

Wellesley House Limited

Best Outcomes

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection that took place on the 19 January 2016.

Best Outcomes is a supportive living service for people with a learning disability or mental health diagnosis. Best Outcomes is registered to provide personal care for people in their own home. At the time of the inspection Best Outcomes were supporting three people living in one property.

The service had a registered manager in place. 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. The registered manager was at the property five mornings each week. They were contactable by telephone at other times and an on call service was available outside of office hours.

Relatives of people who used the service told us they thought their relative was safely supported by Best Outcomes. Staff had received training in safeguarding vulnerable adults and knew the correct action to take to protect people from abuse. All staff and relatives said that the registered manager would listen to any concerns raised and take any appropriate action required.

A robust system for staff recruitment, induction and training was in place. Rotas showed that there were enough staff on duty to meet people's needs. This enabled the staff to support people effectively and safely.

Systems were in place to administer and store medication safely. Guidance was provided for staff as to when to administer any 'as required' medicines. People were supported to access health care professionals when required.

Plans were in place in case of an emergency that would affect the running of the service; such as a utility failure.

We saw that the home was clean throughout, with weekly cleaning schedules in place. Policies and procedures were in place for infection control and regular checks were carried out to ensure a high standard of cleanliness was maintained.

The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA). Best interest meetings had taken place where a person who used the service did not have the capacity to make a particular decision.

We saw that individual menus were planned for each person who used the service. We were shown adapted plates with 'lips' on to support people to eat their meals independently and 'non spill' cups that one person used. The systems in place should help ensure that people's nutritional needs were met.

Records we saw showed that people's health needs were clearly documented. Staff members supported people to health appointments due their communication needs.

The people who used the service and their relatives spoke positively about the kindness and caring nature of the staff. Staff demonstrated a clear understanding of people's needs. Throughout the inspection we observed warm and respectful interactions between the people who used the service and staff. The atmosphere at the service was friendly and relaxed.

Person centred care plans and risk assessments were in place. These contained clear information and guidance for staff to support people with the activities they wanted to do and any behavioural support that may be required. The plans were regularly updated to ensure that the information reflected people's current needs.

Care records showed evidence of staff reducing their support for people as they were able to complete more of a task for themselves. We saw that one person had started to access their local community independently.

The service has systems in place to gather feedback about the service. Staff told us that they enjoyed working in the service and the registered manager was approachable and supportive. Regular supervisions and staff meetings were held. Staff were encouraged to contribute to discussions so that consistent support strategies could be agreed.

There was system in place to record, investigate and learn from complaints. Information about how to make a complaint was provided in an 'easyread' format for the people who used the service. Incidents and accidents were reviewed with the staff team so that strategies could be developed for staff to follow to reduce the likelihood of the incident re-occurring.

The policies of the service had not been dated to clearly show that they had been reviewed and were current. The registered manager told us that they would ensure that this was done.

Robust quality assurance audits were in place to monitor the service. Where actions had been identified they had been completed.

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

Relatives of people who used the service told us they thought their relative was safely supported by Best Outcomes. Risk assessments were in place which provided guidance to staff about how to manage identified risks.

Staff had been safely recruited and had received training in safeguarding adults. There were enough staff on duty to meet people's needs.

Medicines were administered safely and people received their medicines as prescribed. Guidance was provided for staff about when to administer 'as required' medication.

Is the service effective?

Good ●

The service was effective.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Best interest meetings were held when a person did not have the capacity to make a particular decision.

Staff had received the induction, training and supervision they required to carry out their roles effectively.

Systems were in place to ensure people's health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives spoke positively about the kindness and caring attitude of the staff. We observed positive interactions between staff and the people who used the service.

Staff we spoke with had a clear understanding of the people's

needs and knew them well.

Is the service responsive?

Good ●

The service was responsive

Person centred plans were in place. The plans were regularly reviewed and contained information to guide staff on the care and support people required.

There was system in place to record, investigate and learn from complaints. Information was provided in an 'easyread' format for the people who used the service.

Is the service well-led?

Good ●

The service was well led.

The service had a manager who was registered with the Care Quality Commission.

People, their relatives and staff spoke positively about the registered manager. They said they were approachable and supportive.

The policies and procedures needed to be dated to show that they had been reviewed and were current.

A robust system of audits was in place to monitor the quality of the service.

Best Outcomes

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 19 January 2016. The provider was given 24 hours' notice because the location was a small supported living home for younger adults; we needed to be sure that someone would be available to provide us with the required information.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications the provider had sent us. We contacted the local Healthwatch organisation and the Local Authority Commissioning team to obtain their views about the provider. No concerns were raised about the service provided by Best Outcomes.

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.

During the inspection we spoke with one person who used the service, three relatives, the registered manager and two members of staff. We observed the interactions between people who used the service and staff.

We looked at the care and medicines records for all three people who used the service. We also looked at a range of records relating to how the service was managed, including three staff personnel files, staff training records, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

All three relatives of people supported by Best Outcomes told us that they thought their relative was safe. One told us, "There were issues with [relative's] last placement. I am very aware of this and have no concerns at all now." Another said, "[Relative] is definitely safe here." One person who used the service told us they felt safe when supported by the staff.

Training records showed that staff had received training in safeguarding vulnerable adults. The staff we spoke with were able to clearly explain the correct action they would take if they witnessed or suspected any abuse taking place. The staff were aware of the service's whistle blowing policy. They stated that the registered manager would act on any concerns raised by staff. We saw a one page guideline for reporting any safeguarding concerns to the local authority in the staff sleep-in room. We checked the system in place for recording and monitoring the people who used the service's finances. This included recording all money received and spent. Receipts were obtained for all expenditure. The money was checked by staff at each shift handover. Bank statements were checked monthly. This should help ensure that the people who used the service were protected from abuse.

We looked at three staff personnel files and saw that a safe system of recruitment was in place. The files we looked at included an application form with a full employment history, two references from the most recent employers, proof of identity documents including a photograph and a criminal records check from the Disclosure and Barring Service (DBS). The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant. We also saw a 'disclosure of any police charges' document which asked staff to state any police charges that they had had in the previous 12 months. The registered manager told us that a 'meet and greet' session was organised so that prospective staff met with the people who used the service as part of the interview process.

We looked at the rotas for the service. One person who used the service required two staff to support them when transferring in to and out of their wheelchair. We saw that there were three members of staff on duty throughout the day and waking night and sleep-in staff at night. The registered manager was at the supported living property each morning throughout the week and was contactable by phone at other times. An on call service was in place to support staff outside of office hours. The registered manager showed us a new rota that was due to be implemented which tailored staff support to the routines and activities of the people who used the service.

The registered manager told us that the home had a policy of not using agency staff. If necessary cover would be found from within the staff team or from staff at the other three homes within the group. If needed the on call manager would cover the shift. This was confirmed by the staff we spoke with.

We looked at the care records for all three people who used the service. The records included risk assessments for within the home, in the community and behavioural risks. Risk management plans provided guidance for staff about the support people required to minimise any identified risks. All risk assessments had been reviewed on a regular basis. When a risk assessment had been updated we saw that they were put

into the staff handover file so that staff would be able to read them.

We saw that one person was supported to be more independent by going to local places in the community on their own. Staff recorded the time they went out, a description of the clothes they were wearing and the time that they returned home. This enabled the person to take positive risks and for staff to manage the risks appropriately.

We saw that appropriate environmental risk assessments were in place to promote the safety of the people who used the service and the staff team. These included night working, supporting people on activities, safe storage of medicines and infection control. We saw that the risk assessments were regularly reviewed.

We found that medicines were administered safely. We saw that a Standard Operating Procedure had been written in consultation with Rochdale NHS. This gave guidance to staff on ordering and disposal of medicines, administration guidelines, storage, changes in medicines, taking medicines off site, consent and refusal and managing errors.

We saw that all staff had received training in the safe administration of medicines. We saw that the registered manager completed observations of staff administering medicines as part of staff supervisions. The records showed that two staff administered medication. This would reduce the possibility of errors occurring.

The care records included information about any 'as required' medicines and guidance for staff as to when it should be administered. The records also included how the people who used the service would inform staff if they were in pain and required pain relief. This included verbal and non-verbal forms of communication. We saw that one person who used the service was prescribed a large number of medicines. These had clearly been written in their file along with what time of day each had to be administered.

We looked at the Medicines Administration Record (MAR) charts for all three people who used the service and found that they were fully completed. We found that the pharmacy had dispensed one medicine differently than that prescribed by the GP (three smaller dose tablets of the same medicine instead of two larger doses). Staff had written on the MAR sheet the new administration directions and two staff had signed the MAR sheet to state that the new instructions were correct. This follows best practice guidelines. However we also saw two medicines where the prescribing instructions had been changed by the GP to 'as required' but the MAR sheet directions had not been changed by the pharmacy. There were also two topical creams that had been prescribed but not included on the MAR sheet by the pharmacy. Staff had hand written the full prescribing instructions on the MAR sheet but two staff had not signed the MAR sheet to confirm that the instructions were correct. The registered manager informed us that two staff would sign any changes to the MAR sheet in future.

We saw that the medicines were securely stored. We saw that staff completed a daily check of all as required medication and that the registered manager completed a monthly medication audit.

We checked the systems that were in place to protect people in the event of an emergency. We saw that one member of staff had been nominated as the fire officer for the service. They explained that their role was to conduct the weekly fire alarm tests and check that all the fire doors closed correctly. Each person had a Personal Emergency Evacuation Plan (PEEP) in place, with a copy kept by both the front and back exits of the property. Records showed that an up to date fire risk assessment was in place. We also saw a procedure for the night staff to follow, including checking that external doors and windows were locked and fire doors were closed. The service had a disaster plan in place and a list of contact numbers for emergency repairs.

was kept in the sleep-in room. Records we looked at showed that regular checks were carried out on gas and electrical items and the water system. This helped to ensure that people were kept safe.

The service had procedures in place to deal with any accidents and incidents. We saw that accident and incident reports were included in the staff handover file so that all staff knew what had happened. The registered manager explained that following incidents the staff team discussed strategies that may support people to have fewer incidents in future. An example was given of a reward scheme that had recently been devised for one person who used the service whereby behavioural goals had been agreed with the person and a reward scheme put in place if they met the goals.

We saw that the home was clean throughout, with weekly cleaning schedules in place. Policies and procedures were in place for infection control and regular checks were carried out to ensure a high standard of cleanliness was maintained. Personal protective equipment was available for staff and we saw records that the registered manager completed observations of staff handwashing techniques. The property was well maintained and we saw a log of any maintenance issues that had been reported to the landlord and the date that any repairs had been completed.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

The staff we spoke with and the registered manager all had a clear understanding of the MCA. Staff explained how they encouraged the people who used the service to make the choices that they were able to make. One staff said, "We leave the car keys near [person who used the service] if they don't want to go out. They think about it for a while and give the keys to you if they want to go out." We saw records from a best interest meeting held for one person around a medical decision. We saw that the medical practitioners, the person's family and the registered manager were all involved in the meeting.

We saw in the staff personnel records that each staff member had completed an induction when they joined the service. For recently employed staff this was the Care Certificate. This is a nationally recognised set of induction standards for the care industry. We saw from the certificates held in the records, and staff confirmed, that they had completed essential training in order to carry out their roles. This included courses in fire awareness, emergency first aid and moving and handling. The registered manager showed us a training matrix which detailed the training staff had attended and the date.

One staff member told us that they had visited one person who used the service in their family home before they moved to the service. Their family were able to provide information to the staff team about the person's needs and behaviours. This meant that the staff were able to get to know the person before they moved to the service. The registered manager told us how one person visited the service before they moved in to get to know the other people who used the service and the staff team. One relative told us, "The staff know [Person who used the service] well."

This meant that staff were provided with the skills and knowledge to help them to deliver safe care.

Staff personnel records showed that a system of regular supervision and appraisal was in place. We noted that training and development was discussed with staff during their supervision, including how the training that the staff had completed applied to their role. Questionnaires about infection control and the administration of medicines were also used as part of staff supervisions. Tasks for staff to complete were set, strategies for managing people's behaviour were discussed and feedback from the registered manager

given.

We looked at the systems in place for ensuring that the nutritional needs of people who used the service were met. We saw that individual menus were planned for each person who used the service. We were shown the picture cards used to support one person to choose the meals that they wanted. One staff member told us, "We talk to [Person who used the service] about healthy eating, but we can't tell [person who used the service] they can't eat things." We saw that a weight monitor chart was used for one person. We were shown adapted plates with 'lips' on to support people to eat their meals independently and 'non spill' cups that one person used. The systems in place should help ensure that people's nutritional needs were met.

Records we saw showed that people's health needs were clearly documented. Each person had an up to date 'hospital passport.' This gave important information for hospital staff in the event that the person had to be admitted to hospital. One person's 'hospital passport' had been completed with input from the hospital's liaison nurse for people with a learning disability. We saw records of visits made to health professionals including the GP, dentist, optician and psychiatrist. Staff members supported people to health appointments due their communication needs. One person told us that the district nurse visited them. One relative told us, "the care is excellent; all appointments are followed up and the staff keep us informed."

We saw that one person used a Seasonal Defective Disorder (SAD) lamp. We were told that this had had a positive impact on the person, with their mood being better this winter than last winter.

We saw that equipment had been obtained for one person who used the service, including a specialist bed with an air flow pressure relief mattress. We saw that one bathroom had been adapted to enable a wheelchair user to have access to the shower.

Is the service caring?

Our findings

All the people we spoke with were positive about the caring nature of the staff at the service. One person said, "The staff are great; they sit and talk with me." A relative said, "[Person who used the service] gets well looked after, is well fed and always looks smart." A comment on a relative's survey we saw stated, "[Person who used the service] is fantastically supported by a very caring, well organised staff team."

Throughout the inspection we observed warm and respectful interactions between the people who used the service and staff. The atmosphere at the service was friendly and relaxed. One person told us, "Staff always ask me if I want a shower. If I say no they will offer a full wash instead."

All the staff we spoke with had a full understanding of people's needs and knew them well. Staff were able to clearly explain how they maintained people's privacy and dignity when they were supporting them.

Staff supported people with their cultural needs, with one person going to go to church when they wanted to attend services. We saw that each person who used the service had personalised their rooms with their own items, furniture and pictures.

The registered manager told us that the first service users meeting was due to be held the week of our inspection. They explained that meetings had not been held previously as there had only been one person using the service until six months ago.

We saw that all care files were stored securely; this helped to ensure the confidentiality of the people who used the service was maintained.

Is the service responsive?

Our findings

From the care records we saw that the service was person centred. The staff members we spoke with had a clear knowledge of person centred care. One staff member said, "It's always putting the person first and having the right support group around them" and, "It's giving people a chance to try new things." Each person had an initial assessment completed by the registered manager. The records also included information from previous providers where applicable and a local authority assessment of need document.

People's personal files contained care plans and risk assessments. These gave clear guidance to staff on what support the people who used the service needed and what people could do for themselves. The plans also included strategies for staff to use when supporting people, for example, with attending appointments or supporting people with their behaviour. A weekly activity planner had been agreed with each person. For one person we saw that the activities were all in the afternoon or evening as they preferred to get up later in the morning.

One person who used the service told us that staff went through their care plan with them. They said, "Staff go through what activities are on so I can choose if I want to go." We saw a weekly activity planner that detailed which staff were supporting people for which activity. This should help ensure that staff were able to form meaningful and caring relationships with the people who used the service.

The care plans were written in a personalised way. One person did not want their photograph included in the care plan and this had been respected and noted in the plan. The records showed that the care plans were updated regularly. We saw one plan whereby the staff were reducing their support as the person was completing more of the task by themselves. One person's care plans were in the process of being updated as their needs had changed significantly. The current care plans and risk assessments were available for staff, however the file required information that was no longer relevant to be archived so that staff could easily access the information they needed.

Staff were informed of any day to day changes in people's needs through daily reports and handover sheets kept in a handover file. These detailed any appointments or activities planned, monitored people's moods and behaviour and when a person had been turned in their bed. Any documents for staff to read and sign such as new incident reports or risk assessments were also kept in the file. The daily handover sheet was used to record daily checks for people's money and medicines and a daily handover meeting took place between staff between shifts.

We saw that an annual review had taken place for the people who used the service. The next review for each person was due to be held in February 2016. The review included a report on the achievements in the previous year and goals for the coming year. The actions required to support people to achieve their goals, and when they had been completed, were recorded. An 'easyread' review report had also been written detailing who was important in the person's life, their likes and dislikes, what represents a good or bad day and what works or does not work for the person.

The service had a complaints policy in place; however no formal complaints had been received. One person told us, "I would speak to [registered manager] or [provider] if I wasn't happy, but I haven't needed to. They would definitely listen to me." We saw in people's records that people had been given information in an 'easyread' format about how to make a complaint.

Is the service well-led?

Our findings

The service had a registered manager in place. They had been registered with the CQC since August 2012. A registered manager is a person who has registered with the CQC 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. The registered manager was at the supported living property each morning throughout the week. Staff and people's relatives told us that the owners of the service also regularly visited the home.

The person who used the service, people's relatives and staff spoke positively about the registered manager. They all said that they were approachable. A relative told us, "[Registered manager] really listens; they have their finger on the pulse and work closely with us (the family)." Another relative said, "I can always speak to [registered manager] or [owners] if I needed to. They would sort out any issues I had." The staff members we spoke with told us that the registered manager always informed the staff team to contact them if they had any concerns or problems. The staff we spoke with all enjoyed working for Best Outcomes. One staff member said, "I love the feel of the home and the people here."

The staff we spoke with said that team meetings were held every two months. Records showed that the people's needs, risk assessments, strategies for how to support people and infection control were all discussed. One staff member told us, "Everyone can have their say. We all think about other people's ideas, they aren't just dismissed."

The service had procedures in place to deal with any accidents or incidents. Accident and incident reports were stored in the staff handover file. The registered manager reviewed these with the staff team and developed strategies that staff could follow to reduce the likelihood of the incident re-occurring.

We looked at the policies and procedures in place at the home. We saw that whilst some were dated within the last 12 months others were not. The registered manager told us that all the policies had been reviewed annually but only those that had been changed had been re-issued and dated. This may mean that staff reading the policies would be unsure if they were the most up to date policy or not. The registered manager said that they would ensure that all policies were signed and dated to show that they had been reviewed and were the correct up to date copy for staff to follow.

We saw that staff had been nominated as leads for the home in key areas such as fire safety, health and safety, infection control and dignity. This was confirmed by the staff we spoke with. For example the health and safety lead told us they checked the hot water temperatures in the property each week.

We asked the registered manager what they considered to be the key achievements of the service since our last inspection. They told us it was having two people successfully move in to the property in the last six months. They said that the key challenge for the service is being a voice for the people who used the service with other professionals to support them to have the services and support they want.

From the records we reviewed we saw that there was a robust system of quality audit procedures in place. This included daily checks completed by staff for people's finances and medicines and weekly safety checks for the fire alarm. The registered manager completed monthly medicines and infection control audits. A six monthly audit which included staff files, safety certificates and equipment servicing was also completed. Records showed that an annual programme to monitor infection control was in place. We saw that action plans were completed when any issues were identified.

We saw that questionnaires had been completed by the people who used the service, with their families support, every three months. The replies in the survey were all positive. One comment from a relative was, "We are so delighted for [person who used the service], he has the best opportunities here (at the service)."