

Wave Supported Lives Ltd

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Inspection report

Unit 2, Sycamore Trading Estate
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Tel: 01253978550

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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

About the service:

Wave Supported Lives Ltd offers personal care only as a domiciliary care service. They support younger people living in their own home with a learning disability, physical disability or sensory impairment. The main office is based in a business park near Blackpool Airport. At the time of our inspection, the service supported five people who received a regulated activity in their own homes.

People's experience of using this service:

We found the management team had completed extensive processes since our last inspection to enhance safety. People and their relatives confirmed they experienced a responsive service and felt safe when staff delivered their care packages. A relative told us, "Now, I really do feel I can take a step back because I know [my relative] is safe and I can finally relax after all these years."

The registered manager had introduced multiple documents focused on maintaining people's safety and protecting them from inappropriate care and abuse. One staff member said, "Any concerns at all, and there have been, we are strongly advised to report."

The management team had developed detailed, person-centred risk assessments to better support people with behaviours that challenged the service. A relative commented, "[My relative] is improving and that's down to the staff and the care plans in place."

The registered manager had implemented new systems to ensure they recruited staff safely and followed robust employment practices. People were supported by small staff teams to ensure they received care from regular staff who understood their needs.

Staff told us they followed procedures to ensure the safe management of medicines administration. The registered manager had worked with other healthcare professionals to develop robust protocols for people who received 'when required' medication.

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. A staff member said, "It is absolutely [the person's] decision about what he wants to do. We don't use restraint, we use distraction and avoidance of triggers."

The management team completed an initial assessment of each person's nutritional requirements to protect them from associated risks.

Wave had a wide-ranging training programme to develop staff skills and understanding of their roles. A relative told us, "They do seem to be well-trained and they try different things to see what works and what doesn't."

Staff demonstrated genuine affection and kindness for people they supported. One person stated, "I love the staff and they love me." People and relatives told us the management team was highly inclusive of them in the development of their care plans.

Wave had strong leadership evidenced in the actions taken since our last inspection. The provider worked openly with people, staff and other organisations to deliver good standards of care. Staff stated they were fully involved in the ongoing development of the service and felt valued by the providers. One staff member commented, "All the managers and [the providers] are fantastic."

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support. We observed care practices were centred on maximising each person's safety, independence and support. Care records included each person's preferences and details guided staff to better understand them and how to meet their needs.

Rating at last inspection and update:

At the last inspection the service was rated requires improvement (published 25 December 2018).

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

Why we inspected:

This inspection was carried out to follow up action the provider told us they had taken to improve the service in all five domains.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Wave Supported Lives Ltd

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection site visit because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did:

Before our inspection we completed our planning document and reviewed the information we held about the service. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning department who used Wave. This helped us to gain a balanced overview of what people experienced whilst using the service.

We spoke with a range of people about Wave. They included one person who used the service, a relative, two members of the management team and five staff.

We looked at records related to the management of the service. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead Wave in ongoing improvements. We checked care records of two people who used the service. We also looked at staffing levels, recruitment procedures and training provision.

After the inspection we continued to seek clarification from the provider to corroborate evidence found. We looked at training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to continuously ensure people were not exposed to the risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 13.

- The registered manager had implemented a suite of documents to fully guide staff to people's needs. These were focused on maintaining people's safety and protecting them from inappropriate care and abuse. The management team strengthened this process with refresher training for its workforce. One staff member told us, "[One person] is much safer because we have better guidance on how to manage risks."
- The registered manager had instilled the new safeguarding records and care planning in staff. We observed care practices were centred on maximising each person's safety and support. Staff fully understood their responsibilities to protect people from abuse and poor care. One staff member said, "We always notify safeguarding and CQC when there are any concerns because people's safety is the most important part of our job."
- The management team had reviewed and updated policies and auditing systems to improve their response to and management of safeguarding incidents. For example, they were about to implement a new approach to assessing safeguarding trends. Relatives confirmed their family members were safe when receiving their care packages. One relative stated, "When it's gone beyond crisis they report it to safeguarding. The whole plan keeps [my relative] safe."

Assessing risk, safety monitoring and management

At our last inspection the management team failed to do all that is reasonably practicable to mitigate risks and continuously maintain people's safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- The management team had developed detailed, person-centred risk assessments to better support people with behaviours that challenged the service. These assisted staff to understand how to manage people's safety on a day-to-day basis. Additional information clarified how to deal with triggers and match

the person's escalating behaviours. Staff told us they had a greater understanding and used these mechanisms in their practice. An employee stated, "Now [the person] is doing so much better. He trusts us and feels safe. He has much less episodes of crisis."

- Staff used a very effective system in responding to accidents. A management team member followed incidents up to check processes continued to be safe or if, for example, additional staff training was required. They also reviewed their duty of candour had been completed.
- People told us they felt safe whilst using the service. One person commented, "Yes, I feel safe."

Staffing and recruitment

At our last inspection the management team failed to consistently follow safe practice in the recruitment of suitable staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 19.

- Following our last inspection, the registered manager immediately introduced new systems to ensure they recruited staff safely. This included a new policy and risk assessments to ensure people were protected against unsuitable employees. We found these were fully established and the management team were following safe employment practices.
- Staff files held required background checks and a full employment history. One staff member said, "The recruitment was very good. I did not start until they got my DBS and references." They added they had good induction and shadow shifts to "give me a lot of confidence about how to support the clients."
- People were supported by small staff teams to ensure they received care from regular staff who understood their needs. An employee stated, "We all rally around if someone goes off sick. It is vital to the client's wellbeing we make sure they get consistency of carers."
- Relatives confirmed their family members' care packages were delivered by staff they knew. A relative commented, "[My relative] does get good consistent staff who know and understand him. That's imperative to his stability, safety and calmness."

Using medicines safely

At our last inspection we recommended the provider sought guidance from a reputable source in relation to the safe use and administration of 'when required' medication. The provider had made improvements.

- The registered manager had worked with other healthcare professionals to develop robust protocols for people who received 'when required' medication. Staff told us they followed procedures to ensure the safe management of medicines administration.
- Staff received training to underpin their skills and understanding. A staff member said, "I've had my medication training. I know what I am doing to make sure I am safe." The registered manager retained oversight of medication procedures through system auditing and competency-testing.
- We found storage areas were secure, clean and tidy. Records were well-maintained and followed national guidelines. Care records contained risk assessments intended to reduce associated risks.

Learning lessons when things go wrong

- Following our last inspection, the providers demonstrated a strong desire to improve the service. They worked transparently with CQC and other agencies to ensure people received safe and appropriate care.

There were multiple examples of the management team recognising lessons learnt and implementing processes to develop Wave further. For example, they introduced extensive care planning documentation and provided guidance for staff to enhance their skills.

Preventing and controlling infection

- Staff had sufficient personal protective equipment, such as disposable gloves. They used this to maintain good levels of infection prevention and control. Those we spoke with confirmed staff washed their hands before and after support provision.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the management team failed to continuously assist people to have as much control over their lives as possible. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 13.

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. Where people are deprived of their liberty in their own homes, applications must be made directly to the Court of Protection. We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, the service did not support anyone with a DoLS or CoP. However, they were working with the local authority and relatives in the application of a CoP to support one person. Care records included detailed capacity assessments, care planning and risk management focused on the least restrictive practice.
- Staff confirmed they had good levels of relevant training and better guidance in enhanced support plans. One staff member told us, "I've definitely seen an improvement since the last inspection. Before, we were relying on trial and error about managing people's behaviours. Now we have a really structured care plan in place."
- Those we spoke with stated staff supported them to make their day-to-day decisions and sought their consent before delivering their care packages. One person said, "If I don't want to do something the staff agree with me."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the management team had poorly care planned for people who displayed behaviours that challenged the service and care records did not include effective, evidence-based best practice. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 13.

- Since our last inspection, the management team had implemented highly detailed assessments and plans to support people at various stages of their behaviours. This included identified triggers and personalised actions to reduce the potential for escalation and crisis. Staff had a good understanding about the effective use of least restrictive practices. A relative told us, "The staff are not restraining [my relative] they have a wonderful perception of what helps to distract and de-escalate his behaviours."
- The registered manager was referencing current legislation, standards and evidence-based guidance to underpin their enhanced procedures. For example, staff had been guided in and used new tools such as the Disability Distress Assessment Tool. This mechanism helps to identify distress symptoms in people with limited communication.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had good access to health and social care professionals, such as GPs, social workers and specialist consultants. The registered manager documented changes in care records to ensure they continued to meet each person's needs. A relative stated, "Wave have been great from the start. They took [my relative] on at crisis point without any support from others, so he did not trust anyone. What's very evident is that he is improving and that's down to the staff."
- The provider worked well with other healthcare professionals to maintain people's continuity of care. There was a holistic approach to review and monitor their changing health needs. A relative said, "We work as a team now. I meet regularly with [the managers], staff and the other professionals in the multi-disciplinary team."

Supporting people to eat and drink enough to maintain a balanced diet

- The management team completed an initial assessment of each person's nutritional requirements to protect them from associated risks. They further developed a care plan to guide staff to support each individual, where this was applicable.
- People and relatives said staff supported them to eat healthily and offered a choice of meals. All employees had food safety training to assist their understanding of food hygiene principles.

Adapting service, design, decoration to meet people's needs

- The registered manager had checked people's communication needs and supported those with a disability, impairment or sensory loss. For example, each person had a fire evacuation plan in pictorial format to help them understand what to do in an emergency.

Staff support: induction, training, skills and experience

- Wave had a wide-ranging training programme to develop staff skills and understanding of their roles. This included health and safety, first aid, medication and safeguarding. A staff member told us, "It's really professional the training and induction and it was much more in-depth than my previous experiences."
- The management team further supported their staff with regular supervision. People stated they were assisted by an experienced workforce. A person said, "Yes they are trained and know how to look after me."

Is the service caring?

Our findings

We have inspected this key question to follow up the concerns raised to the local authority about care at the service.

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At our last inspection the registered manager had not always ensured people's human rights were protected because documentation evidenced the use of restraint without legal authorisation. Additionally, this was not consistently proportionate and staff used terms that did not always describe individuals who used the service in a respectful way.
- At this inspection we saw sufficient improvement had been made and sustained. For example, each person's human rights were enshrined in their care records. These were person-centred and focused on assisting staff to understand the person and their backgrounds. A staff member said, "We are working much better as a team. It is really benefitting him because he is getting his needs met in the way he prefers and understands, which is really helping him to improve."
- Staff demonstrated genuine affection and kindness for people they supported. One person told us, "Wave is a million times better than the staff I had before. I feel like they are my friends and they really care about me. I'm so happy when they are around." Staff had equality and diversity training to develop their knowledge.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us the management team was highly inclusive of them in the development of their care plans. A relative commented, "After your last inspection we realised [my relative's] care plan wasn't great. So [the registered manager] sat down with staff and I and we worked long and hard to get a really good care plan together."
- Care records were focused on maximising people's independence and centred on achieving goals. For instance, the management team documented under each area of the person's support plan information about what they could achieve for themselves.
- Staff made information available to people about advocacy services, including contact details. Consequently, they could access this if they required support to have an independent voice.

Respecting and promoting people's privacy, dignity and independence

- Staff had a strong sense of people's dignity and privacy. A staff member said, "Respect for the person's dignity is the utmost importance. We always have that on our minds when we go in to support someone."
- We observed staff had a caring and kind approach. A relative said, "The staff really do love [my relative]. Perhaps I shouldn't say that, but it means a lot to me to see their loving approach."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our last inspection the management team failed to maintain quality records to guide staff responsiveness to people's needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- The management team completed in-depth assessments of each person they supported. They used this information to develop highly detailed support planning, which was regularly evaluated to check its continued responsiveness. Additionally, staff had guidance about people's ongoing needs in a simplified, at-a-glance document. One employee commented, "We are monitoring people's behaviours and recording it all. It gives us a better picture and we know now what will help and what will hinder. Before, it was all about crisis management."
- People and relatives told us staff were responsive to their needs. A relative stated, "Now, the staff really know what they are doing. [My relative] had a period recently without an incident, which was amazing. That's down to the excellent care of the staff."
- Care records included each person's preferences about, for example, how they wished to be supported, chosen name, food, activities and family contact. Additional details guided staff to better understand people and how to meet their needs.
- The service provided a minimum of two-hour care packages to assist staff to build good relationships with people. This further provided time to develop activities and increase social stimulation. One person told us, "I love going out and we do lots of things like bowling, going to the cinema, swimming and trampolining. I have lots of fun and don't really get bored."

End of life care and support

- At the time of our inspection, no-one received end of life care from Wave. Nevertheless, the management team recorded details about people's relevant wishes. This included their preferred funeral arrangements, spiritual beliefs and others they wanted to be involved.

Improving care quality in response to complaints or concerns

- The registered manager said they had not received any complaints over the last year. People told us they knew how to raise issues and felt these would be dealt with properly. A relative stated, "I've had a few niggles with the medication, but they have listened to me and are trying to get that right. It gives me confidence they would deal properly with a complaint."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well led. Leaders and the culture they created promoted high-quality, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the management team failed to maintain good standards in recordkeeping and quality assurance oversight. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- Wave had strong leadership evidenced in the actions taken since our last inspection and the clear desire to improve. Immediate and medium-term plans had been achieved and embedded in the workforce and service practices. This included robust policies and care planning systems to enhance people's safety and welfare. A relative said, "[The providers] are great. There's really strong leadership and you only need to look at what they've done since your last inspection."
- Additionally, the management team had implemented new methods to reinforce service oversight. Audits covered care records, accidents, staff files and medication. Their new 'Monthly governance and quality assurance schedule' focused in much more depth on multiple areas of quality assurance. We saw identified issues were addressed by the registered manager in team meetings and individual supervision to maintain people's wellbeing.

Continuous learning and improving care

- The providers worked openly and honestly with people, visitors, staff and other organisations to deliver good standards of care. They were keen to learn from the issues we identified at our last inspection and acted to improve the service. A staff member stated, "[The provider] told us about our last inspection, they're very transparent that way. We had to read the report and were encouraged to be part of the improvement and suggest ideas."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team worked closely with CQC to ensure improvements provided a quality, personalised service to people. They kept the us informed about the progress of new developments and actions taken. A new staff member said, "My first impressions of how the company is run are that it's very transparent, they've no hidden agendas and are professional."

- People and relatives confirmed they received an improved service from Wave and found staff better understood their needs and associated support. A relative told us, "I have never had a care package where all the care team are great. I would describe most of them as excellent."

Working in partnership with others

- Following our last inspection, the providers developed stronger relationships with other organisations in the continuity of people's care through evidence-based practices. They worked well with other providers to achieve good outcomes for those who used the service. This included better co-ordination in one person's care that led to improved mental health.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team engaged with staff, people and relatives to gain their feedback about the quality of care. A relative told us, "They ask me what they could do better as well. The focus is on continuous improvement and I'm impressed." We found responses to the last satisfaction survey were very complimentary about Wave. Comments seen included, 'All staff are polite and courteous and show respect.'
- Staff stated they were fully involved in the ongoing development of the service and felt valued by the providers. One employee said, "I feel a part of something rather than a cog because of the way [the providers] want us to be a part of that progress." The management team held regular team meetings and consulted their workforce through questionnaires.