Tracs Limited

Wings

Inspection report

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Mildenhall
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 3 November 2015 and was unannounced.

The service provides care and support to six people with the dual diagnosis of learning disability and mental health needs.

There was a registered manager in post. 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.

Medicines were not always administered safely and stocktaking procedures were not robust. Where errors had occurred staff had not highlighted a concern to the manager or senior staff. Some staff had not received training in administering buccal midazolam which is given to someone who is having recurrent epileptic seizures.

Staff were trained in safeguarding people from abuse and systems were in place to protect people from all forms of abuse including financial. Staff understood their responsibilities to report any safeguarding concerns and were clear about the process to do this.

Summary of findings

Risks to people and staff were assessed and action taken to minimise these risks. People were encouraged to remain as independent as possible and any risks related to this were assessed.

Staffing levels meant that people's needs were met. Recruitment procedures were designed to ensure that staff were suitable for this type of work and checks were carried out before people started work to make sure they were safe to work in this setting. New staff received training which was regarded as essential before they started to work at the service.

Training was provided for staff to help them carry out their roles and increase their knowledge of the healthcare conditions of the people they were supporting and caring for. Staff were supported by the manager through supervision and appraisal.

People gave their consent before care and treatment was provided. Staff had been provided with training in the Mental Capacity Act (MCA) 2015 and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS ensure that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. Where people's liberty needs to be restricted for their own safety, this must done in accordance with legal requirements. People's capacity to give consent had been assessed and decisions had been taken in line with their best interests , although we did find in one case that not all procedures had been followed..

People were supported with their eating and drinking needs and staff helped people to maintain good health by supporting them with their day to day physical and mental healthcare needs.

Staff were caring and treated people respectfully making sure their dignity was maintained. Staff were positive about the job they did and enjoyed the relationships they had built with the people they were supporting and caring for.

People were involved in planning and reviewing their care and were encouraged to provide feedback on the service. Care was subject to on-going review and care plans identified people's particular preferences and choices. People were supported to play an active part in their local community and follow their own interests and hobbies.

No formal complaints had been made but informal issues were dealt with appropriately and to people's satisfaction.

Staff understood their roles and were well supported by the management of the service. The service had an open culture and people felt comfortable giving feedback and helping to direct the way the service was run.

Quality assurance systems were in place and audits were carried out regularly to monitor the delivery of the service.

We identified a breach of regulations during this inspection, and you can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

Systems were in place and staff were trained in safeguarding people from abuse.

Risks were assessed and action taken to minimise them.

There were enough staff to meet people's needs.

Medicines were not always managed safely and some staff did not have the some required training.

Requires improvement

Is the service effective?
The service was effective.

Staff received training to support them to carry out their roles.

People consented to their care and treatment.

People were supported with their dietary and healthcare needs

Good

Is the service caring?
The service was caring.

Staff were patient, compassionate and kind. Relationships between staff and the people they were supporting were good.

People were involved in decisions about their care and their choices were respected.

People were treated with respect and their dignity maintained.

Good

Is the service responsive?
The service was responsive.

People were involved in assessing and planning their care. Support was provided in a way which catered for people's individual needs and choices.

People's choices and preferences were recorded in their care plans and they were supported to give feedback about their care.

Good

Summary of findings

People were supported to play an active part in their local community and follow their own interests and hobbies.

Informal concerns were responded to appropriately.

Is the service well-led?

Good 

The service was well led.

People who used the service and staff were involved in developing the service.

Staff understood their roles and were well supported by the management team.

Quality assurance systems were in place to monitor the delivery and safety of the service

Wings

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 3 November 2015 and was unannounced.

The inspection team consisted of one inspector.

Before we carried out our inspection we reviewed the information we held on the service. This included statutory notifications that had been sent to us in the last year. A notification is information about important events which the service is required to send us. Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with all the people who used the service, two care staff, one senior care staff, the registered manager and one relative.

We reviewed three care plans, three medication records, two staff recruitment files and staffing rotas covering four weeks. We also reviewed quality monitoring records and records relating to the maintenance of the service and equipment.

Requires improvement

Is the service safe?

Our findings

Where people were prescribed medicines to be given as and when they needed them (PRN), such as for pain relief, we saw that there were clear guidelines for staff to follow. We observed one member of staff administering medicines and saw that they did so safely and ensured each person received the correct medicines. Medication administration records were accurately completed after medicines had been given.

We had some concerns with the way medicines were managed in some cases. Our most significant concern related to the fact that one person was prescribed buccal midazolam, which is a medicine designed to be given when someone has recurrent epileptic seizures. We found that only one member of staff was trained to administer this medicine, the manager. This meant that for the majority of time the person would not be able to have this prescribed medicine. We asked the manager about this and they agreed this training was required for all staff, although they also pointed out that this person's epilepsy was now very stable. A risk assessment was in place which stated that in the event of recurrent seizures a paramedic should be called so that they could administer the buccal midazolam. This constituted an unacceptable delay. We asked the manager to arrange the training as a matter of urgency.

We were also concerned to note that due to the large influx of new staff, there were sometimes occasions at night when none of the staff on duty was fully trained to administer medicines. We noted seven such occasions in the six week rota period preceding our inspection. The service had assessed this risk and a local member of staff was on call should medicines be needed to be administered. However this meant that there would be a delay in people accessing their prescribed medicines.

We also noted that some medicines had not been administered and remained in the blister packs. There was no explanation as to why this had happened and no actions had been taken. The manager or senior staff had not been alerted to the issue. The medicines which had not been given were designed to support one person with a serious health condition and had not been administered on two occasions, although it had been signed for on one of these occasions.

Although stock control measures overall were good and records tallied with the stock present, we did find one incident where they did not tally which indicated that a person had not been given their antibiotics as prescribed. This was of particular concern as the manager had put in place additional stock control measures two weeks earlier when a large amount of pain relieving tablets had gone missing.

This represented a breach of the Health and Social Care Act 2008 Regulated Activities Regulations (2014) – Regulation 12 – 1,2 g.

There were systems in place to reduce the risk of abuse and to ensure that staff knew how to spot the signs of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies directly. Financial procedures and audit systems were in place where the service was responsible for people's money. These were designed to protect people from financial abuse and balances were checked daily. We checked balances of monies held and found they were correct.

We saw that safeguarding people from abuse had been discussed in staff meetings. Staff, including staff new to care, had received training in safeguarding people from abuse and were knowledgeable about safeguarding matters. They told us they would be confident dealing with safeguarding concerns. Information about the service's whistleblowing helpline was clearly displayed for staff.

We saw that risks had been assessed and actions taken to reduce these risks. Risks associated with day to day activities such as accessing the community, eating and drinking, relationships and using public transport had been assessed. Specific risks associated with people's fluctuating mental health had also been assessed and strategies put in place to help people manage their conditions. Each assessed risk had been recorded, reviewed appropriately and written involving the person it concerned.

There was a business continuity plan which documented how the service would continue to be delivered in the case of an emergency. We saw that the plan contained clear and practical advice for staff to follow. The manager had made contact with a local hotel which had 24 hour staffing as a place to evacuate people to in the case of an event such as a flood.

Requires improvement

Is the service safe?

People received care and support from staff who knew them well. The service was almost fully staffed after a period of high staff vacancies over the summer. This had been covered with current staff doing additional shifts and with agency staff. The manager told us that they only used one agency and predominantly used the same two staff which helped to ensure a consistency of care. A recruitment drive had been successful and several new staff had been recruited in the last few months.

The people who used the service, a relative and staff told us that they felt that there were enough staff to keep people safe. There was a member of staff on duty each night and one staff member sleeping in. Staffing was used flexibly to support people who used the service on annual holidays if this was their wish. An on call system was in place for staff to seek guidance and advice out of office hours.

Recruitment records showed that staff had followed an application process, been interviewed and had their suitability to work with this client group checked with the Disclosure and Barring Service before taking up their employment.

Good

Is the service effective?

Our findings

The people who used the service told us they were happy with the care and support they received and we observed positive interactions between staff and the people who used the service. One person told us, "I am really happy here. They let me say what I want". We saw that staff met people's needs in a skilled and competent manner which demonstrated that they knew the people well. Staff told us how they helped to support people to make their own decisions and take responsibility for their decisions and actions. Staff were committed to encouraging people's independence and one relative praised this aspect of the service saying, "They are enabling [my relative]. I can't praise them enough".

When staff first started working at the service they received a comprehensive induction which covered all aspects of delivering care and support. New staff told us they felt supported and had met with the manager throughout their induction. One new member of staff said, "I did my shadow shifts and then my training. They are doing the training at my pace. They don't want to overload us".

Staff told us they felt they had the training they needed to carry out their roles. One established member of staff said, "You name it, they've sent me on it!" Training records confirmed that staff received a varied training programme and that the training was updated appropriately. Specific training had been provided to ensure staff had the skills and knowledge to support people with personality disorder or those who self harmed. Staff also all received positive behaviour training which included practical methods to help them support someone when they became distressed. Staff received this particular training before starting to work at the service. We spoke with a member of the night staff team and they were able to tell us in detail about people's needs. This was partly due to the fact that they liked to do the occasional shift in the daytime to ensure they got to know people's daytime routines.

Staff received regular support and supervision from their managers. An annual appraisal system was in place and staff told us that they felt they received the support and guidance they needed from their managers and the provider. One member of the night staff had come in for their appraisal on the day of our inspection.

We noted that people's consent was asked for before care and treatment was provided and the management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005, and all staff , except those most recently employed, had received training in it. We saw that people's capacity to make day to day decisions was assessed and staff were aware that this may fluctuate according to people's mental health conditions. We noted that one person had undergone a dental procedure and whilst their capacity to consent had been assessed informally and they had been fully involved in the decision, some actions had not been correctly completed. We raised this issue with the manager and understood that the process of assessing this person's capacity and recommending and consenting to treatment had been carried out in partnership with a local specialist dental service. The manager accepted that there were some learning points for Wings but we were assured that the service had carried out its responsibilities with regard to putting the person at the centre of the decision about their care and treatment.

The manager was aware of the need to apply to the local authority if there was a need to restrict someone's liberty for their own safety under the Deprivation of Liberty Safeguards (DoLS). One person was being reviewed in the light of recent changes in their mental health.

We observed staff supporting people to prepare their meals and ensure they had access to food and drink. Menus were decided in collaboration with the people who use the service and people were free to have alternatives to the menu if they wanted. People told us they were happy with the food provided. The service encouraged healthy eating and supported people to choose and eat a healthy and varied diet and maintain a healthy weight. People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's likes and dislikes. People's weights were monitored and action was taken promptly if someone gained or lost a significant amount of weight. One relative praised the way staff had quickly referred their relative to the dietician.

We saw that some people had specific dietary needs and these were recorded in their care plan. Speech and language therapists had been involved where people had

Good

Is the service effective?

an identified risk of choking on their food. We found that one care plan related to a person's diet was a little confusing for staff and raised this with the manager who assured us they would clarify this for staff.

People were supported well with their healthcare needs and staff worked in partnership with other healthcare professionals such as specialist epilepsy nurses, psychiatrists and neurologists to meet people's need promptly. People were supported to attend healthcare appointments with opticians and dentists. Staff were working in partnership with a physiotherapist to improve one person's posture and halt the decline in their physical health due to a degenerative disorder. Their relative told us, "They have retrained [my relative] re [their] posture and given lots of support to stop [them] choking. They do an amazing job".

Good

Is the service caring?

Our findings

People told us they were very happy with the way staff provided care and support. One person said, "I'm really happy here right now. [Night staff member] comes to talk to me at night and I like it. I like this room. I see my [relative]. I am happy". Staff, including newly employed staff, demonstrated that they knew people very well and we saw that they had built good relationships with the people who used the service. Staff chatted and joked with people in a relaxed way and were patient, compassionate and caring. One member of staff told us how they calm one person when they are very anxious. They said, "I sit with them and we watch DVDs. I know what they like and I know how to keep them calm".

Staff demonstrated a detailed knowledge of people's likes and dislikes as well as their lives before they came to live at Wings. We saw that people's wishes and preferences were respected. For example, people are asked if they are happy for night staff to check them during the night. One person had asked for this not to take place as they found it disturbing. This was respected and a strategy was in place to ensure that the person's privacy was respected whilst they remained safe. We saw that menus were decided with the aid of photographs but a photographic menu was not displayed in the kitchen. When we queried this staff told us that one person was unhappy to have the photographs displayed in that way as it looked childish. This was respected and people were informed in other ways about the menu.

We saw that people were involved in decisions about the service which would affect them. People who used the service were part of the interview process for new staff, meeting them and then giving feedback to the manager about each candidate. This also enabled the manager to gauge how easily the candidates interacted with the people who used the service.

Information was shared with people who used the service in a way they understood and which helped to increase their independence. We saw that care plans had been drawn up with the people they concerned and shared, if appropriate, with their relatives. People had signed their care plans and had been involved in decisions about their care. People at the service had the opportunity to use a local advocacy service if they needed to and one person had worked with an advocate when they moved from the service to another provider. Regular ` meetings were held at the service. This gave people the chance for people who used the service to give feedback and to raise any issues they wanted regarding their care and support.

Staff practice promoted people's dignity and privacy and provided the support people needed whilst encouraging them to be as independent as possible. Staff were clear about people's rights and care plans reflected that people had been consulted about all aspects of their care and their views recorded and respected.

Good

Is the service responsive?

Our findings

People received care that met their needs and took into account their individual choices and preferences. Staff knew the people they were supporting and caring for well. Care plans documented people's choices and preferences and made clear what people's skills and abilities were as well as the things they needed help with. Information about people's particular mental health conditions was clearly documented and strategies were in place to ensure that these conditions were well managed in order that people had as full a life as possible.

Before coming to live at the service each person had received a full assessment of their needs and abilities carried out by the manager. The findings of this assessment were used to formulate a care plan. Care plans were subject to ongoing review and reflected any changes in people's needs promptly. We saw that one person had not wanted to visit the service before they moved in and had been reluctant to make a decision to move. The service had taken photographs to show the person and their relative had visited and spoke to them. We saw that the service had done as much as they could to reassure the person and ensure that the service could meet their needs. We spoke to the person who said, "I am getting used to the place now and I'm very happy". Their relative told us that the whole process had been a success and said, "It's peace of mind for me. It's lovely that [they] have got this new family and new friends".

All staff had signed people's care plans and when there was a change to an aspect of someone's care this was highlighted to staff via the read and sign book which helped to ensure staff were aware of the person's current needs. Care plans reflected the things that were important to people and contained detailed information about how they liked to receive their support.

We saw that one person had been mainly cared for in bed and had been prone to developing pressure ulcers before they came to live at the service. A structured plan had been put in place and now the person was much more mobile and goes out three or four times a week. We saw that they had recently been to Cambridge, out for walks and to the local shops. There were also no further pressure ulcer concerns and this was seen to be due to their increased mobility and better nutrition. The service had also managed to negotiate increased support hours for this person as they recognised that their needs had not been adequately met with the staff hours funded previously.

We saw that staff supported people to play an active part in their community and to attend social functions, follow their own interests and hobbies and go on holidays. Two people attended a lunch club, another went regularly to a friendship group and bingo. A care boot sale was held each week in the field adjacent to the service and people enjoyed visiting this regularly. Another person attended a local folk club and occasionally went to watch the banger racing. One person volunteered at a local farm trust and enjoyed the work they carried out there. Although there were few other services run by the provider in the local area , we saw that services did get together occasionally for parties. There had recently been a Halloween party at the service.

One person told us that they had recently had a car delivered. This had enabled them to access the local community much more easily and they enjoyed giving lifts to their friends. They told us they went to the local library and the shops and were looking forward to going out more. One member of staff said, "people here go out all the time" and another stated, "People have a good life. I'd be happy for my relatives to move in if they required it".

There was an accessible complaints procedure and details about how to make a complaint had been included as an agenda item at the last house meeting to ensure that people were happy with the service.

Annual review meetings were held and relatives were invited to attend if the person, whose review it was, consented to this. This meant that relatives were able to discuss any concerns they might have with the staff and the manager. One relative told us that the service is very good at communicating with them and felt able to raise issues with the manager if they needed to. They described the manager as, 'very helpful'.

The service had a suitable complaints policy and each person had a copy of this. There had been no formal complaints or significant informal complaints made to the service in the last year.

Good

Is the service well-led?

Our findings

The service had a very positive and open culture. The registered manager worked occasional shifts at the service and was well known to staff and residents. Staff told us that the manager was very supportive and provided advice and guidance when they needed it. One member of staff said, "Aimee is very approachable" and another commented, "There is no problem telling the managers face to face. You don't feel like you're in limbo because you're on nights. They're very approachable". All staff we spoke with told us they felt well supported by the manager and that the out of hours arrangements worked well.

People who used the service were involved in the recruitment of staff if they wished and were encouraged to provide feedback on all aspects of the service through their house meetings and annual reviews. Surveys were carried out with people who used the service, external professionals and staff asking for feedback about the service. Results of these surveys were analysed and we saw that feedback was positive. An action plan was put in place to address any issues that had been raised and plans had already been made to improve the uptake of the survey by external professionals to ensure their views were captured.

The culture of the service was based on a set of values which related to promoting people's independence, celebrating their individuality and providing the specialist care and support they needed. Staff we spoke with were clear about how they provided support which met people's needs and maintained their independence and we observed this during our inspection. There was a real commitment from the manager and staff to ensure that the people who used the service lived independent lives as part of their local community.

We saw that a new care model had been trialled which focused on recovery from issues related to people's mental health. The manager told us that they had begun to implement this system but had soon realised that it did not fit well with the people who used the service due to their dual diagnosis and so they were not going to take this forward. This demonstrated how the service was prepared to innovate but also recognised if things were not working well and adopted different strategies which were centred on people's individual needs.

There was a clear management structure in place, with the registered manager in day to day charge and their line manager visiting the service regularly and providing them with support and guidance. Communication was good between these two people and the registered manager told us they felt well supported by their manager. The registered manager understood their responsibilities and had sent us the statutory notifications that were required to be submitted to the Care Quality Commission for any incidents or changes that affected the service.

There were systems in place to monitor the quality of the service. A training matrix gave an overview of the training provision at the service. Other records for the people who used the service and staff were well organised, which meant that important information could be located easily and quickly.

Regular audits were carried out by the manager to monitor the quality and safety of the service. A monthly health and safety audit monitored various aspects of service delivery and daily checks were carried out. Annual audits were carried out to review how effective, caring, responsive and well led the service was. An additional safety audit was carried out twice a year. Following the issue of some missing medication a new procedure had been put in place which aimed to ensure one person would be responsible for medicines on each shift. This was intended to reduce the likelihood of future errors and incidents. We saw that where issues had been identified as part of this inspection, the manager took immediate action to ensure that issues did not reoccur.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider had failed to ensure the safe and proper management of medicines. Regulation 12 – 1,2 g.**