Wildacre Care Services Ltd

Wildacre

Inspection report

Raunds Road
Chelveston
Northamptonshire
NN9 6AB

Date of inspection visit:
07 January 2016

Date of publication:
10 February 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 7 January 2016 and was unannounced.

Wildacre is a residential care home providing personal care for up to 10 people under the age of 65, with learning disabilities or dementia. The home is located in a rural setting on the outskirts of the village of Chelveston in Northamptonshire.

The service had a registered manager. 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. There were 10 people using this service at the time of our inspection.

The recording of topical medicines and the auditing of Medication Administration Records (MAR); to identify if medicines had been signed by staff; had not been consistently completed.

People were protected from abuse and felt safe. Staff were knowledgeable about the risks of abuse and reporting procedures and there were risk management plans in place to promote and protect people's safety. Appropriate numbers of staff were employed to meet people's needs and safe and effective recruitment practices were followed.

The staff had completed training to make sure that the care provided to people was safe and effective to meet their needs. People's consent to care and treatment was sought in line with current legislation. Where people's liberty was deprived, Deprivation of Liberty Safeguards [DoLS] applications had been approved by the statutory body. People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

People were looked after by staff that were kind, caring and compassionate. They were able to spend private time in quiet areas when they chose to. Staff made sure that people's privacy and dignity was respected and maintained at all times.

People's needs were assessed and care plans gave clear guidance on how people were to be supported. Care was personalised so that each person's care reflected their preferences. Staff supported people to undertake a choice of leisure activities within the home and in the community. The service had an effective complaints procedure in place and this was in a suitable format for people using the service.

The service had an open, positive and welcoming culture. We saw that people and staff were encouraged to have their say about how the quality of services could be improved and they were positive about the leadership provided by the provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not consistently safe.

Systems for the recording of topical medicines and audits of medication records had not always been completed.

There were risk management plans in place to promote and protect people's safety.

Staffing arrangements meant there were sufficient staff to meet people's needs.

Robust and effective recruitment practices were followed.

Is the service effective?

Good

This service was effective

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff supported people to eat and drink sufficient amounts of healthy and nutritious food to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare facilities when required.

Is the service caring?

Good

This service was caring

Staff developed caring relationships with people who used the service.

People were supported by staff to express their views and be involved in making decisions about their care and support.

Staff ensured that people's privacy and dignity were promoted.

Is the service responsive?

Good

This service was responsive

People's care was personalised to reflect their wishes and what was important to them.

People took part in meaningful activities, both within the service and in the local community.

People were provided with suitable information on how to make a complaint.

Is the service well-led?

Good

This service was well-led.

Staff were well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

There was a positive, open and welcoming culture at the service.

The provider reviewed the way they worked in order to improve how people's needs were met.

The service put people at the centre of the care they received and included people in the decision making process.

Wildacre

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 7 January 2016 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during breakfast and during individual tasks and activities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed the care for two people who were not able to communicate with us. We also spoke with two people who used the service in order to gain their views about the quality of the service provided. We talked with two relatives of people who used the service, three care staff and the provider to determine whether the service had robust quality systems in place.

We reviewed care records relating to three people who used the service and three staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Requires Improvement

Is the service safe?

Our findings

We found that Medication Administration Records (MAR) had not always been fully completed for topical medicines. We asked the provider if they completed regular audits of the MAR charts to identify if any medicines had not been signed by staff to confirm they had been given. The provider told us that they completed a monthly audit of medicines that were received into the home and of the medicines returned to the pharmacist. These audits did not however include a check of the MAR charts for any gaps or omissions. This meant we could not be certain that people's medicines had been administered as prescribed.

People were supported to take their medicines by staff trained to administer medication safely. A relative told us, "I haven't known there to be a problem with [relative] tablets. It seems to be well organised."

Staff confirmed they had completed medication training before they were able to administer people's medicines. One member of staff explained, "I have completed my medication training. It was very good and I found it beneficial." The provider told us, "All staff receive medication training before they can administer people's medicines."

We found that medication was stored safely for the protection of people who used the service. Records demonstrated that when people were prescribed medicines on a 'when required' basis, for example for pain relief, there was sufficient guidance for staff on the circumstances these medicines were to be used. There was also detailed guidance about how people preferred to take their medication. For example we saw that some people preferred to take their medicines with drinks and others with food.

All medicines were administered by staff who had received appropriate training and we saw from training records, that staff had received up to date medication training.

People were protected from harm and abuse by staff that had been trained appropriately and understood the principles of safeguarding. There were four people present at the time of our visit. Two were unable to tell us if they felt safe; however, it was clear in their behaviour and manner that they were relaxed and comfortable within the service and in the company of staff and their peers. The two people present who were able to communicate with us said they liked living at the home and felt safe there. One person said, "I love it here. Where I was before was horrible. They all look after me here." A relative told us, "Yes I know [relative] is safe because the staff know her well and they know how to take proper care of her."

Staff were aware of their roles and responsibilities in relation to protecting people from harm. The staff we spoke with could clearly explain how they would recognise and report abuse. One staff member told us, "I would be comfortable using the whistleblowing procedure if I had to. I know I would be taken seriously and the matter would be dealt with." Another staff member said, "I am aware of whistleblowing and what to do. I would not worry about using it." Staff said they were confident that if they reported any concerns about abuse or the conduct of their colleagues, the provider would listen and take action.

There were robust systems in place to help people manage their finances and to protect their finances from

possible misuse. These involved a number of checks and records made by staff each time they supported someone with their finances. This included a system of recording money received and money spent, with receipts provided for each transaction. In addition, we saw that people's money was audited on a regular basis to ensure their money was handled appropriately.

The provider told us there was a safeguarding policy in place and that staff received training in this area. We saw details of safeguarding and whistleblowing policies. These were available and accessible to staff. The procedures in place and staff safeguarding training helped ensure people were kept safe from harm. We were told by staff, and training records confirmed that all staff received annual training in relation to safeguarding; to make sure they stayed up to date with the process for reporting safety concerns.

Staff and the provider informed us that, when an incident or accident occurred, they would report the accident using the provider's accident forms. These were then used to analyse incidents and introduce steps to reduce the likelihood that a similar incident would take place in the future. The provider also told us they would report the incident to appropriate regulatory bodies, such as the local authority or Care Quality Commission (CQC). We looked at accident forms and saw that incidents had been recorded, acted upon and reported on appropriately.

Staff told us they were aware of people's risk assessments and had been actively involved in contributing their knowledge of the people they cared for when the risk assessments were reviewed. One staff member told us, "Everyone has risk assessments and they are different for everyone."

We found that risks to people's safety had been appropriately assessed, managed and reviewed. Each of the care records we saw had a range of up-to-date risk assessments. These assessments were specific to each person and reflected their identified risks with guidelines on how to keep people safe. Staff demonstrated that they knew the details of these management plans and how to keep people safe. For example, one staff member told us how people are supported to prepare and cook the evening meal and they described the risks assessments in place for people.

We saw that a robust process was in place to ensure safe recruitment checks were carried out before a person started to work at the service. One staff member told us, "I had to wait for all my checks to come through before I could start working." Staff members told us that they were unable to start working at the service until a background check had been completed to ensure they were of good character to be working with vulnerable people. The provider confirmed that they sought a Disclose and Barring Service (DBS) criminal record check, as well as two previous references for every new employee.

Records confirmed that recruitment procedures included checking references and carrying out disclosure and barring checks for prospective employees before they started work. All staff were subject to a probation period before they became permanent members of staff and to disciplinary procedures if they behaved outside their code of conduct. This meant that people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People felt there were enough staff on shift to meet their needs. One person said, "Yes there are enough staff." A relative told us, "I don't think there are any problems with staffing. It seems to be okay."

Staff we spoke with felt there were enough staff for the day to day running of the home but all were in agreement that it could sometimes be difficult to take people out and at the same time make sure there were enough staff left at the service. This was especially difficult in the small house where there was only one staff member.

We saw that people were responded to in a timely manner and people did not have to wait long for staff to attend to their needs. During our visit we saw that staffing levels were adequate to meet people's needs. We saw that some people had gone out to day care services and some people were supported with activities in-house. The staff rota confirmed that the agreed staffing numbers were consistently provided.

Good

Is the service effective?

Our findings

People felt confident that staff had the skills to provide them with the care they needed. One person laughed and nodded when we asked them if staff knew what they were doing. Another person said, "Yes, they do alright." A relative told us, "The staff are very good. They know how to look after everyone properly. They know what they are doing."

Staff told us that they received all the training and support they needed. They told us that new staff members had an induction period at the start of their employment. During this time they did not perform direct care duties, rather they shadowed more experienced members of staff to get to know their role and the people they would be supporting. One staff member told us, "I did an induction when I started work here. It was useful and more than suitable to meet my needs. I had not worked in care before so I was grateful the induction was so good." Another member of staff commented, "I was already experienced in care work and my induction was tailored to suit me."

We also spoke with staff about the on-going training they received. Staff were all positive about the training that was available to them. One staff member said, "I couldn't complain about the training or the support we get." Another said, "Training is really good." Staff explained that they completed regular and refresher training in mandatory areas, such as safeguarding and moving and handling. They also told us that they could apply for additional training courses arranged by the provider. This meant there was a wide range of skills and abilities within the staff team so the diverse needs of people could be fully met. Training records confirmed that staff received regular training in a wide range of areas. Training was up-to-date and systems were in place to identify when people were due to have their training updated.

Staff told us they received regular supervision, in addition to their training. They explained that supervision would usually take place on a three monthly basis with their line manager. They used these meetings as an opportunity to discuss the service and any issues or developments within it. They were also able to discuss their performance and highlight areas for development, including potential training needs. Records showed that staff received regular supervision and that these sessions were used constructively to develop staff performance.

We saw that staff understood the importance of gaining people's consent before providing any care or support. We observed that people were able to choose what they did on a daily basis, for example if an activity was planned, they could choose to attend or not, on the day. People told us that they were able to make their own choices and that staff asked them before providing them with care. One person said, "I have my say. I can choose what I want to do."

Staff confirmed they always asked people for their consent before they undertook any task. One staff member told us, "We always ask for permission before we do anything. People are always given choices. "We looked at people's files and saw that staff regularly documented their discussions around people's decisions and that these discussions focused on supporting the person to make their own choices.

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. The provider told us they had received training on the requirements of the Mental Capacity Act 2005 (MCA) and advised that they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity.

Staff had received training in the Mental Capacity Act (MCA) 2005 and understood about acting in a person's best interests. They respected people's rights to make choices for themselves and encouraged people to maintain their independence. Staff understood mental capacity assessments could be undertaken to identify if a person could make their own decisions. This meant staff understood people's rights to make choices and the action to take if someone's mental condition deteriorated.

The law requires the Care Quality Commission (CQC) to monitor the operation of deprivation of liberty. This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The provider demonstrated a good understanding of Deprivation of Liberty Safeguards (DoLS). The service had nine pending DoLS applications in place at the time of our inspection.

People were supported to have a balanced diet and adequate food and drink. One person told us, "I love the food. It's lovely." A second person laughed and nodded when we asked them if the food was good.

Staff told us they supported people to prepare and cook their meals. One staff member said, "We try to get people to do as much as they are able. Some people enjoy the shopping more and some people enjoy the cooking more."

People had access to snacks and drinks throughout the day and each person was supported to make healthy choices. The provider told us the kitchen was always open and accessible to everyone who used the service and we saw this on the day of our visit. People were supported to decide and plan the menus for the month. They were also supported to undertake the food shopping and preparation and cooking of the meals.

People were weighed regularly and then referred to health professionals if there was a substantial change in weight. We saw in one file that the person had recently had difficulties with swallowing. They had been referred and seen by the Speech and Language Team (SALT). We saw that their advice and guidance had been incorporated into the persons care plan and we observed this being carried out in practice. Staff made sure people had enough to eat and drink by checking and recording what they had eaten each day. This allowed them to notice if people's appetite declined. Staff knew people's dietary preferences and restrictions.

People were supported to maintain good health and had access to health care services. One staff member told us, "We make sure people get all the support they need regarding their health needs."

We saw that each person had comprehensive assessments and care plans regarding their health. These were called Health Action Plans and were available in a pictorial format suitable for people who used the service. We looked, with one person, in depth at their Health Action Plan. They confirmed that they had visited various health care services regularly. They told us, "I have my eyes tested. I'm supposed to wear glasses but I don't like to wear them."

Records demonstrated that people had regular health checks with the dentist, optician and chiropodist. People were also referred for more specialist support and treatment from their psychiatrist, dietician, speech and language therapist and occupational therapists when needed.

Good

Is the service caring?

Our findings

People told us that they were supported by staff that treated them with kindness and compassion. One person said, "I love [name of staff member] and [provider]. A relative said, "The staff are all lovely and I know [relative] likes them all. She gets on well with all of them."

Staff were also positive about the service and the relationships they had developed with people. One staff member told us, "It's very rewarding working here. You develop relationships and become like a family." Another member of staff said, "I love it here. I have never done this work before and now I wouldn't swap it for any other job."

We observed staff communicating with people throughout our inspection. They always took time to ensure people had understood what was said and used eye contact and gentle touch to provide people with support. Staff worked to develop relationships with the people they supported. They told us that it was important to them to get to know people so that they could provide them with the care and support they needed, in the way that they wanted. The provider explained that, for each person, they spent time with them, discussing their needs and interests.

People told us that they had been involved in the development of their care plan and we sat with one person while they showed us their care plan. They knew what was written in it and knew what their goals were. They said that they had been listened to and the care they received was according to their own wishes. They told us, "Its good here. I can do the things I like." Records showed that people had been consulted in the preparation of their care plans and that, once they were written, they had been explained to them and if the person was able they signed to say that they agreed with the content of the plan.

People also told us that the service provided them with the information they needed regarding their care. We were told that people were provided with a guide to the service which included useful information, such as contact details and the complaints procedure. A relative said, "We were given information about the home." For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service could be made available.

People told us that they felt staff treated them with dignity and respect. They told us that staff spoke with them in a polite and respectful way and that they took steps to ensure their privacy was maintained as much as was possible. One person told us, "They all treat me good." A relative told us, "All the staff are respectful and approachable."

Staff confirmed that they respected people's dignity and that privacy and people's rights were important to them. One member of staff gave us examples of how they made sure people's privacy and dignity was respected. They said, "I always cover people up when proving personal care, I always knock on doors and wait to be invited before I enter the room and simple things like making sure the doors and curtains are closed." Another staff member said, "If you treat people how you want to be treated yourself you can't go wrong."

We observed that staff promoted people's privacy and dignity throughout the day of our visit. For example, we saw that staff knocked on people's bedroom doors, announced themselves and waited before entering. Staff spoke with people in a polite way, listening to them and then responding so that people understood them.

Records showed that this approach was reflected in people's care plans and that these areas had been covered in staff induction and on-going training.

Good

Is the service responsive?

Our findings

Before people moved to the service they and their families participated in an assessment to ensure their needs would be met. These were also available in a pictorial format. Information from the initial assessments was used to ensure people received the care and support they needed, to enhance their independence and to make them feel valued. The provider told us, "We try to make the transition go as smoothly as possible. So we try to get as much information as we can." They continued to tell us, "When we assess people for admission we try to involve everyone in their care, families, health professionals and anyone else who is important to the person."

Records showed that involving people and their relatives in the initial assessment ensured that care was planned around people's individual care preferences. For example, we saw that family members were able to provide detailed information about their relatives likes, dislikes and preferences. One relative told us, "Yes I was involved as much as I could be and I was asked for information about [relative]." We saw that this information was used to develop transition and individual care plans. We were told by the provider that by collating all this information before the person arrives at the service helps to make transition easier for them. Care records demonstrated that a detailed transition plan had been completed when people had moved into the service. This included visits to the service, activity participation, overnight stays and weekend visits.

Care plans had been updated to reflect changes to people's care and support to ensure continuity. This had been completed when people's behaviour, medicines or health needs had changed. Staff knew about the changes straight away because the management verbally informed them as well as updated the records The staff then adapted how they supported people to make sure they provided the most appropriate care. Care plans included clear guidance about how people wanted to lead their lives and the support they needed. One person told us, "My care plan says I like to go shopping."

We saw that the needs of one person had recently changed significantly. Staff we spoke with were all aware of this persons current care needs and one staff member said, "[Name of person using the service] situation has changed a lot and we have had to change how we care for her. It's a big change. I do believe that all her needs are met here." We also saw that promoting choice and independence were key factors in how care and support was planned and delivered. For example, we saw on the day that one person had decided not to attend day care services anymore and preferred to take part in activities at the services. This decision had been facilitated and respected by the staff.

The manager told us that they provided people and their families with information about the service as part of the pre-admission assessment. This was in a format that met their communication needs and included a welcome pack with information about the service, the facilities and the support offered.

It was evident that people were protected from the risk of social isolation because people were supported to engage with meaningful community based activities, for example, pursuing hobbies, interests and attending events outside of the service. One person said, "I like to go shopping. The best thing about living here is the

shopping." A relative told us, "I know [relative] has a busy social life. I try to join [relative] in some activities."

We saw there were ample opportunities for people to follow their hobbies and interests. People were supported to go into town, take part in personal shopping trips, baking, bowling, foot spa's, arts and crafts and some people attended day care centres. We also saw that the service had goats and chickens. One person in particular was very fond of animals and regularly helped out with the goats and chickens. They also had a guinea pig which they looked after. This person's relative said, "[Relative] is happiest when they are with the animals. It's so good that there are animals for her to care for. I doubt you would find that anywhere else."

People told us that they were able to complain if they felt they needed to. One person told us, "Oh yes I would tell [provider]." A relative explained, "It a small home and things don't build up and get out of hand. It's sorted before it gets to that stage."

Relatives told us they had a copy of the provider's complaints procedure and we were told that people would be supported to make a complaint if they needed to. There was a pictorial complaints procedure in place to make this process easier for people using the service.

The provider told us there had been no formal complaints made in the previous 12 months and we saw there was a system for recording and dealing with any complaints received by the service.

Good

Is the service well-led?

Our findings

The service had a manager who was also the registered provider. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had an open culture and a welcoming atmosphere. On our arrival we were made to feel welcome by all the staff and we found that some people had left to attend their chosen activities or were in the process of getting ready. Staff were supporting people with kindness and compassion and we saw that there were positive, casual interactions between people and members of staff.

The provider promoted a culture that was well-led and centred on people's needs. People told us how they were involved in decisions about their care and how the service was run. The management and running of the service was 'person centred' with people being consulted about their care and about the service. People were empowered by being actively involved in decision making so the service was run to reflect their needs and preferences. For example, there were regular house meetings where people made decisions about activities and meals as well as regular meetings between individual people and staff members. Families were also supported by the service to ensure the care and support people received remained consistent. People and their relatives were encouraged to comment and make suggestions about the service, through reviews and on a one to one basis with staff.

There was effective communication between people who used the service, relatives, staff and the provider. Staff were also able to contribute to decision making and they were kept informed of people's changing needs. Staff had opportunities to raise any issues about the service which was encouraged at supervision and staff meetings. One staff member said, "This is the best home I have worked in. [Provider] is very supportive and there is good team work." Another member of staff told us there was a culture that made staff feel comfortable about expressing their views and opinions about the service. The provider updated staff on policy developments such as changes to the safeguarding procedures and any best practice guidance that was applicable.

We saw that systems were in place to monitor the quality of the care provided. Frequent quality audits were completed. These included checks of; care records, incidents and accidents, weights, the environment, nutrition and risk assessments. These checks were regularly completed and monitored to ensure and maintain the effectiveness and quality of the care people received.

The registered manager and staff investigated and reviewed incidents and accidents at the service. We saw records that showed the interventions by health care professionals for one person as a result of the auditing and analysing of accidents. .

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.