Autism.West Midlands

Wagstaff Way

Inspection report

3 Wagstaff Way
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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
3 Wagstaff Way is registered to provide personal care and accommodation to a maximum of five people. People who live there may have a learning disability and/or autism. At the time of the inspection four people lived at the home.

The service applied the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people who used the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives. People using the service received planned and co-ordinated person-centred support that was appropriate and is inclusive for them.

People's experience of using this service and what we found
People felt safe and were supported by staff who knew how to protect them from avoidable harm. Risks to people's health and well-being were known by staff and had been monitored to promote people's safety. People received their medication as prescribed. Staff were recruited safely and there were enough staff to meet people's needs. The home was visibly clean and observed infection control practices.

People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service achieve the best possible outcomes including, independence and inclusion. People support focused on them having as many opportunities as possible for them to gain new skills and become more independent. The premises presented as a domestic residence. Staff were not required to wear uniform in accord with the domestic orientation of the home.

New staff received induction training to introduce them to their role and the people they were to support. Training had been received by staff and refreshed in line with the provider's timeframes. People were supported by staff who knew them and their needs well. People were encouraged, where possible, to make decisions about their care. People were supported by staff who understood the principles of the Mental Capacity Act 2005. People's nutritional needs had been assessed and guidance was provided for staff about how to encourage people to maintain a healthy diet. Referrals were made to healthcare professionals where required to ensure people's health needs were met.

People and relatives felt staff were caring and treated people with dignity and respect. People were encouraged to develop and maintain their independence skills. Visitors were always made to feel welcome. People were supported by staff to maintain contact with their families.

Assessment and reviews of people's care and support needs were undertaken regularly or as required. People and their relatives were included in these processes to ensure all needs were determined and

addressed. Relatives felt comfortable to raise any complaints they had with the staff or registered manager. Relatives confirmed they were always kept up to date with important information relating to their family member.

People, relatives and external social care professional told us the service was well-led and spoke positively of the overall service provided. Provider feedback processes had been used to gather information about the views of people and relatives about the service provision. The registered manager understood their regulatory responsibilities and their requirement to provide us (CQC) with notifications about important events and incidents that occurred whilst the service was delivering care. The provider had quality assurance systems in place and action had been taken to make improvements where they were required.

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

Rating at last inspection
The last rating for this service was good (published 12 September 2017).
Why we inspected
This was a planned inspection based on the previous rating.

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

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.

Wagstaff Way

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
3 Wagstaff Way is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the CQC. The registered manager and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection
The inspection was unannounced.

Before the inspection,
The provider had not been asked to complete a new 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 reviewed information we had received about the service since the last inspection. We attempted to secure feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used this information to plan our inspection.

During the inspection
We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who have some limitations to their communication skills. We engaged with all four people who used the service and spoke with two relatives about their experience of the care provided. We spoke with two staff, the registered manager, the deputy manager and two external social care professionals. We reviewed a range of records. This included, health action plans and medication records. We looked at two staff files in relation to recruitment and staff supervision, and a variety of records about the management of the service including policies and procedures. We looked at the premises which included two people's bedrooms, the kitchen, the laundry, the main lounge and dining room.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All staff confirmed there were no abuse concerns. One staff member said "Oh no, I would not put up with anything like abuse and bad treatment for the people here. I would report to the manager or higher manager."
- A relative said, "No concerns. They [person's name] would let me know if there was anything wrong."
- All staff had received safeguarding training. The registered manager and staff knew if there were abuse concerns they must notify the local authority safeguarding team and us as is required by law.
- People's money was held in safekeeping. Two people's money was checked and was found to be correct against records maintained. Two staff signed each transaction to confirm that the money held was correct and the money had been properly safeguarded.

Assessing risk, safety monitoring and management

- Assessments had been carried out relating to people's individual risks. These included, behaviours that had potential to cause cuts, bruises and injuries, slips, trips and getting lost when out with staff.
- Staff were aware of people's risks and what to do to lower the risks. A staff member said, "We [staff] try and defuse behaviours before they become serious. We divert people by talking and calm them." Another staff member told us, "When we [staff] support people to go into the community we constantly observe them [people] to make sure they are nearby and safe."
- Window restrictors were used on first floor windows to prevent falls from windows, radiators had been guarded and the fire alarm and other equipment had been serviced as required to ensure it was safe to use.

Staffing and recruitment

- A relative said, "There are enough staff. There is a core group of staff who have worked at the home for a long time. This is good as they know them [person's name] well."
- Staff confirmed there were enough, competent staff to look after people and to keep them safe.
- The registered manager told us of the contingency plans they had in place to cover staff sickness and leave. These included staff working overtime and the use of agency staff. The registered manager told us, "We use the same agency staff so they are familiar with people and their needs." This was confirmed by staff we spoke with.
- Staff confirmed pre- employment checks on staff were undertaken. One staff member told us, "All checks are done. New staff cannot start work until their checks are completed." The registered manager and records confirmed an enhanced Disclosure and Barring Service check [DBS] had been carried out for all staff. Application forms included employment history. However, for some staff only the year had been specified not the month and the year. Without this information it may be difficult to identify any

employment gaps. The registered manager told us they would rectify this. Recruitment checks on staff prior to them commencing in post minimises the chance of unsafe staff being employed.

Using medicines safely

● A staff member told us, "I received medicine management training." Records confirmed staff had received medicine training and their competence was assessed to ensure medicine safety.

● A person said, "The staff give me my tablets. I would tell them off if they forgot." After people accepted their medicines staff signed the Medicine Administration Record [MAR] to confirm people had taken their tablets.

● We counted some tablets against totals on the MARs and found they balanced correctly.

● Short life medicines had been date labelled when opened so staff would know the date they should discard them.

● Protocols had been produced for each person to direct staff in what circumstances 'when required' medicines should be administered.

● The registered manager told us they would make some improvements to medicine systems. Care plans were not used where medicines had been prescribed on a short-term basis including, antibiotics. Care plans for these medicines would highlight to staff what to observe for in case of for example, an allergy towards the medicine.

● Several MARs were handwritten. However, it had not been documented that two staff had checked to ensure what had been handwritten on the MAR was correct to reduce the risk of error.

Preventing and controlling infection

● A staff member told us, "All staff have completed infection prevention and food hygiene training." The registered manager and training records confirmed this.

● Personal protective equipment was available to staff to use. This included disposable gloves and aprons.

●The premises looked visibly clean. A completed compliment form received from an external health professional read, 'Very clean environment.'

Learning lessons when things go wrong

● Staff were aware of the action they must take to report accidents and incidents. A staff member told us, "All incidents, accidents and behaviours are reported to management and documented."

● Processes and systems were used identify patterns or trends regarding accidents and/or incidents to minimise future occurrences.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good.

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

- A person told us, "I think it is good here. I like it." A relative said, "It is very good at the home. Everyone [people and staff] get on well."
- People's needs were assessed before moving into the home. Information gathered formed people's care planning. A social care professional told us, "They [person] needs were fully assessed before they were offered a placement to ensure it was suitable."
- Assessment of need concentrated on people's mobility, health and social needs, activity preferences, behaviours, religious and cultural needs. This meant people could be confident their needs would be met.
- Relatives told us staff included them in their family member's assessment of need processes and care planning. Records confirmed this. This meant relatives were consulted about their family member's support needs and felt involved.

Staff support: induction, training, skills and experience

- A relative said, "The staff are all well trained. They know how to support [person's name] well."
- Staff had received induction training when they started work at the home. A staff member said, "My induction training was good. At first, I worked with experienced staff to get to know the people, their needs and preferred routines."
- The care certificate was available for new staff to work through. Training records confirmed at least one staff member had completed the care certificate. The care certificate is a nationally recognised set of standards that define the knowledge, skills and behaviours of specific job roles in the health and care sectors.
- All staff confirmed training they had received the training the provider deemed as mandatory. One staff member told us, "My training is up to date. I have refresher training every few years."
- The registered manager and training records confirmed some specialist training had been delivered to meet the individual needs of people who lived at the home. This included, autism awareness and fluid and nutrition training.
- Staff told us they received regular supervision from a manager. Supervision records highlighted staff had opportunities to discuss their training needs and professional development during supervision. Staff also told us they had an annual appraisal where their work over the last year was discussed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Consent for care and support had been obtained where possible and was evident in care files.

● People who had capacity had consented to their care and treatment records.

● A person said, "Staff ask me before doing anything. I would tell they off if they didn't." Staff asked people's consent before assisting them. A staff member asked a person if they would like to go out into the community. The person stood up and went out happily with the staff member.

● There were systems in place to ensure people were supported with decisions when needed in line with the MCA.

● The registered manager told us at the present time three people had a DoLS authorisation and we had been informed of this as required by law.

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

● A person told us, "The food here is nice. I have what I want to eat and drink." A staff member said, "All staff know people's food and drink preferences."

● Food stocks were satisfactory with a range of food and drinks, fresh fruit and vegetables. Staff encouraged people to drink fluids throughout the day.

● A person said, "This is nice.". At breakfast and lunchtime staff asked people what they wanted to eat and drink. People helped prepare their meals in the kitchen, then sat at the dining table and ate their meals. They looked calm and happy when eating.

● Staff told us, and records confirmed, referrals had been made to healthcare professionals to promote healthy, safe, eating and drinking. For issues such as weight loss.

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

● A person told us, "I see the doctor and go to the hospital". Relatives told us their family members were supported by staff to attend a range of appointments to help keep them well.

● Staff told us they worked with a wide range of external healthcare professionals to improve outcomes for people.

● Records highlighted, and staff confirmed, all people had an annual health care check to monitor their health and well-being.

● Health action plans were available. Those documents were used for people's health monitoring and to inform hospital staff about people's needs and risks.

● A person confirmed, "I clean my teeth and see the dentist. Oral care plans directed staff how to meet people's oral hygiene needs.

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

●The home was a domestic style house situated in a residential area. A person told us, "I like it here. I feel snug." A relative said, "It is a lovely comfortable home."

●The provision of baths and showers gave people the choice of how they wished their personal hygiene needs to be met.

● Communal areas were homely, warm, bright and furnished to meet people's needs. A smaller lounge allowed people to have some quiet space.

● A relative told us, "Their [person's name] bedroom is unique to them. It is lovely." People's bedrooms were personalised with their belongings. Staff told us where possible they encouraged people to select the colour schemes in their bedrooms.
● Enclosed garden space was available. Access to this could be gained from the rear of the home.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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,
- A person told us, "The staff treat me well."
- Positive interactions between people and staff were observed throughout the day. People were spoken with respectfully by staff and were listened to.
- Staff spoke about people in an affectionate and caring manner. A person had a cold. Staff frequently asked how they were feeling, encouraged the person to rest, stay comfortable and warm.
- Staff we spoke to were sensitive about issues around equality, diversity and human rights. They spoke about personalised care and support, being respectful of people's wants and preferences, and providing opportunities for people.
- A relative said, "The staff really know them [person's name] well. They know what they like to do, what they like to eat and what they like to wear." Staff had good knowledge of the people. They knew their likes, preferences and what made them happy.
- Most people had contact with family and friends. Staff enabled people to visit their families.
- Relatives told us the staff made them feel welcome when they visited.

Respecting and promoting people's privacy, dignity and independence,
- Staff addressed people by their preferred names
- People had their own bedroom which enabled private personal space. Staff told us where ever possible they encouraged people to attend to their own personal hygiene to enhance their privacy and dignity.
- People were dressed in clothing to reflect their individuality and the weather. When people went out staff encouraged them to wear a warm coat.
- People were supported to maintain their independence. Staff encouraged people to eat independently and to take their breakfast dish into the kitchen. Two people vacuumed at different times of the day. They were singing and smiling when doing so. One person told us they independently went out to the shop.

Supporting people to express their views and be involved in making decisions about their care,
- A person said, "The staff do what I want."
- People expressed their views and were listened to. One person told the staff what they wanted to go to the shop and staff enabled them to do this.
- There were systems in place to involve people in decisions about their care. For example, monthly meetings with the person.
- Information was available giving contact details for external, independent advocacy services. Staff told us

they knew how to access advocacy services to support people when making decisions around their care. Records highlighted one person had an advocate in the past and this was confirmed by staff we spoke with.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● An external social care professional told us people had introductory visits to the home prior to them being offered a placement at the home. They said, "This was very useful as it gave them [person's name] and the staff the opportunity to see if the placement could meet their needs. The placement has been good."

● A person told us, "The staff know what I like I tell them. I go to meetings and tell the staff what I want."

● A relative said, "I am always involved in review meetings. The staff listen to my views."

● Records highlighted people's likes and dislikes and other important information. Staff we spoke with were able to tell us what was important to each person including what they liked and did not like.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● A person told us, "The staff understand me, and I understand them."

● A staff member said, "People can understand we [staff] make sure we speak clearly and slowly and face people when we speak."

● People's support plans highlighted the best ways to communicate with them.

● People could mostly all understand what staff said to them. This was confirmed as for example, by staff asking people if they were going out. People got ready to go out this showed their understanding.

●For some people pictures were used as effective communication aids. For example, menus had been produced in picture form. Other people communicated using hand gestures and basic sign language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

●The home was located in a residential street nearby community facilities including, shops and a park. The local area also offered a range of transport opportunities including bus routes. People were supported regularly to take advantage of local amenities.

● One person wanted to purchase some personal items and went out to a local shop. On return they were happy and showed us the items they had purchased.

● A person said, "I go out a lot. I eat out, go shopping and do what I want to." I went on holiday too to Tenerife.

● A relative told us, "They [person's name] do a range of activities. They go to college and evening clubs." Records confirmed this.
● During the day two people were supported to go to college.

Improving care quality in response to complaints or concern
●A complaints procedure including, an easy read version, was available. Easy read is where extracts of key text information is made visual through the use of pictures and/or symbols aimed to give greater understanding.
● A relative said, "I have had no need to make a complaint. I am happy with everything. If I did have a concern I would tell staff and I am sure they would address things well."
● The registered manager told us the stages they would work through if a complaint should be received. This included documentation, investigation, feedback to the complainant and appropriate action taking.

End of life care and support
● The service did not currently support any people who were receiving end of life care.
● Staff told us if there was a need input would be secured from external health care professionals including, the GP and the district nurse team.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service management and leadership was consistent. Quality assurance systems had alerted the provider and registered manager when there were shortfalls in service delivery. This allowed corrective actions to be implemented to improve the service.

Continuous learning improving care and understanding quality performance

●A relative told us, "The service is monitored I think that is why it is good."

● Systems were in place to monitor the quality of the care provided. Audits were carried out for example, on medicine systems and support records by senior staff. Improvements were made where required. The audits were monitored by the registered manager to ensure the service delivered high quality care.

●The provider's compliance team had carried out a full two-day audit of the service in February 2019. They identified that some areas required attention. An action plan had been developed and had been worked through in an order of priority. Most issues had been addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Relatives spoke positively about staff and the support they provided. One relative said, "The staff ask them [family member] what they want and need. The staff really do everything they need to involve them regarding their support needs."

● The staff told us the culture was person centred. A relative commented, "The staff have processes to promote choice they always put them [person's name] first. Records highlighted people were actively involved with their care and support and making independent choices.

● We saw good team work, staff told us there was effective communication between management, staff team and each shift which ensured staff were able to support people well.

● Relatives knew the name of the registered manager and staff. A relative said, "The management are approachable and helpful."

● People knew the registered manager. The registered manager was visible within the service. One person started to chat to the registered manager. The conversation confirmed they were familiar with each other.

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

● The registered manager knew of their responsibilities in terms of regulatory requirements. The registered manager had notified us of any accidents and incidents they were required to by law.

● Staff knew of the provider's whistleblowing procedures. A staff member told us, "I would whistle blow if I felt things were not right." Whistleblowing is a process whereby staff should feel confident to report any bad practice without fear of repercussions.

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

characteristics

● Staff told us they had been encouraged to give their views at staff meetings. A staff member said, "We [staff] are valued and trusted to support people to live the way they wish."

● Staff spoke highly of the management team and felt listened to and included in decisions. For example, one staff member told us when they had made suggestions they had been followed through, such as, trying different activities in the community.

● A relative said "I filled out a form a while back. Everything is good I did not ask for any changes to be made." Provider feedback forms had been completed by relatives and staff.

● Comments made in completed feedback forms were very positive. One comment stated, 'The leadership is excellent. Very professional standards.' Another completed feedback form read, 'We [family] have an excellent relationship with all staff.' A comment made by a staff member read, " Everyone is supportive. The experience of people who live in the home is good."

How the provider understands and acts on the duty of candour

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.

● The registered manager and staff were open in their approach with us during the inspection.

● The registered manager told us if there were issues meetings with people and/or relatives would be arranged to discuss these. Where required the provider told us people would be apologised to.

● Our last inspection rating was on display on the providers web-site and within the home. As is required by law.

Working in partnership with others

●The provider, registered manager and staff worked in partnership with a range of external health and social care professionals. Comments made included, "Staff are always welcoming and professional." Staff work with us well."

● Staff had developed links in the community; in shops, pubs and local colleges for the benefit of people who lived in the home for them to have a wide and varied range of positive life experiences.