport between people and staff and people were able to freely move around all areas of the service. Staff sat with people and engaged in an unhurried way chatting about common interests and what was important to the person. It was clear that staff and the registered manager knew people well.

People's bedrooms were decorated in a personal way and had objects in place such as photographs to make their rooms feel homely and comfortable. People had access to a shared lounge and dining room and an enclosed garden area with a patio. Staff asked people where they would prefer to spend their time and ensured each person was comfortable and had all they required. The service was well maintained and had a homely feel.

People were encouraged to maintain contact with important people in their lives such as their family members and friends. They were supported to visit family members at home and in turn they were welcome to visit people in the service. One family member told us, "We always call the service first before we visit to make sure [my relative] hasn't already got plans and is ok with us visiting. Staff will always offer them the choice and we respect their decisions".

Staff treated people with dignity and respect and they were discreet when assisting people with their personal care needs. People received personal care in the privacy of their bedroom or bathroom with doors closed. Staff understood the importance of ensuring people's privacy was respected. Staff promoted personal choice and independence at all times by ensuring that people were involved in day to day decisions regarding their care and support.

Support plans contained information about how people could access local advocacy services if they required additional support. At the time of our visit, neither people required the use of an advocate as both had regular support from their own family members. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People's personal records were stored securely which meant people could be assured that their personal information remained confidential.

Is the service responsive?

Our findings

Staff knew what interested people which helped them to engage and interact with them. Family members told us "They always know what people want or need. They understand their different styles of communication and what this might mean. That's a real skill".

People participated in various activities both inside and outside of the service. Information about people's preferred hobbies and interests were recorded in their support plans. People engaged in activities such as visiting the theatre, shops, local park, baking and cooking. People were also supported as they wished to attend day services. Some people liked to have structure to their week which helped reduce anxieties about when things would be happening. However, there was flexibility should they wish to do something different on the day. People's personal choice in relation to their engagement in activities was respected by staff.

The registered provider had a policy and procedure in place for recording and responding to complaints. People had access to an easy read complaints policy in their care file. This provided people with information about who to contact if they had a complaint and who to contact outside of the service if they were unhappy with the response given or action taken by the registered provider. Staff were able to describe how they would recognise if people were not happy or upset with any aspect of the service. Staff described how they would work with the person to identify and resolve the matter. The registered manager confirmed that any concerns raised would be recorded and follow up action taken. There had been no complaints received about the service since our last inspection visit. The service had received a number of verbal compliments, but staff confirmed that these had not always been recorded. The registered manager confirmed that they would ensure compliments would be recorded in the future.

People received personalised care from staff who supported them to make choices. Support plans showed that individual needs were being met and preferences or changes in care needs were openly discussed with people and/or their relevant others.

Support plans included information about what a person could do for themselves and what support they required from staff. Staff knew how to support people and clearly described people's individual needs and preferences. The registered manager shared a new support plan template during our visit which was in the process of being introduced. This document enabled more detailed and personalised information to be outlined to assist staff less familiar with people in getting to know them as an individual. Staff said that they had sufficient information in the support plans to enable them to support people successfully.

Each support plan was reviewed on a monthly basis. Reviews consisted of staff looking at all information that had been recorded over the previous month and identifying what changes if any were required to people's support and care. Any changes made to support plans by staff were then shared with the wider team for their knowledge.

Is the service well-led?

Our findings

The service was managed by a person registered with CQC since 2013. Family members told us that they knew who the manager was and would contact them if needed. Staff told us, "Our manager and the area manager are very supportive with us. They will always try and help us out if we need something".

Staff told us they worked well as a team. One staff member said, "We have a good team here. We work very well together as we have worked together for such a long time". Another staff member said, "If we don't know something, then the manager will always find out for us. We are not shy about asking for advice and support". Staff described the management structure as open and transparent.

We saw minutes of team meetings held in January, March, May and October 2017. Each meeting had a variety of topics which staff had discussed, such as monthly care reviews, training and general quality assurance. The registered manager told us that meetings were also used to keep staff informed of any changes at the service and reviewing and introducing new ways of working. Staff told us they could voice an opinion and we saw this recorded in minutes.

The registered provider had a system in place for monitoring the quality of the service. Regular audits of the registered provider's systems and processes had taken place to ensure people's health, safety and welfare. The registered manager told us and records confirmed that support plans, risk assessments, medication and the environment had been regularly checked. A 'RAG' system was in place for assessing what actions were required to be taken and by when. This is where the traffic light system of red, amber and green is used as a visual indicator to monitor performance. Where areas of improvement were identified, actions plans had been implemented and improvements were monitored on a regular basis.

There was good management and oversight of accidents and incidents. Individual incidents were recorded by staff at the service and then information was transferred onto the registered provider's e-compliance system. The registered manager regularly reviewed information to analyse if people's behaviour was changing or if further strategies were required to be implemented due to people's changing needs. In addition the registered provider's compliance team reviewed trends and patterns in accidents and incidents to assess and feedback if any further actions were required to be taken to prevent incidents from re-occurring. This meant the provider was monitoring incidents to identify risks and trends and to help ensure the care provided was safe and effective.

The registered provider listened to people and their representatives and acted on feedback. In 2016 questionnaires had been sent to people living in services managed by the registered provider or their family members were required. Feedback was sought in relation to specific areas including, 'Changes in your life', 'Your support' and 'Activity and social life'. The registered provider analysed the information which had been returned, but no improvement plans had been necessary for the service as no negative feedback was received.

Policies and procedures relating to the running of the service were easily accessible to staff. All policies had

been reviewed and maintained to ensure that staff had access to up to date information and guidance to support them within their roles.

The registered manager understood their role and responsibilities and had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.

The registered provider had displayed their ratings from the previous inspection in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A.