

TLC Care Homes Limited

Wellwick House

Inspection report

100 Colchester Road
St Osyth
Clacton On Sea
Essex
CO16 8HB

Tel: 01255823547

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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

Wellwick House is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under a contractual agreement with the local authority, health authority or the individual, if privately funded. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Wellwick House provides accommodation and personal care for up to six people who have a learning disability or autistic spectrum disorder and high functioning needs. Wellwick House is an adapted residential property which can accommodate six people. The service is situated in a residential area of St Osyth in Clacton and is close to amenities and main bus routes. The premises is set out on two floors with each person using the service having their own individual bedroom and adequate personal and communal facilities are available for people to make use of within the service. At the time of our inspection four people were using the service.

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.' Registering the Right Support CQC policy.'

At our last inspection of this service on 24 February 2016 the service was rated Good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring, that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People were kept safe from harm because staff routinely assessed risks and worked collaboratively to reduce them. Where incidents had occurred, action was taken to keep people safe.

Staff knew how to identify and respond to potential abuse and were trained in safeguarding adults procedures.

People's medicines were managed and administered safely by trained staff and the systems were regularly checked.

The service environment was clean and safe with regular checks carried out on its safety.

People were prepared food in line with their preferences and dietary requirements. Staff ensured people's healthcare needs were met. Before coming to live at the service, a thorough assessment of people's needs was carried out.

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. Staff had the right training and support for their roles.

People were supported by kind and committed staff who knew them well. Staff provided care in a way that encouraged people to develop skills and independence. People's dignity and privacy was promoted as staff provided care in a respectful manner. Staff involved people in their care and the provider had systems to ensure people could express their culture, religion, gender and sexuality.

Care was planned in a personalised manner, with detailed care planning around people's needs, preferences and routines. Care was regularly reviewed and where changes in need were identified, care plans were updated.

Staff supported people to attend activities that suited their interests and personalities. People's wishes with regards to end of life care had been recorded.

People, relatives and staff got on well with the registered manager. Systems were in place to seek feedback or suggestions from stakeholders and staff. There were a variety of checks and audits carried out at the service and a continuous plan to improve.

The registered manager engaged with the local community, as well as relatives and professionals in an open and transparent manner.

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? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Wellwick House

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.

The inspection took place on 16 January 2019. It was undertaken by one inspector.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

A Provider Information Return (PIR) was requested prior to the inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

During our inspection we observed how the staff interacted with people and we spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service. Some people were able to talk with us about the service they received but others could not. 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.

During the inspection we reviewed the records at the service. These included four staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information with regard to the upkeep of the premises.

We looked at two people's care documentation along with other relevant records to support our findings. We also 'pathway tracked' people living at the service. This is when we looked at their care documentation in depth and obtained information about their care and treatment at the service. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke briefly with three people, three staff, the care co-ordinator and the registered manager.

Is the service safe?

Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection, we found this section remained good.

People were cared for by staff who knew how to protect them from avoidable harm. People using the service could not always express themselves verbally; however, one person we spoke with described living at the service as, "Nice here, yes.", and people were clearly relaxed and comfortable with staff.

Feedback received via quality audit surveys in the service told us they felt their family members were safe at the service and they did not have any concerns about their safety. A healthcare professional we contacted after the inspection told us, "We have no concerns at all. Wellwick House works well at ensuring everyone is safe and well cared for there."

The registered manager had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff were aware of their responsibilities in relation to safeguarding. They could describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse.

The provider had systems in place to support learning from when things went wrong and to use what they had learned to make improvements to the service. Staff responded appropriately to accidents or incidents. Staff recorded all accidents and incidents and the registered manager ensured further actions were taken to prevent incidents reoccurring. The registered manager told us that by reviewing these they could put measures in place to minimise future risk and to try to prevent the same thing happening again. Incident and accident records we viewed confirmed this. Incidents and accidents which needed to be reported to which regulatory bodies such as and Health and Safety Executive, the CQC and local safeguarding team had been done so appropriately.

Risks to people's health and safety were assessed and reviewed and they were supported to stay safe while not unnecessarily having their freedom restricted. For example, there were risk assessments for people accessing the community. These included information about the number of staff needed to support people safely, signs the person may be becoming distressed and how staff should support the person, depending on the situation. Key safety issues in relation to people's care were highlighted in their care plans. For example, a person had epilepsy and their care plan highlighted safety precautions when they went swimming. They also had a health care plan which gave clear guidance for staff to follow in the event the person experienced a seizure. Staff were trained to provide safe interventions when people presented with behaviours that might place others at risk and to manage a person's behaviour in the least restrictive way.

The staff used positive behaviour support plans that provided detailed information about things which might act as triggers for a person's behaviour and things that might be helpful in calming or distracting them. Key safety issues in relation to people's care were highlighted in their care plans.

Staffing levels were set to provide a safe level of support for each person. At times when people needed one to one support or an additional member of staff to accompany them in the community, this was provided.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post and this was confirmed by Disclosure and Barring Service (DBS) checks before people commenced work at the service.

People's medicine was stored securely in a medicine cabinet's that was secured in the office. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medicine Administration Records [MARs] were appropriately completed and staff had signed to show that people had been given their medicines.

There were various health and safety checks and risk assessments carried out to make sure the building and systems within the service were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas and electric systems and water temperatures.

There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, flood, fire or loss of services. This also included information about evacuating the premises and important telephone numbers.

The service was visibly clean throughout and cleaning schedules we reviewed, showed that all parts of the home were regularly cleaned. We saw staff used protective measures such as aprons or gloves when required to reduce the risk of cross infection. Staff had completed infection control training and where required, training to ensure food was prepared hygienically and safely.

Is the service effective?

Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection, we found this section remained good.

People's physical, mental health and social needs were assessed and their care and support was planned and delivered in line with legislation and evidence-based guidance. Care records we viewed indicated the involvement of other professionals including behaviour therapy teams, social workers, psychologists, dentists and chiropodists.

Staff had access to the providers policies and guidelines electronically and in a folder kept in the service. Staff had signed to say they had read and understood the policies.

Staff received training and support to enable them to provide safe and effective care and support. Staff told us they were provided with all the training they needed and were encouraged to undertake further professional development. The registered manager told us of several members of staff who had progressed and taken on more senior roles recently. All staff had undertaken training in managing behaviours that may challenge others.

Support for staff was achieved through individual supervision sessions. Supervision is an important process which helps to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. Staff told us supervision meetings were held very frequently and they found them helpful and informative.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked the ability to consent to decisions about their care, their support records contained assessments to ensure decisions that were made, adhered to the principles of the MCA. Documentation showed how decisions were made in the person's best interests. We saw examples of best interest meetings, where family and a range of professionals involved in the person's care, came together to discuss alternatives and reach a decision which was the least restrictive for the person. We found the required authorisations were sought and where conditions were in place, the service was taking the required actions to meet those conditions.

People were supported to prepare and cook meals, set the table and clear their plates away after. People had access to the kitchen and were supported by staff in food preparation or when using hot water to make a drink. Most people needed minimal assistance to eat their lunch but staff were available if help was needed.

People's individual needs were met by the adaptation, design and decoration of the home. The service was well lit throughout with several areas where people could relax if they wished to do so. People's bedrooms were decorated with their own personal furniture, photographs and items of importance to ensure the environment was suitable to them. The service and surrounding gardens were accessible to all. The provider had a car to enable people to access the community and to visit external venues.

Is the service caring?

Our findings

At the last inspection we found the service was caring and awarded a rating of good. At this inspection, we found this section remained good.

Most of the people living at the service were unable to tell us fully about their experiences of living there. However, they reacted very positively when we asked if the staff were kind to them and they were clearly relaxed and comfortable with the staff.

Information on quality surveys indicated relatives were happy with the care provided. They told us their family members appeared very happy at the home and that staff were caring, relaxed and friendly. They said they had never had any concerns about their family member's care or the attitude of staff.

Staff spoke positively about the people they supported and demonstrated they respected people and cared about them. One staff member said, "I love working here; we are here for the service users and it gives you such a good feeling of job satisfaction."

People's privacy, dignity and independence was promoted. Details of what people could do and those things they needed support with were recorded in their care plan. There were instructions in care plans on how staff should continuously promote independence when supporting a person for example with personal care.

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Care records reviewed evidenced that family members had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described the support people received and the activities they had undertaken.

Throughout the inspection we observed positive interactions between people and staff. Staff were attentive to people's needs and respectful. Staff took time to make sure they had understood what people were saying. Some people living in the service had limited ability to verbally communicate. However, we observed that members of staff understood what they were trying to communicate and engaged with them accordingly. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication. They gave people the time they needed to communicate their needs and wishes and then acted on this.

Is the service responsive?

Our findings

At the last inspection we found the service was responsive and awarded a rating of good. At this inspection, we found this section remained good.

Staff knew people and their preferences in relation to their care and support very well. Some people had specific routines to reduce their anxiety and maintain their sense of well-being and these were clearly identified in their care plans. Staff were able to recognise subtle behaviours from people that enabled them to respond appropriately to their needs. They spoke to us about activities each person particularly enjoyed, their interests and how they liked to spend their time. Each person's daily activities were based on their choices. People planned their activities for the week with the staff, and pictures were used to display them on a board. People were encouraged to access community events such as, swimming, going to a pub, shopping, car drives out and daily walks. On the day of the inspection, we observed people asking to go out and staff supported them to do this.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it. This helped to ensure the service was complying with the Accessible Information Standard. For example, information in large print, picture exchange cards [PECS], social stories in pictorial format and Makaton. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Relatives were involved in regular reviews of their loved one's care and staff communicated regularly with them about their family member's well-being.

There was clear accessible information displayed throughout the home about how to raise concerns or complaints. The complaints policy was readily available near the front entrance and the registered manager and staff we spoke with were aware of their responsibility for managing complaints. Records we reviewed showed that relatives had had no reason to make a complaint and they were confident any issues would be addressed and resolved effectively.

There was no one using the service who was nearing the end of their life at this inspection and the service had not needed to provide end of life care in the recent past. The registered manager said they would support the person, their family and external professionals on an individual basis should this occur in the future.

Is the service well-led?

Our findings

At the last inspection we found the service was well led and awarded a rating of good. At this inspection, we found this section remained good.

The registered manager had values that clearly put people at the centre of the service and focused on their needs and wishes. This was also echoed by staff. One member of staff said, "The people here are the most important thing, they are free to do anything they wish and we try to make it happen."

We saw evidence that people's views were sought regularly through meetings and individual discussions. People's relatives had confidence in the service and the quality of the care provided. Feedback we reviewed said they had no concerns about the staff's ability to provide the care people needed and they were always kept up to date with information about their family member's care. They expressed confidence in the registered manager and their response to any queries or concerns.

Staff confirmed they had regular team meetings and they were encouraged to express their views. They told us communication was very good and they were kept up to date with developments. One member of staff told us, "The service is very well run under [registered managers name]. It is structured and staff know what is expected. This has a positive impact on people we support. It's a very good place to work."

Effective systems were in place to monitor the quality of the service and the care provided. A range of monthly and quarterly audits were completed by the registered manager and provider's external senior staff team. Audits were also completed in areas such as health and safety and infection control. The registered manager had an action plan to address areas for improvement identified in the audits. The registered manager reviewed weekly data on key performance indicators to the provider and clear thresholds or targets were identified for the service. Regular monthly meetings were held which focused on reviewing quality, safety and peoples' experience and facilitate shared learning.

The registered manager was proud to tell us they had also recently been awarded a highly commended award for diet, nutrition and hydration at (The Prospers – Essex care Sector Awards) presentation for using innovative ideas to encourage people to drink well. Additionally, the registered manager had received a commended award for outstanding leadership. They outlined their next project would be to promote a vegetable a month and encourage all the services in the provider's group to come up with interesting ways to use and cook them to maintain a healthy lifestyle.

Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The registered manager ensured all notifications of significant events had been provided to us promptly. This meant we were able to check appropriate actions had been taken to keep people safe and to protect their rights.

The rating from the previous inspection of Wellwick House was displayed prominently in the service for

people to see and on the provider's web site.