

D & L Price

# Wide Cove

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Wide Cove is a home registered for a maximum of 8 people who have a learning disability or autism spectrum disorder. There were 8 people living there at the time of this inspection. The home comprised of an open plan kitchen and dining room, a lounge, laundry room and gardens to the rear. It was situated close to the town of Runcorn at the heart of the community.

At our last inspection on 20 June 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good overall. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered manager demonstrated good leadership and was present for this inspection. They were actively involved in monitoring people's health and wellbeing.

Staff training had been undertaken and training which needed to be updated was completed during this inspection. Staff were knowledgeable about people's care needs and knew people's preferences, likes and dislikes.

Prescribed medicines were administered according to people's prescriptions appropriately by staff we observed.

People were seen by healthcare professionals and were supported to hospital appointments and to take care of their health as much as possible.

The care was person centred where people were supported with things that were important to them in a timely way. The culture was to be inclusive of people with a range of different needs.

Staff we observed were caring, kind and compassionate in their interactions with people. There was a relaxed and calm atmosphere within the home where people were observed walking around the home freely.

Staff were following the Mental Capacity Act 2005 and the registered manager had arranged best interest's meetings when appropriate.

People were being supported to be as independent as possible to maintain their skills and live as fulfilling a life as possible.

There were enough staff to meet people's care needs. People were seen being supported when they needed reassurance.

Activities were provided and people were supported to go out into their local community.

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.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Wide Cove

## **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.

This inspection took place on 9 and 11 January 2019 and was unannounced. There was one adult social care inspector.

We gathered and reviewed as much information as possible prior to the inspection for example from notifications of events within the service and from information sent us from other agencies. The last Provider Information Return (PIR) was submitted on 2 October 2015 and another PIR was recently requested. This is a document we requested to be completed to provide us with important information about the service. A more up to date PIR was due to be sent to CQC.

As part of this inspection we spoke with three people using the service, two relatives/visitors, five staff including the registered manager and the provider. We reviewed two care plans, one of which we undertook a case track which involves reviewing all the person's care records. We observed medicines being administered and observed a lunch time dining experience. We also spoke with one healthcare professional as part of the inspection.

## Is the service safe?

### Our findings

People we spoke with who were able to converse said "yes" when we asked them if they felt safe.

Staff we spoke with were able to give us examples of what constituted abuse and what they would do in the event they suspected abuse. The staff knew what their responsibilities were and the registered manager could tell us how they would deal with safeguarding concerns. Staff were aware of what constitutes restrictive practices and they could tell us how they ensured people were not being restricted within the home. There was a system in place of reporting and logging a safeguarding concern which the registered manager had followed.

Care plans we viewed contained details about risks for each person. Risk assessments included mobility, nutrition and weight, swallowing, and moving and handling. Personal emergency evacuation plans and 'do not attempt cardiopulmonary resuscitation' forms had been completed appropriately. People also had risk assessments for being supported outside in the community. Incidents were logged in care plans and behaviour analysis records were in place when needed. The staff and registered manager had been vigilant in detecting new risks for people and had documented them. For example, one person had developed an increased risk of weight loss due to their reaction to a significant event which had occurred in their life. This new risk was detected and recorded by the staff. Risks were therefore, being reviewed and managed effectively for people.

We looked at the safety, cleanliness and maintenance of the building. The home was clean and homely. There were supplies of personal protective equipment for staff to use as and when they needed it. The provider confirmed they had plans to improve the home further by replacing the conservatory at the back of the home. The gardens were well maintained and had a secure fenced perimeter with a private seating area for people to sit out if they wished. People who smoked were seen doing so at the back of the home/garden area. There were appropriate checks undertaken such as water checks to reduce the risks of legionella.

We observed that there were enough staff around to support people when they needed it. The rotas confirmed there were two support staff on shift at all times who were regular staff who knew people well. The staff worked together to ensure people's needs were being met at all times. In the event a person needed two staff to support them for moving and handling, or if a person needed a staff member to accompany them for a hospital appointment, another staff member was deployed to the home from another home nearby also registered by the same provider, or the registered manager stepped in. Staff confirmed this and explained they made sure people were supported when they needed it. Staff understood people's individual behaviours and could recognise what people were communicating. This reduced the risk of behaviours escalating by ensuring people were supported and reassured in the right way for them. Staff knew how to respond to people to ensure their mental wellbeing. For example, staff knew one person did not respond well to being asked if they wanted to sit with other people. They knew to let the person decide when they wished to join in and sit with others.

Recruitment systems in place were robust. The two staff recruitment files we viewed contained sufficient

checks including reference checks and a Disclosure and Barring Service check prior to a staff member commencing their care duties in the home. Staff retention was evident as some staff including the registered manager had worked at the home for a number of years.

We checked the systems for managing medicines and observed staff administering prescribed medicines. We undertook a random stock control check and found the stock corresponded with the amounts recorded as administered. Pro ra nata (PRN) as and when prescribed medicines were in place with protocols.

## Is the service effective?

### Our findings

The registered manager had a training matrix in place and showed us confirmed dates for an update in training about medicines and safeguarding. Training certificates viewed included epilepsy, safeguarding, moving and handling practical and theory, equality and diversity and food hygiene. Medication administration refresher training had been booked for staff to complete by the end of January 2019.

Staff were encouraged to progress and develop within their role and competencies were checked in supervision sessions. One staff member had achieved a Diploma in Health and Social Care. Staff we spoke with told us they were receiving supervision and an appraisal with their manager which we found evidence of within staff files we viewed.

Staff understood people's individual nutritional needs and knew how to support people to provide them with the maximum opportunity to have their nutritional needs met. The kitchen contained specific meal/menu plans which staff told us people had input into. People were encouraged to participate in preparing, cooking and cleaning up after each meal time according to their ability. We observed two people participating in the kitchen during the inspection. Staff knew people's preferences and risks of malnutrition and dehydration. People's weights were recorded as requested by healthcare professionals involved in their care. We observed people who required adaptive cutlery/equipment to assist them with eating and drinking had them in place.

People's care needs were assessed according to their individual health needs. The staff and registered manager had quickly identified a new health need since the person had been living at Wide Cove and took action immediately to seek the appropriate healthcare support for the person. Healthcare professionals were in regular contact as seen in the records which demonstrated the service had good systems in place of communicating and referring when appropriate. The healthcare professional we spoke with confirmed to us that they had regular contact with the registered manager and said, "I love going there".

Staff provided people with choices such as choice of drinks, foods and asked people for consent. Consent was seen documented in care plans/records. People were observed walking around their home freely, leaving the home and returning. Staff understood what restrictive practice was and ensured they were always following least restrictive practices to promote people's human rights.

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). At the time of our inspection there was no one living at Wide Cove who needed a DoLS application and everyone was free to leave their home whenever they wished. The staff supported people with making decisions by following a best interests process.



The environment had been adapted to meet the changing needs of the people living at Wide Cove. The ground floor had been adapted to enable them to install a level access shower and enough space to accommodate a hoist for one person. The home was spacious and the kitchen/dining area had become the "hub" where most people enjoyed spending time together. We observed one person who enjoyed time in a quiet lounge. The lounge was conducive for people to take themselves away from others but still be able to hear what was going on within the dining area adjacent to the lounge.

## Is the service caring?

### Our findings

People who lived there and visitors we spoke with spoke highly of the way people were treated at Wide Cove.

We observed that staff were kind and compassionate. Some staff had worked there for over 10 years they understood the reasons why people had certain behaviours which were unusual. Staff were accepting and inclusive of people who had a diverse range of needs. People were respected for their individuality. Staff were knowledgeable and respectful of people. They had a good level of understanding of people including what each individual person had experienced leading up to their admission. Staff were compassionate in the way they described people and were aware of significant factors which had impacted on them profoundly prior to them coming to live at Wide Cove. The service was inclusive and respected everyone as equals.

Staff ensured people felt cared for and had to adapt their approach according to each person's needs, including how they communicated. We observed positive interactions between staff and people throughout our inspection. For example, one positive interaction we observed between one person and a staff member was warm and affectionate. The person said, "That's my friend over there" and pointed to a staff member. The staff understood not everyone had friends or family and therefore, created a homely, safe and supportive environment where people felt comfortable with staff to regard them as a friend.

People's dignity was respected at all times on this inspection. We found one person who was at high risk of self-neglect was being supported with aspects of their care such as their personal hygiene and nutrition in a respectful way. Staff knew what the person's wishes were and were respectful of them and were monitoring in a subtle and discreet way.

Staff promoted people's independence and encouraged people to lead a fulfilling life. The care and support delivered was focused on people's life roles, health and wellbeing, everyday activities and what people wished to engage in.

People were empowered to speak up and say what they wanted to say. We observed this and people approaching staff in a calm way to ask for specific things. Staff always responded respectfully and talked to people in a manner which demonstrated to us they were listening and acting upon what people needed. There had been a satisfaction survey to find out people's views. Advocacy was arranged for people as and when they needed it.

## Is the service responsive?

### Our findings

People's care plans contained important information about them and had a picture of the person and a support plan. One person's support plan was in the process of being written and incomplete due to the registered manager taking time to get to know the person well prior to completing it. People were involved in their care planning and we found that what people told us was important to them was well documented in their care records. Care plans were reviewed and staff had documented any changes. The registered manager was proactive in requesting reviews for people when their care needs had changed or were expected to change.

Staff delivered person centred care. Staff recognised when people needed quiet time or when they wished to engage. Staff were vigilant and responsive to people's needs and recognised when people needed their presence and support.

We heard people talking to staff about what interested them and choosing to do things they wanted to do such as helping in the kitchen, going out shopping, going to church and to a local disco. We viewed numerous photographs of activities staff had arranged with people over Christmas. The registered manager told us how they had supported some people through what was for them a challenging time of the year.

People were involved in choosing their activities and where they wished to visit. We viewed pictures of some people who had visited the local Fire and Rescue Station. The registered manager and provider were being creative in how they arranged staffing to enable people to access activities they wished to access. The provider and registered manager were exploring what they could do to always maximise people's opportunities for additional activities to ensure people were living as a fulfilled life as possible.

We viewed care records for one person who had received end of life care at Wide Cove since the last inspection. The records we viewed demonstrated the registered manager had sought the person's wishes and preferences and communicated effectively with the team involved in the person's care. Pictures had been devised for the person so they could understand what treatments they were agreeing to and what the routine of treatment was. The registered manager and staff had supported people to deal with loss and were seeking external expertise when needed. The registered manager was seeking specialist training for staff in end of life care for people who have a learning disability.

The registered manager had a complaints policy and procedure in place. They told us there had not been any complaints since the last inspection. The satisfaction survey we viewed obtained questions regarding whether there was anything the person was not happy with. The provider was therefore, trying to establish if people had any complaints. We did not see any complaints reported by people on this inspection.

## Is the service well-led?

### Our findings

People we spoke with were complimentary about the management of Wide Cove. We found the registered manager was focused on people first and at the time of our inspection was actively involved in ensuring people's needs were met. For example, on the first day of the the registered manager confirmed to us that they had something of high importance to one person to continue to deal with. The registered manager knew it required their attention immediately as if it was not dealt with, it would create unnecessary stress and anxiety which would impact on the person. This demonstrated to us the manager was focused on the people living at the home, in ensuring they were receiving the support they needed when they needed it. Their approach and leadership was to be person centred, thereby creating a positive culture at Wide Cove.

The registered manager had systems in place which were robust such as recruitment and policies such as for equality, diversity and human rights. The registered manager had checks in place to ensure systems were being followed and to seek continuous improvements. They completed audits such as a mattress audit, infection control audit, PEEPs audit and medication audits. The provider did out of hours spot checks with comments on their observations of the environment and the care being delivered. The provider also completed a monthly document called "Owners Checklist" which included medication signed for, medication stock, fire alarms, appointments, water temperature records, people's room checks, weight charts and a garden inspection.

We viewed staff meeting minutes and the latest meeting had been held in December 2018.

The registered manager and provider worked in partnership with other agencies to achieve the best possible outcomes for people. They had registered with the Prince's Trust programme which provided two trips each year for people and they had developed positive relationships within the community such as the local church for people who wished to attend. Staff, including the registered manager accompanied people to church and to hospital appointments when necessary which created a positive team approach.

The provider who we met on this inspection was providing support for the registered manager and confirmed they wished to improve the efficiency of some of their systems by implementing a new electronic rota and time sheet system. The provider was supportive of new innovative ways to improve their systems and confirmed they would develop a clearer framework to improve how people's consent in line with Mental Capacity Act 2005 was recorded throughout the care planning process.