W.I.L.L. Wirral Independent Living And Learning

Wirral Independent Living & Learning

Inspection report

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Date of inspection visit:
01 September 2016
05 September 2016

Date of publication:
11 October 2016

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

This comprehensive inspection took place on the 1 and 5 September 2016. Wirral Independent Living and Learning (WILL) is a domiciliary care agency that was set up by a group of parents and carers of adults with learning disabilities to support them to live as independently as possible. The service was providing support to 48 people in their own homes whether they lived with relatives or in supported living accommodation.

The manager was registered with the Care Quality Commission. 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.

We looked at the medication records for five people. The medication procedure for staff was to prompt people or to administer their medication. Records informed that support staff would record all medication on the provider's medication record sheets. One person's records and information in relation to covert medication practice for staff to follow. We discussed this practice with the register manager.

We looked at records relating to the safety of the office premises and its equipment, which were correctly recorded. We were shown where confidential records were stored in lockable filling cabinets and password protected on the computers.

People received sufficient quantities of food and drink and had a choice in the meals that they received if this was part of their person centred care plans (PCCP). Their satisfaction with the dietary options provided had been checked. Where people's weight changed this was recognised, with appropriate action taken to meet the person's nutritional needs.

The provider had complied with the Mental Capacity Act 2005 and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what their role was and what their obligations where in order to maintain people's rights.

We found that the person centred care plans and risk assessment monthly review records were all up to date in the five files looked at. There was updated information that reflected the changes of people's health.

People told us they felt safe with staff and this was confirmed by people's relatives who we spoke with. The registered manager had a good understanding of safeguarding. The registered manager had responded appropriately to allegations of abuse and had ensured reporting to the local authority and the CQC as required; however senior staff required briefing on the safeguarding policy to ensure they were up to date with the provider's procedure.

Accidents and incidents were recorded and monitored to ensure that appropriate action was taken to

prevent further incidences. Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened.

The staffing levels were seen to be sufficient at all times to support people and meet their needs and everyone we spoke with considered there was adequate staff on duty.

The service used safe systems for recruiting new staff. These included using Disclosure and Barring Service (DBS) checks and annual self-disclosure checks made with the manager. The staff files did not include a photograph of the staff. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the WILL. Staff told us they did feel supported by the registered manager, the office manager and team leaders.

The five person centred care plans we looked at gave details of people's medical history and medication and information about the person's life and their preferences. People were all registered with a local GP and records showed that people were supported to see a GP, dentist, optician, and chiropodist as needed.

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.

Medication records were in place and medicines were documented appropriately.

Staff had been recruited safely. Recruitment, disciplinary and other employment policies were in place.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

Is the service effective?

Good

The service was effective.

All staff had received training and had been provided with an on-going training plan. Staff received good support, with supervision and annual appraisals taking place.

People we spoke with said they enjoyed their meals provided by the support staff and that they had plenty to eat. People's weights were monitored if required and dieticians and health specialists were contacted.

Is the service caring?

Good

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

People we spoke with praised the staff. They said staff were respectful, very caring and helpful.

Is the service responsive?

Good

People who used the service were involved in their person centred care plan and, where appropriate, their support needs were assessed with them and their relatives or representatives.

Suitable processes were in place to deal with complaints.

Care plan review documentation was always updated and seen to be relevant.

Is the service well-led?

Good

The service was well-led.

There were systems in place to assess the quality of the service. People who used the service, their relatives and staff were asked about the quality of the service provided.

Staff were supported by the registered manager, the office manager and team leaders.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Wirral Independent Living & Learning

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 the 1 and 5 September 2016. We gave 12 hours' notice to make sure that the registered manager or a senior person was on duty to enable the access to the records required for this comprehensive inspection. The inspection was carried out by an adult social care inspector. Before the inspection, the provider 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.

We visited the service on the 1 and 5 September 2016 and looked at records, which included the five people's person centred care records, six staff files and other records relating to the management of the service. We spoke with the registered manager, the office manager, three team leaders and three support staff. We also spoke with eight people receiving support and five relatives of people being supported by Wirral Independent Living and Learning (WILL). Four of the relatives were Trustees of WILL. The visit also included home visits to Lee Court where five people were supported in their own flats.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at the safeguarding information, complaints and any other information received from members of the public.

Good

Is the service safe?

Our findings

People we spoke to said they felt safe when supported by the staff. When asked if they felt safe, one person told us "The staff make sure I am safe at all times". Another person said "There is always staff around if I need them, they check on me all the time". A relative commented "The staff always ensure my relative is safe and have made her life so meaningful". All of the relatives told us they totally trusted the staff from WILL.

WILL provided a supported living service to 23 people living in their own homes, 12 people living with relatives and 6 people having outreach support. The support ranged from 24 hour support to weekly escort support. The registered manager told us that they liaised closely with the local authority contracts department to ensure the service could provide the relevant staff. Feedback from people using the service and their relatives was that there was good continuity and reliability of staff visiting and supporting individuals. There were 120 staff currently working at the service. We were told that the service was constantly recruiting so that they had the staff to meet any new contracts.

We spent time with the office manager and registered manager looking at the medication policy and procedure at the service. We saw that medication records were in the person centred care plans of the five people we case tracked. The medication records and medicine charts for all five people were correct; however one person's medication was administered covertly. There was information from 2013 where the GP had written to WILL to state how the person's medication was to be administered. We asked the registered manager if a 'Best Interest' meeting had taken place as the person did not have the capacity to agree to this procedure. We were told it had not but the registered manager told us that he would liaise with the relatives, relevant local authority and health professionals involved with the person as they did have meetings frequently to discuss the 24 hour care and support provided.

Staff had received training in medication administration. Staff we spent time with told us any issues with medication were always reported to the managers who dealt with the issue immediately and liaised with the relevant health professional.

We spent time at the office of WILL and at one of the supported living schemes called Lee Court, where eleven people lived in their own flats and were supported by WILL support staff. We spent time with five people being supported in their flats. We saw how the people had individualised their flats and all were furnished to a very high standard. There was a communal lounge and dining area where people spent time with each other if they chose to and support staff were always present. We met one of the Trustees at Lee Court who was very positive about the support provided by staff and told us there were sufficient staff to meet the required support plans of the eleven people living there.

Health and safety of the environments had been checked through various risk assessments and audits. The office and supported living buildings had contracts in place for the maintenance and servicing of gas and electrical installations and fire equipment. We found that the locations provided a safe environment for people to live in and staff to work in. Information was available for staff in case of an emergency and gave details of who to contact.

Records showed that all staff had completed training about safeguarding adults. The registered manager and team leaders ensured that staff had refresher training every few years. We were given the training plans and safeguarding training was in place to update staff knowledge. The provider had a policy on safeguarding and this was dated March 2014. Staff we spoke to were aware of the need to report any concerns to a senior person and they had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary.

The senior staff were required to ensure they were aware of the procedure to notify CQC of incidents. We discussed this with the registered manager who had referred relevant information to CQC. He said he had a senior staff meeting on the Tuesday 6 September 2016 where he would discuss the safeguarding procedure.

We saw that risk assessments had been completed which had identified risks to people's safety and well-being. The risk assessments had been dated and marked as reviewed in all of the five person centred care plans looked at. The review was indicated by a note of the date with information recorded if any changes had occurred and what actions were required to be implemented or with no changes documented meaning the reviews had produced no new information. The original risk assessments had been completed with regard to moving and handling, the environment, medication, equipment, socialising in the community and people's physical and mental health.

We saw that the registered manager had accident records that were completed in full showing what the incident was and how they had investigated, made referrals to other professionals and reported where required.

The registered manager and the office manager were aware of the checks that should be carried out when new staff were recruited. We looked at six staff recruitment files including one latest staff file which we saw had the correct evidence that staff employed were suitable to work with vulnerable people. Qualifications, references and appropriate checks such as Disclosure and Barring Scheme (DBS) records had been checked. The provider had a disciplinary procedure and other policies relating to staff employment.

Good

Is the service effective?

Our findings

We asked eight people about the skills of the staff and if they were competent in their roles. Comments received included "Fantastic, really good staff", and "The staff are lovely all brilliant". A person's relative told us "Staff act very respectfully with my relative, she is very well looked after they are all very professional and lovely too". Another relative said "Couldn't get better staff they are really great this is what makes WILL such a good provider".

People were supported to have sufficient food and drink provided by support staff if it was part of their person centred care plans (PCCP). We talked with the support staff and people about food and diets and was told by a person "My support workers cook with me, I choose what to have and we cook together". Another person said "I love cooking and went to college. I help teach people to cook with the support staff". Staff told us that they support people to prepare their food and would cook if part of their PCCP. We were told that if people needed any special diets, or if there were dieticians involved, staff ensured they kept to what the required diet should be.

The support staff checked people's weight if required in the PCCP and made recommendations about their diet to professional nutritionist and dieticians. One person whose plan we looked at had gained weight and was being closely monitored. Staff were recording what the person ate on the daily records that were completed thoroughly.

We looked at staff training. Staff were up to date in training for providing support for people. We looked at the training material and saw that the training was provided by an external training provider. We were provided with the training programme and sent the training matrix that showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. Training for staff included health and safety, fire safety, first aid, challenging behaviour, dementia care, personal care and person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control.

We spoke with staff who told us the training provided was good and had improved recently as there was now a new training provider. Staff were confident and happy about the training they had completed. The staff working at WILL also had a thorough induction that was provided in line with the 'Care Certificate' that is a set of standards for social care and health workers in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care and support workers.

All staff had been provided with supervision meetings. The registered manager told us that the team leaders were trained to provide supervision to their teams. We looked at six staff files and saw that five staff had supervision records in place. Staff told us they did have supervision with the managers or a team leader and said there was an open door policy and the managers were supportive and dealt with their issues immediately. Staff told us that they had an annual appraisal. We spent time talking to the registered manager and office manager and they confirmed that appraisals had taken place. One file was a senior member of staff that had not had supervision or an annual appraisal. This was discussed and was being

looked at internally.

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 Mental Capacity Act 2005.

We spent time with the registered manager who was knowledgeable about the MCA 2005 and the service had a procedure with records in place to show what actions had been taken in relation to people's mental capacity. The registered manager had liaised with the Local authority and was acting on guidance from them as the 'supervisory authority'. He had liaised in 2014 where a list was requested by the Local authority of people who were being supported 24 hours a day and who could not go into the community independently without being supported.

The eight staff we spent time talking with were aware of the MCA and some of the impacts it had on their role. All support staff spoken with had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us that they always sought people's consent; gave people choice; encouraged their independence and by consulting with and involving, relatives.

We observed staff interacting with people on the day we went to Lee Court. From their interactions it was clear staff had a good knowledge of each person and how to meet their support needs. Staff were very supportive and were heard throughout the morning confirming comments made by people, supporting people to make decisions and being patient. The people who lived at Lee Court that we spent time with told us that staff met their individual support and care needs and met their preferences at all times.

People were supported to attend healthcare appointments in the local community by staff. Staff monitored people's health and wellbeing. Staff were also vigilant in noticing changes in people's behaviour and acting on that change and records looked at informed that staff dealt with the changes effectively. This was also confirmed by the relatives we spent time with. The records we looked at informed the staff how to ensure that people had the relevant services supporting them. For example one person we visited had district nurses visiting them and staff worked with them to ensure they were fully briefed on any changes to the person's health.

Good

Is the service caring?

Our findings

People told us that staff were always respectful and caring when supporting them. One person who used the service said "They're all brilliant" and another person told us they were "Excellent staff, very kind help me a lot". Another person said "Great staff they help me a lot". A relative said "They're excellent staff they are brilliant advocates for WILL". Another relative told us "The staff work very hard to meet the care and support needs of my daughter. They are all very caring, respectful people". A third relative commented, "Staff really are fantastic, because of their support my son is more confident and happy. This makes me and the family happy". We observed when visiting Lee Court and when people visited the office that people who used the service were supported when necessary, to make choices and decisions about what they wanted to do. Staff were not telling people what to do but encouraged them in what their plan was for that day.

We saw when members of staff were talking with people who required support; they were respectful to the individuals and supported them appropriately in a respectful manner. We observed staff reacting to people calmly and were always reassuring and pleasant.

We spent time talking with relatives of the people supported by staff from WILL. All were very positive about the care and support provided. We were told that they visited Lee Court and other supported living accommodation at different times of the day and evening and that staff were always welcoming. Comments made included "I see the care provided and it's exemplary". Another commented, "The staff always make contact if there are any changes and they look after my relative providing her with lots of care and support, but also are always positive and happy".

We saw that staff respected people's privacy and were aware of issues of confidentiality. When visiting Lee Court staff knocked and waited until they were invited into the person's flat.

We observed people being listened to and talked with in a respectful way by the registered manager and office manager and staff at the office. Staff were all seen and heard to support the people, communicating in a calm manner and also reassuring people if they became anxious. The relationship between the people being supported was respectful, friendly and courteous.

The registered manager and staff told us that if any of the people could not express their wishes and did not have any family/friends to support them to make decisions about their care they would contact an advocate on their behalf. The provider had an effective system in place to request the support of an advocate to represent people's views and wishes if required. We were told by the registered manager that no one had recently utilised this service. The information for advocates was displayed on the notice board.

Good

Is the service responsive?

Our findings

The people who we spoke with were more than satisfied with the way staff support and care was provided. People told us they felt listened to and they would certainly be able to express concerns about the service if they had any and would speak to the team leaders or the registered manager. All of the people spoken with were sure they would know how to complain if it became necessary and all had not, so far, made any complaints. One person told us "I don't need to complain, I'm happy. I would speak to the team leader if I did". Another person said "I have no complaints at all the staff are brilliant".

We saw that information was kept in three different locations. These were the person's home, in a lockable cabinet in the main office and on a password protected database. We saw that the information was always reviewed and information updated to reflect changes that had taken place. In all of the five peoples files we looked at the person centred care plans (PCCP) were up to date, relevant and records reflected any change in service provision. For example, one person required more support from staff as they were unwell. The PCCP had been updated and the required support had been provided with staff liaising quickly with the commissioners to ensure the support met the person's needs.

WILL had a clear written complaints policy and this was included in the information pack given to people when they started using the service. The complaints procedure advised people to contact the registered manager if they wished to raise any concerns and gave contact details for the CQC. We asked people if they had the complaints procedure and had they used it. People told us that they had the complaints procedure and would use if required. None of the people contacted had complained. Relatives we spent time with also told us they would complain if necessary but had not had to, to date. We saw from the records that there had been six complaints in the last two years. Records were in place to show what actions had been taken and informed when the complainant was liaised with to ensure they agreed with the actions.

All the people we spoke with told us that they were fully involved in their PCCP. They reported that they had full choice in their PCCP and the way it was provided and they all considered they were in control of the care and support they received. People told us that staff always consulted them about how their support was to be provided.

The registered manager informed us that a service was not provided until they had been to meet and assess the person in their home surroundings. Whenever possible a family member was also present. We saw records of these assessments in people's files. The assessment forms had been completed in detail and recorded the agreement for the service to be provided. The forms were signed by the person requiring the support service or their family if they were not able to sign.

The PCCP and care plans included examples of specialist advice that had been sought. For example, a person had also been provided with health care professional support when arriving back to the service after a short stay in hospital. Staff told us that they informed the managers of any changes to the person's health. Records showed this communication took place regularly to ensure the comfort of the person.

Staff completed a visit log after each visit and we saw that entries were detailed and described the support and care that had been provided and how the person was feeling.

We asked how staff liaised with any community services on behalf of the people receiving care. All staff told us they would call a doctor/ emergency services if they had concerns. They would always notify the managers of any actions taken and record in the daily record actions taken and the outcome. We were able to see how the service was able to contact relevant people to provide appropriate treatment and we saw how the service worked appropriately with other agencies.

Good

Is the service well-led?

Our findings

The people who used the service and the relatives we spoke with told us that the registered manager was always available. People's comments included "The manager is really good, he's friendly" and "Really nice man, all of the mangers are lovely". Relatives' comments included, "There is a good manager in place; very supportive and issues dealt with immediately" and "The manager is very good at communicating".

We also spent time with four of the Trustees including the chairperson. We were told about the way that WILL was set up by parents of people requiring support. We were told about the future plans of WILL. All were extremely positive about the service. We were shown records of a two day information gathering where people using the service and staff were invited to a venue to complete a confidential questionnaire on the service. The Trustees also made themselves available to speak to people who had any questions. We were told the two days were successful and were shown some of the information collated. The registered manager was liaised with and the information was shared and discussed at the board meetings. We were told that the collated summary of the quality of the service questionnaires would be sent to the CQC.

There was a three tier management structure at WILL which comprised the registered manager, the office manager and team leaders. The leadership was visible and it was obvious that the registered manager knew the people supported when they visited the office and when we discussed people. Staff told us that they had a good relationship with the registered manager and office manager who were supportive and listened to them. We observed staff interactions with the managers which was respectful and positive. There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility for the support staff.

The managers and the staff had a good understanding of the culture and ethos of the service, the key challenges and their achievements, concerns and risks. Comments from staff were "It's a good place to work, I really enjoy working here", and "We do provide good support to people here, we all work hard, it's a great service". Another comment was "Great place to work, love my job. I get a lot out of supporting people to be confident, independent and happy".

We noted that the provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

There were effective systems in place to assess the quality of the service provided at the service. These included person centred care plan audits, staff file audits, medication audits, staff training audits, health and safety audits and incident and accident audits. We looked at the audits for January 2015 to June 2016. The audits showed how the registered manager and office manager had implemented action plans and documents were in place to inform what they had done to evaluate and improve the service. The registered manager informed us that they and the office manager were usually able to act on issues immediately.

We looked at the ways people were able to express their views about the support that they received. One person told us "I am always asked if I am happy and I say yes". Another person told us "I get questionnaires

to tell them if I am ok and I tell them I am". Information we looked at showed that meetings took place with staff and people and were asked if they had any issues. We saw that people who were supported, staff and people's relatives had been provided with feedback forms in May 2016. We saw completed questionnaires comments were positive, these included "Staff provide excellent care and support" and "Staff respect me". A relative commented "Excellent staff; they are like my extended family".

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.