

# Welmede Housing Association Limited

## Palmer Crescent

### 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	

### Overall summary

Palmer Crescent provides accommodation, care and support for a maximum of 24 adults with learning disabilities. The service comprises four bungalows, each of which accommodates up to six people. There were 22 people using the service at the time of our inspection.

The inspection took place on 4 November 2015.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

There were enough staff on duty to keep people safe and meet their needs. Staff had the skills and knowledge they needed to support people effectively. Staff were well supported in their work. They had access to appropriate training, supervision and appraisal. Staff said morale was good and they worked well together as a team.

# Summary of findings

The provider's recruitment procedures were robust and helped keep people safe as only suitable staff were employed. Staff understood their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had. Risks to people's safety had been assessed and measures had been put in place to mitigate these risks.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's best interests had been considered when they needed support to make decisions and applications for DoLS authorisations had been submitted where restrictions were necessary to keep people safe.

People's nutritional needs were assessed and any dietary needs were managed effectively. People were supported to have a balanced diet and their needs and preferences were known by staff.

People were supported to maintain good health and to obtain treatment when they needed it. The service had effective relationships with healthcare professionals which ensured that people received the care and treatment they needed.

Staff treated people with respect and supported them in a way that maintained their privacy and dignity. People were involved in their local community and had opportunities to take part in activities and events.

People's needs were assessed before they moved in to ensure that the service could provide the care and support they needed. Transitions from other services were planned and managed well.

People received personalised care and support based on their individual needs. Staff were motivated to provide good care and ensured that support was delivered in a consistent way.

The registered manager promoted an open culture in which people, their relatives and staff were encouraged to contribute their views.

There were effective systems of quality monitoring, which ensured that all areas of the service were working well and records were up to date. Records were accurate, up to date and stored appropriately.

The last inspection of the service took place on 8 May 2013 and there were no concerns identified.

# Summary of findings

## 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 was safe.

Staff were aware of safeguarding procedures and understood their responsibilities if they suspected abuse was taking place.

Staff understood people's needs and how to support them safely. Staff understood the risks people faced and how to manage these.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

There were enough staff deployed to provide people's care and support safely and there were robust recruitment procedures which helped ensure that only suitable staff worked at the service.

People received their medicines safely.

Good



### Is the service effective?

The service was effective.

Staff had access to the training and supervision they needed to provide effective care and support.

Staff worked well together as a team to ensure people received the care and support they needed.

People's best interests had been considered in line with the Mental Capacity Act when they needed support to make decisions. Applications for DoLS authorisations had been made where restrictions were imposed to keep people safe.

People's nutritional needs had been assessed and any dietary needs identified were managed effectively. People were supported to have a balanced diet and to choose what to eat

People were supported to maintain good health and to obtain treatment when they needed it.

Good



### Is the service caring?

The service was caring.

People had positive relationships with the staff who supported them.

Staff were kind, caring and committed to providing high quality care and support.

Staff treated people with respect and supported them in a way that maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

Staff ensured that people had access to the information they needed to make informed choices.

Good



### Is the service responsive?

The service was responsive to people's needs.

Good



# Summary of findings

Support plans were person-centred and reflected people's individual needs, preferences and ambitions.

People were supported to enjoy fulfilling lives and to be as active as they wished. Staff promoted people's involvement in their local community.

People were supported to pursue their interests and to maintain relationships with their families.

The provider sought the views of relatives, staff and relevant professionals about the quality of the service and acted on their views. There were appropriate procedures for managing complaints.

## Is the service well-led?

The service was well led.

Staff received good support from their managers and there was an open culture in which staff felt able to discuss issues and raise any concerns they had.

Staff had opportunities to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

There was an effective system of quality checks to ensure that people received safe and appropriate care and support.

Records relating to people's health and care were accurate, up to date and stored appropriately.

**Good**



# Palmer Crescent

## 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 was 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 4 November 2015 and was unannounced. Two inspectors carried out the inspection.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 12 people who lived at the service and nine staff, including the registered manager, team leaders and care staff. Some people were not able to tell us directly about the care they received. We observed the care and support they received and the interactions they had with staff.

We looked at the care records of seven people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at five staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

After the inspection we spoke with three relatives to hear their views about the care their family members received.

The last inspection of the service took place on 8 May 2013 and there were no concerns identified.

# Is the service safe?

## Our findings

Relatives told us they had confidence that their family members were safe at the service. They said staff were trained and competent and understood their family members' needs well. One relative told us, "It's very reassuring to know I don't have to worry, I know he's safe" and another relative said, "I have no worries at all about her safety. The staff all know her very well and how to support her in a way that keeps her safe."

People were protected from abuse and avoidable harm because staff knew how to recognise signs of potential abuse and what to do if they had concerns. All staff attended safeguarding training in their induction and at regular intervals thereafter. Safeguarding was discussed at team meetings and staff told us they were encouraged to report any concerns they had about people's safety and well-being. Staff told us they had been given information about the provider's whistleblowing policy and were confident that any concerns they raised would be dealt with appropriately.

Risk assessments had been carried out to keep people safe whilst enabling them to exercise choice and control over their lives. Staff were aware of the risk management procedures in place and followed these procedures to ensure restrictions on people's freedom were minimised. We saw that, where people displayed behaviours that challenged, risk assessments had been developed to guide staff in managing these incidents effectively. Staff told us the guidance meant they provided support in a consistent way and that this had achieved good outcomes for people. One member of staff told us, "Having a consistent approach has eliminated a lot of the challenging behaviours and the person has become more settled."

People lived in a safe, well maintained environment. Staff carried out regular health and safety checks and the provider's health and safety manager completed audits to ensure that the premises and equipment were safe and well maintained. The service had an appropriate fire detection system, which was checked and serviced regularly. A fire risk assessment had been carried out and there were clear procedures to follow in the event of a fire. Staff attended fire safety training in their induction and regular refresher training. There were plans in place for

responding to emergencies and to ensure that people's care would not be interrupted in the event of an emergency, such as flood, fire or adverse weather conditions.

There were enough staff deployed to meet people's needs and keep them safe. A minimum of two care staff and the registered manager or a team leader were on duty in each bungalow during the day time. There was one member of waking night staff in each bungalow at night. There was evidence that staffing numbers were monitored to ensure they were sufficient to meet people's needs. For example additional staff had been deployed to meet the needs of one person who had recently moved to the service. Care staff had access to management support out-of-hours. The provider's service managers operated an on-call service on a rota basis. Staff told us they had always been able to contact a manager out-of-hours if they needed to.

People were protected because the provider followed safe recruitment practices. The staff files we checked demonstrated that the provider made appropriate checks on new staff before they started work. For example staff were required to provide a full employment history, names of two referees, proof of identity and evidence of right to work in the UK, if necessary. All applicants had to submit a written application form and attend a face-to-face interview at which their skills and values were explored. The provider also obtained a criminal record check before employing any new staff. Staff told us the recruitment and selection process was comprehensive and robust. One member of staff said, "It was a very thorough process" and another member of staff told us, "They do everything by the book."

People received their medicines safely. There were clear procedures for medicines administration and recording. These procedures reflected relevant professional guidance about the management of medicines. Staff responsible for administering medicines had attended training in this area and their competency had been assessed. Medicines were ordered, stored and disposed appropriately. Stock checks took place regularly and medicines audits were carried out to ensure people received their medicines safely.

The medication administration records we checked were accurate and up to date. The shift plan identified which member of staff had responsibility for giving medicines to ensure accountability and medicines were audited

## Is the service safe?

regularly. Each person had an individual medicines profile that included a photograph and information about their medicines, including purpose, dose and potential side effects.

# Is the service effective?

## Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles. Relatives told us people were supported by staff who knew their needs well and were committed to providing high quality care. One relative said, “It’s a fantastic home. Moving there was the best thing that could have happened to him. The staff are excellent, every single one of them. All aspects of his care have improved since he moved there.” Another relative told us, “We’re extremely happy with the care she gets. All the staff are very good and they know her very well.” A third relative said, “It’s ideal for him. He’s getting the care and support he needs there.”

Staff had access to effective induction, training and ongoing support. Staff told us they had a comprehensive induction when they started work which had included all elements of mandatory training, such as safeguarding, health and safety, infection control, fire safety, first aid, medicines management, moving and handling and NAPPI (Non-abusive, psychological and physical intervention). Staff had access to regular refresher training in mandatory areas and said the provider had a commitment to ensuring its staff were well trained. One member of staff said, “They are very hot on the training. All our mandatory training is kept up to date and we have lots of other training too.” Another member of staff said, “I can’t fault them on the training.”

Staff told us their managers were supportive and available for advice. They said they met with their line managers each month to review their performance and discuss their training needs. We saw evidence to confirm this and that staff also attended a performance appraisal each year. The registered manager told us that all staff were required to complete the Care Certificate. The Care Certificate is a recognised set of standards for health and social care workers, designed to ensure that they have the knowledge and behaviours to provide compassionate, safe and high quality care.

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 registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Staff had attended training in this area and understood the principles of the legislation. Staff understood the importance of gaining people’s consent before providing support and explained how they gained people’s consent on a day-to-day basis. There was evidence that people’s capacity was assessed when decisions that affected them were made. For example a mental capacity assessment had been carried out to support one person in managing their finances and dealing with money.

Applications for DoLS had been submitted due to restrictions involved in people’s care, such as being unable to leave the service independently and constant supervision by staff, which were necessary to keep them safe. The registered manager told us these applications had not yet been assessed by the local authority but that, in the meantime, the local authority had advised the service they were satisfied with the measures in place to provide care in the least restrictive way.

Relatives told us their family members enjoyed the food provided and that they were supported to maintain a well-balanced diet. Relatives said that any dietary needs were known by staff. One relative told us, “She enjoys the food very much. There are some foods she needs to avoid and they’ve been very good about that.”

Staff were aware of people’s individual preferences and their preferred routines. One member of staff told us, “Their likes and dislikes are in their care plans but we have got to know what they like.” The member of staff explained that one person who had not yet had breakfast preferred to have their breakfast late in the morning. Staff told us they aimed to encourage people’s involvement in choosing what appeared on the menu. They said they used symbols and photographs to support people’s decision-making.



## Is the service effective?

Staff told us they monitored people's food and fluid intake and reported any concerns they had to their managers. One member of staff said, "We notice if people are not eating or drinking and if this happens we will record their intake and raise it with the doctor." The registered manager told us that an appointment had recently been made with one person's GP due to a reduction in their appetite. We saw evidence that food and fluid intake were recorded where concerns about people's nutrition or hydration had been identified.

Relatives told us their family members were supported to stay healthy and to obtain treatment when they needed it. One relative said, "They do everything possible to help her keep healthy. They're very good at picking up when something is not right." Another relative told us that aspects of their family member's health had greatly improved since moving to the service. The relative said, "He

had terrible problems with his feet when he moved in but they have healed really well thanks to the care he has received. The change has been remarkable with the right care and attention."

The service had developed effective relationships with healthcare professionals, including GPs, district nurses and speech and language therapists, which ensured that people received the care and treatment they needed. A 'hospital passport' had been developed for each person, which provided important information for healthcare professionals involved in their care who may be unfamiliar with their needs. There was also a health action plan in place for each person that recorded their health needs and any guidance from healthcare professionals about the delivery of their care. Health action plans also recorded the outcomes of any healthcare appointments.

# Is the service caring?

## Our findings

People had positive relationships with the staff who supported them. Staff were caring and committed to promoting people's choice and independence. One relative told us, "The staff are all very kind. It's obvious that they really care about the people there." Another relative said of their family member, "She has very good relationships with the staff. She enjoys visiting us but she's always happy to go back; it's her home and she thoroughly enjoys living there."

Relatives told us staff supported people to maintain relationships with their friends and families. They said staff made them feel welcome when they visited their family members at the service. One relative told us, "I took all the family along to see his new home and they made us all very welcome. They made sure we could park because we had his elderly aunts with us and the staff helped them in and gave them all a cup of tea." A relative told us their family member had been given good support to feel at home since moving in recently. The relative said, "He's settled in really well. The staff are very caring. They've really made an effort to get to know him and to make him feel welcome."

Relatives told us staff supported people in a way that promoted their independence. One relative said their family member had been supported to become much more independent since moving to the service. The relative told us, "They've really increased his independence. He can do things now he never could before. He showers and shaves himself and makes his bed and he's proud of that."

He goes to the kitchen and makes himself a cup of tea. He's got a fantastic keyworker who is encouraging him and coaching him all the time. They're helping him realise his potential."

Relatives told us that staff treated people with respect and provided support in a way that maintained their dignity. They said people's privacy was respected. One relative told us, "He enjoys spending time alone in his room and they respect that." We observed that staff demonstrated the provider's values in their work, including providing care in a person-centred way and treating people with respect. Staff were committed to supporting people in a way that promoted their rights and reflected their preferences about their lives.

People were encouraged to be involved in planning their own care and when decisions that affected them were made. Because staff were aware of people's needs and preferences, they were able to tailor the options they offered people based on their individual likes and dislikes. During our inspection, staff promoted decision-making and used a range of techniques, such as visual prompts, to support people to make choices.

The provider had produced important information about the service, such as the complaints procedure and Service User Guide, in a range of formats to ensure that it was accessible to people. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. Staff had received training in this policy and understood the importance of maintaining confidentiality.

# Is the service responsive?

## Our findings

People's needs were assessed before they moved in to ensure that the service could provide the care and support they needed. Care plans were person-centred and reflected people's individual needs, preferences and goals. They provided clear information for staff about how to provide care and support in the way the person preferred. We found that care plans had been reviewed regularly to ensure that they continued to reflect people's needs.

One person had recently moved into the service. We found evidence that the person's transition from another service had been planned and managed sensitively to ensure that the person felt comfortable at each stage of the process. Staff had worked co-operatively with the person's family and other professionals to ensure that the transition was achieved as seamlessly as possible. A relative of the person told us, "They were very thorough with the assessment process. They met [the person] to understand his needs. They listened to what I had to say too, because I know his needs better than anyone."

People had opportunities to go out regularly and to be involved in their local community. The service had access to vehicles, which enabled people to choose when and where they wished to go. We saw that each person had a planned programme of activities for the week which reflected their individual interests. Records of the support people received showed that these programmes were delivered but remained flexible enough to change if people's needs and wishes changed. The service sought people's views about their care and support and

responded to their feedback. People met with their keyworkers each month to give their views about the service they received and an action plan was developed to achieve any goals identified by the person, such as activities they wished to try.

Relatives told us that their family members had access to a wide range of activities and were supported to enjoy active social lives. They said that people enjoyed meals out, shopping, swimming and bowling. People were able to attend resource centres if they wished and staff told us that some people chose to attend regular classes in music and art. People were able to attend religious services if they wished.

The provider regularly sought the views of relatives, staff and other stakeholders about the quality of the service. Surveys were distributed annually and the responses analysed. Any areas for improvement were incorporated into the continuous improvement plan for the service. The most recent surveys returned provided positive feedback about the service from relatives and professionals about the quality of care and support people received.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies complainants could contact if they were not satisfied with the provider's response. We checked the complaints record and found that no complaints had been received since the last inspection. None of the relatives we spoke with had made a complaint but all said they would feel comfortable doing so if necessary and were confident that any concerns they raised would be dealt with appropriately.

# Is the service well-led?

## Our findings

The service was well led and people, their relatives and staff were encouraged to give their views about quality, safety and practice.

Relatives told us the service was well organised and managed. One relative told us, “My impression is that it’s very well run” and another said, “The management is very good. Everything is very well organised.” There was a registered manager in post at the time of our inspection. Staff told us the registered manager provided good leadership for the service and was available for support or advice. One member of staff told us, “The manager is very approachable. We can always speak to her for advice.” A team leader told us the registered manager had supported them to develop in an area of work they found challenging. The team leader said, “She was very supportive, she really helped me improve and gain confidence.”

Staff told us that team meetings were held every month in each bungalow. They said the registered manager attended all team meetings to hear any concerns they had and to keep them up to date about developments within the service. Staff were positive about their roles and talked enthusiastically about the work they did. Staff said they worked well in their teams and that morale was good. One member of staff told us, “We all support one another. We have a good team spirit.” Another member of staff said, “Welmede is a good organisation to work for. We have good management and training and we enjoy what we do.”

Relatives told us that staff from the service communicated well with them about their family members care and welfare. They said staff always contacted them about any events that affected their family member, such as accidents, incidents and appointments. One relative told us, “They’re very good at keeping in touch. If there’s anything I need to know, they contact me straightway.” Another relative said, “We have very good communication with them; they always keep us up to date with what’s going on.”

The registered manager told us that they had access to appropriate support from the provider. They said they had

regular supervision and attended monthly meetings with other registered managers to keep up to date with developments in legislation and best practice. The registered manager told us they had access to appropriate training for their role and that the provider enabled managers to access external training where this would be beneficial.

There was evidence that key aspects of the service were monitored to ensure that any shortfalls were identified. Any shortfalls or areas identified for improvement were included in the service Continuous Improvement Plan. The plan outlined the actions needed to achieve the improvements and a timescale within which this should be completed. The plan was discussed at team meetings to ensure that all staff were working towards achieving the improvements.

The registered manager completed a monthly checklist to monitor compliance with relevant legislation and the provider’s agreed quality standards. The service was regularly audited and rated by the provider’s in-house quality team. The views of people who use services, relatives, staff and other stakeholders we sought when making judgements about the quality of the service. The provider was developing a team of ‘quality checkers’, which included people who use services and their relatives, with the aim of increasing stakeholders’ involvement in making judgements about quality.

Accident and incident records were monitored and analysed to identify any changes that could be made to prevent recurrence. Records relating to people’s health and care were accurate, up to date and stored appropriately. Staff kept daily records for each person, which detailed the care they received, the activities they took part in and any issues related to their health or well-being. The outcomes of medical appointments and any guidance received from health and social care professionals were recorded in people’s care plans. The service notified the Commission and other agencies of incidents and events when required. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.