Ms Jennifer Jonas

The Wishing Well

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 16 May and 1 June 2017 and was announced in advance.

The Wishing Well is one of eight small services operated by the provider which provide support and accommodation for people living with a learning disability. The service can accommodate up to six people. At the time of this inspection five people were living in the home.

There was no registered manager in post at the time of this 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 2008 and associated Regulations about how the service is run.

At our previous inspection in March 2016 we found that the provider was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 which related to the safety of recruitment processes. At this May and June 2017 inspection we found that improvements had been made and that robust systems were in place and being followed. This meant that the risks of employing people unsuitable for their role had been minimised. Consequently, the provider was no longer in breach of this regulation.

People living in the home were safe. Risks to their welfare were appropriately planned for and managed. Staff had a good understanding of safeguarding issues and what action they would need to take in the event any concerns arose. There were enough staff available to meet people's needs. Staffing arrangements were determined by people's needs and how they chose to spend their time. On the whole people's medicines were managed appropriately, but a few minor discrepancies were found.

Staff received suitable and regular training and support. Specific training to enable staff to meet people's individual health needs was arranged if required. 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. People received appropriate support to maintain healthy nutrition and hydration and had access to healthcare professionals when necessary.

Staff were kind, caring and respected people's right to privacy. People were enabled to live as independently as possible.

People received personalised care that met their individual needs and preferences. They were able to follow their individual interests and enjoyed a variety of activities and outings outside of the home. We saw that people were able to speak up when they there unhappy about something and staff responded appropriately. Relatives told us they knew how to complain and felt that they would be listened to.

The was a culture of openness in the service. Staff were valued and worked well together. We received positive comments about the leadership of the service. A robust quality assurance system was in place.

The service had been without a registered manager for over 18 months and had seen four changes of manager since the last registered manager had been in post. The provider needed to ensure that post holders applied for registration when they took up their role.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Improvements had been made to ensure the recruitment process was robust.

Staff were deployed according to the needs of people living in the home and how they chose to spend their time.

Risks to people's welfare were identified and mitigated as far as was possible.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to ensure that people's needs were met.

Staff understood their responsibilities to protect people's rights and freedoms.

People were supported to access healthcare services as required.

Is the service caring?

Good

The service was caring.

Staff were patient and attentive to people's needs and respected their privacy.

People were encouraged to maintain as much independence as possible.

Is the service responsive?

Good

The service was responsive.

People received support that reflected their needs.

People chose how they wished to spend their time and they were supported in this.

People were able to raise concerns or complaints if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There had been no registered manager at the service for over 18 months.

The provider had not acted quickly to fit thermostatic valves to remove the risk of scalding.

Auditing systems were robust and identified where improvements were required.

The Wishing Well

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 May and 1 June 2017 and was announced. The provider was given 24 hours' notice because the location provides care and support for adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Prior to this inspection we liaised with the local authority and reviewed information held about the service. We reviewed statutory notifications we had received from the service. Providers are required to notify us about events and incidents that occur in the home including deaths, serious injuries sustained and safeguarding matters.

During this inspection we spoke with two people living in the home and relatives of two people. We also spoke with three staff members, the manager and the operations manager.

We made general observations of the care and support people received at the service. We looked at the medication records of two people living in the home and care records for three. We viewed records relating to staff recruitment as well as staff training and supervision records. We also reviewed a range of maintenance records and documentation monitoring the quality of the service.

Good

Is the service safe?

Our findings

Our previous inspection in March 2016 identified a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the safety of recruitment arrangements. The March 2016 inspection had found several shortfalls in this area.

This May and June 2017 inspection found that improvements had been made and robust processes were now in place. These included the taking up of references from previous employers, checking staff against records held by the Disclosure and Baring Service (DBS) and checking people's proof of identity. Where anomalies had arisen we saw that the service had made further enquiries to determine the level of risk present, before deciding whether to employ the applicant. We found that suitable decisions had been made.

Consequently, the provider is no longer in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This June 2017 inspection found that there were enough staff available to meet people's needs. Staffing levels were calculated upon people's assessed needs and the level of support they required to live their lives depending on what they doing during the day. Generally there were three staff available during the day with staff arriving and leaving timed in accordance with people's plans for their day.

One staff member was on duty overnight. We queried whether this was sufficient as we saw that one person could occasionally present distressed and unpredictable behaviour that required staff to safe hold them. Staff explained that there was no history of this at night and that the person slept well. Records confirmed this. The operations manager told us that should this situation change then night time staffing levels would be amended accordingly. There was an on call system if staff needed any assistance at night, but staff told us that they couldn't recall when this assistance was last required.

Records showed that risks to people's welfare were assessed and plans were in place to mitigate risks as far as possible. Many of the risks that people faced were in relation to health conditions they were living with that could lead to behaviour that challenged or put them at risk. Staff had a good knowledge of individual triggers for people that could indicate that people were becoming anxious. A staff member told us about one person who required support from a staff member throughout the day. "Sometimes we'll just change the staff member who is with them. That can work. You can understand how they can get fed up with the same staff hour upon hour."

We saw that records were kept of incidences of behaviour that challenged. These were kept to better understand what the behaviour was communicating and what event may have caused the person's distress in the first place. In this way patterns were identified and strategies put in place to help minimise a re-occurrence of events.

A wide range of health and safety risks were reviewed on a regular basis. However, on the first day of our

inspection records showed that hot water temperatures had been an issue for several months, but had not been remedied. Thermostatic valves had not been fitted to control water temperatures. We tested the water temperature from taps in two people's rooms and we could not keep our hands under the hot water stream. This meant that people were at risk of scalds. However, by the second day of our inspection thermostatic valves had been fitted.

Staff had a good understanding of safeguarding issues and knew their responsibilities. Both staff members we spoke with told us they would have no hesitation in raising concerns with the manager or operations manager. They also knew that they could report concerns outside of the provider's organisation if necessary, but both staff members were confident that appropriate actions would be taken within the organisation should the need arise.

Since the last inspection we had been notified of some safeguarding incidents and were satisfied that the provider took immediate suitable actions at the time of the events and promptly notified the relevant agencies as necessary.

We saw safe hold records that documented why staff had needed to physically intervene to prevent harm to the person concerned or others and what actions had been taken. These reports were reviewed to help avoid the inappropriate use of restraint.

People's medicines were stored safely and were administered to them by staff that were trained and competent to do so. Guidance was in place for staff about the circumstances when it was appropriate to administer medicines to people which were prescribed for use 'when needed.' Medication Administration Record (MAR) charts were completed to record that people had received their medicines.

We reviewed the medicines arrangements for three people living in the home. The medicines for two people were in order. However, we found that one person had not received a medicine that they had been due the morning of our inspection. The tablet was still in its dispensing cartridge. This was a low risk medicine and the late administration of this medicine did not affect the person's welfare. The supply of a prescribed bath emollient had run out and had not been available for use for a few days. We were told that this was on order.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that it was.

Staff applied the principles of the MCA in the way they cared for people. We saw how they supported and enabled people to make their own decisions by providing information and options for people in a way that they would best be able to respond to. Records detailed whether or not people had the capacity to make specific decisions about their care. Where specific decisions had been made on a person's behalf in their best interests we saw who had been involved in making the decision. We observed throughout our inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

Where necessary, applications had been made to the local authority to seek permission to restrict people's freedoms in order to keep them safe. Efforts were made to ensure that where restrictions were in place, they were carried out in the least restrictive way possible.

Staff received the training and support they needed in order to ensure that they could carry out their duties effectively. As well as the provider's mandatory training programme which included training on managing behaviour that challenged and autism awareness, staff received additional training if required to help meet the needs of people living in the home. For example, training in epilepsy and diabetes was provided if necessary. Some staff members could communicate using signalong and one staff member was able to train others. Signalong is a sign based communication system based on British sign language. It uses speech, sign, body language, facial expression and voice tone to make the link between the sign and the word. Staff received regular supervisions. A staff member told us that their regular supervisions helped foster better communication in the service and that they were well supported by the manager.

People were supported to eat and drink enough and maintain a balanced diet. A weekly menu was in place and main evening meals were agreed with people at regular house meetings. Some people chose to participate in doing the shopping and preparing meals. People had a wide choice of what to have for their lunchtime meal and we saw a variety of lunches being prepared on the day of our inspection. Pictures of meals were put up on a whiteboard to help people decide what to have to eat and to remind them what had been planned for their evening meal. Menu planning was done in a way which combined healthy eating with the choices people made about their food. Each person had their own cupboard for their snacks and drinks.

People were supported to maintain good health. They had access to healthcare services and received on-going healthcare support from a wide range of health and social care professionals. People's care plans contained details regarding professionals involved in their care and support and their contact details. There were health action plans which outlined what support people needed which could go with them in the event of a hospital stay. Staff supported people to arrange and attend appointments to see their GP and other necessary appointments. Where people had declined to attend appointments we saw that new appointments were promptly arranged.

Good

Is the service caring?

Our findings

On both days of our inspection there was a relaxed, calm and friendly atmosphere in the home. We saw that people had good relationships with staff and they were relaxed in their company. Staff interacted with people in a kind and respectful manner. They took time to listen and understand what people were saying to them, gently asking clear questions to elicit the information they needed to support them appropriately. For example, we observed a staff member calmly discussing one person's concern about a toothache with them to establish which tooth was causing them discomfort.

Staff were observant of people's comfort. By midday the weather was very warm and one person was in the garden in a heavy jumper and body warmer. Staff asked them if they wished to put on something cooler to wear.

A staff member was assisting one person with organising their music collection and printing and making compact disk covers. This went on for a few hours. The staff member was patient and regularly referred to the person to check whether what they were doing was acceptable.

People told us that staff were, "good to me" and, "help me out." We saw lots of general conversations going on between staff and people living in the home throughout the day. Most people preferred to spend their days with others in the communal areas, rather than spend time alone in their rooms. A relative told us that staff were pleasant and helpful.

People's care plans recorded their choices and preferred routines for assistance with their personal care and daily living. Staff encouraged people to make decisions about how to spend their time and we saw that people had the confidence to make their own choices. People were supported to maintain independence by involving them in household tasks such as cleaning and tidying their rooms. One person had taken on the responsibility of feeding the fish.

Through working with people over time staff had become familiar with people's life histories, their health and emotional needs and they had built up good relationships with them. Our discussions with staff showed they understood people's preferences and the most effective ways to support them. Staff had a good knowledge of people's needs including their needs and behaviours relating to the learning disabilities and mental health conditions that people were living with.

Staff assisted people to maintain contact with friends and family. A relative told us that staff helped their family member to telephone them on a regular basis. Staff also helped by arranging visits for people to see their families. Relatives told us they had regular contact with people, were always made welcome in the home and were able to visit at any time. People, and their families when appropriate, were involved in decisions about their care and the running of the home. One relative told us, "They keep us fully informed."

People's rooms were treated as private by staff. We saw that they asked permission before going into someone's room. If this was declined, then the person's choice was respected and adhered to. Medicines

were kept safely in people's rooms and administered to them there. This helped promote people's privacy and dignity.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. Staff had a good understanding about people's motivations and how they might respond in a given situation. This helped them anticipate when issues could arise so that they could take steps to prevent problems occurring. They understood that each person required a different approach which worked best for them.

We were told about the progress one person had made since our last inspection in March 2016. At this time the person had been living in The Wishing Well for eight weeks and had been reluctant to leave the home. At this May 2017 inspection staff told us that the person was confident enough now to engage in social activities outside of the home, including going to the pub. The person told us that they had been shopping earlier on the morning of our inspection.

Relatives told us that staff responded positively to suggestions and comments they made about the care and support their families members required and had acted upon suggestions made.

We looked at the care records for two people in detail. These gave us a clear picture of the person and how they wished to be supported. The records provided clear information to enable staff to provide appropriate and effective support. During our inspection we saw that people were provided with care in accordance with their care plans. Care records were up to date and had been regularly reviewed.

Before people were admitted to the home a detailed history was obtained. Pre-assessment information was gathered from several sources. Meetings were held with the placing local authority and people's families. Reports about people's needs from the local authority were reviewed. Staff visited people where they were currently living and spoke with them and staff who were providing care and support to people at the time. Information was also obtained from other health and social care professionals. People were introduced to the home gradually over a
period of time. For example, this could be done by people visiting the service, having a meal and then an overnight stay until they were more at ease with the staff and the environment.

People were able to take part in activities of their choice and staff supported people to access the local community. Each person had activities they took part in regularly. These included going out to places of their choosing, such as community social clubs, pubs and car boot sales. Some people enjoyed a walk most mornings.

It was not assumed that just because people usually chose to do something that they would always want to do it. A staff member told us that one person had lost their interest in shopping and now only wished to do this once a week, rather than twice a week as had previously been the case. The staff member told us that staff were flexible and staffing was arranged to suit people's schedules, not the other way around.

People living in the home were not able to speak with us in detail about how to make a complaint. However, we saw that when something was not to their liking that they had no hesitation in approaching staff and

making their views known. We saw that staff did their best to remedy any issues that arose. Relatives told us that would feel confident to raise any concerns if they had any.

Requires Improvement

Is the service well-led?

Our findings

The service had not had a registered manager in post for over 18 months. In this period the provider had recruited four managers. Two had left the service after a short period of time without registering. One withdrew their application to register when they decided to step down from the role. The manager in post at the time of this May/June 2017 inspection had been recently recruited. The operations manager told us that the new manager had commenced the registration process. The operations manager had been a stabilising factor in the last 18 months and had ensured that relevant referrals to the local authority and CQC were made when there was no manager in post. The provider had not always ensured that managers applied for registration promptly upon commencing their role. This had resulted in a long period of time where the service had not had a registered manager in place.

Since our previous inspection in March 2016, the operations manager, who had recently commenced their role at the time of our previous inspection, had made changes to streamline the auditing and quality monitoring systems in place. The service now had effective systems to identify where improvements were required. Generally, we found that remedial actions took place promptly. However, the provider had been slow to respond to the high water temperatures that had been recorded in monthly audits for at least four months. This was only attended to after we raised the issue with the operations manager on the first day of our inspection.

People's medicines were audited every month by the service and the overall arrangements audited by the dispensing pharmacy on a three monthly basis. We were satisfied that at the time of the medicines audit for the person whose bath emollient had run out, there had been sufficient stock in place before the next order was due. It could not have reasonably been foreseen that it would run out. However, staff had not re-ordered promptly enough when the supply had begun to run low.

Staff were positive about the leadership of the service. One told us that the manager was very knowledgeable and would take suggestions on board. Another said that the manager was very considerate to people living in the home and staff alike, that they didn't spring changes on people and listened to and appreciated staff suggestions and comments. The staff we spoke with were also positive about the operations manager whom they had a great deal of trust in. People living in the home knew the operations manager who was a frequent visitor to the service and were happy to approach them for support or just chat with them.

Other than the manager role, the staff team had stabilised since our inspection in March 2016. Staff worked well as a team and were supportive of each other. They understood their roles and responsibilities and took these seriously. They were confident that the service provided a good standard of care and support to people and that people living in The Wishing Well had a good standard of life.