

# Supported Homes Limited

## Wrekin Villa

### Inspection report

116 Wrekin Road  
Wellington  
Telford  
Shropshire  
TF1 1RJ

Date of inspection visit:  
02 August 2016

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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

We inspected this home on 02 August 2016. This was an announced Inspection. We gave the registered provider 24 hours notice of our visit to ensure we would be able to speak with people using the service when we arrived for the inspection. The home was registered to provide residential care and accommodation for up to five younger adults. At the time of our inspection the home was full.

A registered manager was in post, and was present throughout our inspection. 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.

All three people we spoke with told us they felt safe. We observed people looking relaxed and comfortable with each other and the staff who were on duty. Relatives we spoke with had complete confidence that their relative was safe. Staff understood their roles and responsibilities to protect people from the risk of potential harm. Staff were aware of the provider's processes for reporting any concerns. There were enough staff to support people safely and recruitment checks were in place to help ensure that the staff employed were safe to work with people.

Staff had been trained to support people effectively. This included learning about the specific needs and conditions people lived with. Staff told us that they received regular supervision and felt supported. More senior staff were always available for them to seek advice and guidance.

People did their own shopping and were supported to plan menus that they liked and which they enjoyed. People were supported when necessary to access a range of health care professionals. People were supported to access information about healthy lifestyles to help them make informed decisions.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be unable to make their own decisions. We observed staff working consistently in line with good practice, which included seeking people's consent before providing any support.

We observed people and staff talking and joking together, as well as talking about matters of concern to each individual. Relatives and health professionals we spoke with were complimentary about the staff team. People had been encouraged to develop skills to help them be more independent and to retain skills they already had. We observed staff ensuring people's privacy and dignity was maintained.

People and their relatives knew how to raise complaints. Where complaints had been raised the registered manager had taken prompt and appropriate action.

There was a registered manager in post who was aware of her responsibilities, and who had the skills and experiences required to enable her to effectively lead this service.

## 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.

Risk assessments had been developed with people that supported them to live full and active lives.

People were supported by adequate numbers of staff, who had received training and were knowledgeable about safe working practices and safeguarding of adults.

Medicines were well managed, and people could be confident they would get the correct medicine as it had been prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the specialist skills, knowledge and experience to meet their needs.

Opportunities were provided for people to maintain good health, to eat and drink food they enjoyed and had chosen and to learn more about healthier lifestyles.

People could be confident their human rights would be protected.

### Is the service caring?

Good ●

The service was caring.

Staff promoted people's independence and protected their dignity and privacy.

People were supported by a team of staff who they liked, and who demonstrated kindness and compassion.

### Is the service responsive?

Good ●

The service was responsive.

The service was focussed on the needs and wishes of each

individual.

People were supported to work or to undertake activities that were of individual interest to them.

Concerns and complaints were identified and investigated quickly. People could be confident their feedback would be listened to and action taken.

### **Is the service well-led?**

**Good** ●

The service was well led.

The service was led by a registered manager who was well regarded and who was aware of her responsibilities.

Systems had been developed to ensure the safety and quality of the service were kept under review. Action was taken to improve and develop the service when this was required.

# Wrekin Villa

## 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 announced inspection took place on 02 August 2016. The inspection was undertaken by one inspector.

We looked at the information we had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider. All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with three of the five people who lived at the home. We spent time observing day to day life and the support people were offered. We spoke with two relatives of people and one care professional to get their views. In addition we spoke at length with the registered manager, the team leader and two care staff.

We sampled some records including parts of two people's care plans and medication administration records to see if people were receiving their care as planned. We sampled one staff recruitment file. We sampled records about training plans, resident and staff meetings, and looked at the registered providers quality assurance and audit records to see how the provider monitored the quality of the service.

# Is the service safe?

## Our findings

All three people we spoke with told us they felt safe living at Wrekin Villa. One person told us, "I feel really happy here." When we asked them what made them feel happy they went on to describe their positive relationship with the other people residing in the home, the staff team and the way the home had been furnished and decorated. Another person told us, "I feel safe and happy here. I've lived here a long time now and have no problems at all." Relatives we spoke with told us they had no concerns for people's safety. One relative told us, "This is one of the few places in [name of person] adult life that I have had peace of mind about him." Another relative told us, "[name of person] considers Wrekin Villa a place of safety. I am confident they are safe there. The staff are very attentive to all sorts of risks, and they recognise signs of change in his condition that might indicate a relapse." The staff we spoke with all told us they had no concerns about people's safety. Staff were able to describe the actions they took and systems in place to ensure people's safety. One member of staff told us, "I have complete confidence about people being safe here."

People living at the home were kept safe by staff who understood their responsibilities of protecting people from abuse. Staff we spoke with told us that they had received safeguarding training. Staff were able to describe signs of abuse and confidently explained how they would respond to safeguarding concerns. We spoke with a team leader who was clear about the action he would take in the event of abuse being disclosed to him. Staff that we spoke with told us who they would report any concerns to and were aware of where information to support them in making a safeguarding alert was on display within the home. The registered manager was aware of the responsibility to identify and report any potential incidents of abuse, and was able to demonstrate and describe what action they had undertaken in response to concerns previously brought to their attention. Professionals we spoke with confirmed that when abuse had been suspected or alleged the registered manager had taken prompt action to report this and that the work they had undertaken to investigate the concerns had been thorough. The knowledge of staff, and policies and procedures within the home would ensure alleged abuse would be taken seriously and the relevant actions taken to keep people safe.

We looked at the ways the home managed risks to people. Staff told us how they encouraged people to be as independent as possible and were able to explain how they tried to balance the risks associated with this independence with people's liberty and rights. People we spoke with had been involved in developing the risk assessments relating to them, and staff were able to describe the actions they took each day to support people take risks and to stay safe. The written plans had been kept under review and updated periodically and when people's needs changed. This style of risk management ensured people were being supported to take risks which in turn helped people to develop independence and to live full and active lives.

People benefitted from a staff team that understood what actions to take in the event of an emergency. People and staff had received training about fire safety, and had been required to put this knowledge into practice recently, when there was a fire at the home. The emergency plans and training had been effective as everybody was aware of how to evacuate the building and did this safely.

There were enough staff to provide support to people when they needed it. We observed staff supporting people with tasks within the home, spending time speaking with people, and helping them to book and undertake community based activities throughout our visit. The recruitment and selection process ensured that staff were recruited safely. Prior to staff commencing in their role a full employment history, criminal records checks and appropriate references had been sought. Staff we spoke with confirmed these checks had taken place. People we spoke with told us they had the opportunity to meet potential new staff members and if they wished, to participate in their interviews. The combination of safe recruitment practices and involving people, ensured people were supported by staff they liked and who were suitable for this work.

Staff supported people with their medicines in the individual way each person required, encouraging each person to be as independent as possible. People were supported or encouraged to collect their own medicines, and to administer the medicine themselves with support from staff. We sampled the Medication Administration Records (MARs) and they had been correctly completed which indicated medication had been given as prescribed. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and when the medicines should be used.

A number of measures had been employed to ensure medicines were managed safely. Competency assessments were being introduced for staff to ensure that staff continued to be able to administer medicines safely. There were also regular audits to ensure any problems or discrepancies would be identified quickly. These audits had not been entirely effective and the registered manager identified ways these could be improved during our inspection. People could be confident their medicines would be well managed, and administered as prescribed.



# Is the service effective?

## Our findings

People were being supported by a team of staff, many of whom had worked at the home for a number of years and who had got to know people's needs well. People told us they felt happy and confident with the support staff offered them. One person we spoke with described the staff as "Helpful and kind." Another person we spoke with described the support staff had given them to make some plans for an activity they would complete later in the week. They told us they felt happy living at Wrekin Villa, and described the support given by the staff team as one of the reasons for their satisfaction.

We were informed that all new staff completed an induction before starting work in the home. We looked at the recruitment records of one recently recruited member of staff and saw records that showed they had completed an induction, worked alongside a more experienced member of staff and had completed the Care Certificate. The Care Certificate is a nationally recognised induction course which aims to provide staff with a general knowledge of good care practice. One of the staff we spoke with described their induction and confirmed when they had completed it they felt confident and ready to work in the home.

Staff described the opportunities provided for them to ensure they were able to provide safe and effective care and support. Staff we spoke with described the training as "effective" and "enjoyable". One member of staff described training they had been supported to undertake that had increased and improved their knowledge about a condition some of the people they were supporting experienced. They described the positive impact this had on their practice, and how they had shared the information with the staff team to ensure everyone had access to the same knowledge and worked with people consistently. The registered provider held regular awards celebrations to acknowledge staff practice when staff had been identified as working in line with best practice or when they had supported people to achieve ambitions and life goals. Some staff showed us information held within the home about current good practice and relevant pieces of research. This helped to ensure staff were continually learning, reviewing and developing their practice to meet people's needs in line with best practice guidelines.

We asked staff if they received regular supervision and they confirmed that they did. Supervision is an important tool which helps to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. Staff told us they felt well supported by their managers and other team members. Staff described staff forums held four times each year, where ideas, concerns or suggestions could be raised by staff for the consideration of the registered provider. There were staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. During our visit we saw staff seeking consent from people for everyday decisions, for example if staff needed to enter their bedrooms. Staff had explored a person's decision to refuse treatment for a specific health condition. Staff had worked with the person and other healthcare professionals to ensure the person had capacity to understand the implications of their decision. The registered manager explained to us that one person chose to sleep during the day and undertake their activities and shopping during the evening and overnight. Arrangements had been made with the staffing of the home to ensure the person still had the support and company of staff when they required and chose it. These were ways of promoting people's independence and personal choice while upholding their human rights.

People we met were supported to plan and shop for the food they liked and choose. People had a wide range of independent cooking skills, but staff support was provided if people needed this. Some people regularly chose foods known to have negative effects on health, and staff had engaged the support of NHS staff to help provide education about healthier alternatives and healthier cooking methods, to ensure that people could make an informed choice about the diet they wished to eat. Staff had supported one person to learn more about the nutritional value of some of their favourite take away foods. This was another way of helping the person eat the foods they like while being aware of the impact it could have on their health.

People had access to a range of health and social care professionals both within the community and those that visited the home. This included general practitioners and community nurses. People were encouraged to book and attend their own health appointments and staff were available to accompany people if needed. When necessary records were kept of the outcome of these appointments to enable staff to keep track of people's health needs. Staff had a good understanding of the mental health needs of the people using the service. They were able to tell us what may trigger a person's mental health to deteriorate and the warning signs of this.

The staff team had developed positive links with local NHS health trainers. These are staff with specialist knowledge about how to promote a healthier lifestyle. We saw that sessions provided had included stopping smoking, exercise and food and nutrition. This provided people with the information they needed to help make decisions about healthy living choices.

## Is the service caring?

### Our findings

People we met appeared comfortable and relaxed at the home. The three people we spoke with all told us they felt happy to be living at Wrekin Villa and included their relationship with other people using the service, their relationship with staff and the management team as key reasons contributing to this. One person told us, "I really like the staff. They are all very helpful and kind." We observed staff treating people with kindness and compassion.

Staff that we spoke with told us they enjoyed supporting people. They were able to describe people's needs in detail, and were aware of the things that may cause people anxiety and how best to distract the person, support them or comfort them when these anxieties were present. The registered manager and members of the staff team had developed close relationships with people's family and friends. Relatives we spoke with described ways that the staff team supported people to maintain good relationships with family and friends. People we spoke with told us they were able to bring friends or family members back to Wrekin Villa, and had on occasions enjoyed meals, parties or barbeques together. This promoted people's sense of belonging and well-being.

People's privacy and dignity was respected. We observed all staff knocking and waiting for permission before entering people's bedrooms. During our visit we observed staff encouraging people to do as much for themselves as possible. People were supported as much they required, but were expected to take the lead in keeping themselves healthy, supplied with adequate food and drinks, and maintaining their home to a good standard. Staff we spoke with were aware of the need to protect and promote people's privacy and dignity. They all described ways they did this which included respecting people's decisions, even when these may not make good sense to the staff member. The registered manager showed us a 'Dignity challenge' tool they had used with staff. The cards identified ten different ways in which people's dignity could be promoted and upheld. The registered manager described the discussions that the cards had prompted amongst the staff team and subtle changes in practice that had resulted.

Relatives we spoke with told us they were welcome to visit the home at any time. One relative told us, "I'm made to feel very welcome there whenever I go to visit." People were supported and encouraged to maintain family links in person, and to use the phone to stay in contact with their family. This helped people maintain relationships with people who were important to them.

## Is the service responsive?

### Our findings

People received care that had been planned to meet their individual needs and preferences. Care plans had been written and reviewed with people. They had been written in a way that helped people work towards greater independence. Staff we spoke with were responsive to the changing needs of people because they knew people well. Staff were able to describe early signs that people may be experiencing a relapse in their condition and were aware of how to intervene and which members of the health team to alert. One of the relatives we spoke with shared examples of how this had worked in practice and described how the prompt action of staff had prevented a serious relapse for their loved one. This knowledge and prompt action meant people were supported to stay well.

People had opportunities to participate in activities that they enjoyed. People living at Wrekin Villa were able to choose, plan and undertake their lifestyle and activities with minimal support from staff. People we met managed their own money, and accessed the community without the support of staff. People described having weekly or daily meetings with staff to help them determine what they needed or wished to do each day. Staff were then able to provide prompts or support if people required this. All of the people we spoke with undertook activities that were of specific interest to them. These included sports activities, eating out and undertaking voluntary work. Staff had supported people to develop skills that would help them live more independently, and described "skills groups" that had run at the home, where people had been supported to learn a new cooking skill for example. A member of staff we spoke with told us, "We try to be 100% focussed on the service users. Trying to help them move to greater independence and self-control of their life." The member of staff went on to describe some of the positive outcomes for people who were currently living at Wrekin Villa, and for people who had lived at the home previously but had now moved on into different accommodation. These included being able to live independently, manage their finances, undertake work and travel without support.

The registered manager and staff team had explored ways in which they could help people feel more connected with their local community. The people living at Wrekin Villa and the staff team had worked together to raise funds for a variety of charitable causes. The registered provider operated another local service in the area. People had been supported to make links with people living there, and this had enabled people to make and maintain friendships.

We asked people about the opportunities provided for them to practice or maintain their faith. One person showed us pictures and literature that were important to them in maintaining their faith. No one wished to attend a place of worship, although people told us they could if they wished to.

We looked at the systems in place to make sure people felt confident to raise any issues, concerns or complaints. The complaints procedure was accessible and available within the home. We tracked the action taken in response to one recent concern that had been raised. We found prompt action had been taken to investigate the concerns, and someone independent of the home had been identified to do this work. This was a way of ensuring the investigation was as independent and open as possible. People told us they had close relationships with their keyworker, or certain staff within the home and would feel confident to raise

any concerns they had. Relatives we spoke with told us they felt confident to approach the manager with any concerns.

## Is the service well-led?

### Our findings

We received consistently positive feedback about the registered manager and the registered provider of this service. One person described the registered manager as, "A star." Another person described the team leader as, "A really good lad." One person spoke with us about the home management and told us, "I can trust them."

Staff we spoke with told us they had full confidence in the registered manager and that the home was well run. Comments from staff included, "I have worked in several places. This has been the best. I have never felt uneasy or unsure. There are clear explanations about everything that is expected of us, and always someone that we can go to for support" and "The management team are all very supportive." One member of staff had been on duty during a recent fire at the home. They described the support they had received from the registered manager and the registered provider following the event. Staff we spoke with praised the registered provider and told us, "The senior managers are all grounded, approachable. They know what good practice is, and there is recognition of good practice with staff awards." Two of the relatives we spoke with mentioned the work the registered manager had undertaken with their loved one over recent years. They told us her input had contributed to people's development and people's conditions becoming more settled and the person making significant personal progress.

The culture of the home was to value people and the unique needs and contributions they could make. Under the direction of the registered manager the staff team had supported people to make links within the local community, that included for one person the opportunity to obtain 'The Queens Golden Jubilee Award.' The person described the pleasure they obtained from participating in gardening with a local volunteer group. The staff we spoke with and the person's relative described the positive impact this had on the person's self-esteem as well as providing them with an opportunity to participate in an activity they enjoyed and were good at.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. Our inspection visit and discussions with the registered manager identified that they understood their responsibilities and felt well supported by the registered provider. The registered manager described ways in which they were keeping themselves up to date with changes to regulations introduced in April 2015. The registered manager described meetings and events organised by the registered provider to ensure registered managers could receive training and share ideas and good practice. The registered provider had developed audits based on the inspection methods used by the Care Quality Commission. This had helped the registered manager and registered provider identify areas in which the home was meeting people's needs well, and where they could concentrate efforts to further improve. This ensured people were benefitting from a service that was complying with the law, and was continually looking for ways to develop and improve.

Staff we spoke with were clear about the leadership structure within the service. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that staff meetings

were held regularly. Staff we spoke with told us these provided an opportunity for staff to raise ideas and suggestions, and to receive training and support. The registered manager showed us agenda's and minutes of these meetings, which showed they had looked at good practice at other services and ways in which this could be implemented at Wrekin Villa, themes and trends noted by the registered provider across the organisation as well as 'hot topics'. These were described as anything that was currently relevant within Adult Social Care, and which would increase staff knowledge or awareness of a certain issue.

There were processes in place for monitoring and improving the service. When adverse events occurred these had been recorded and analysed by both the registered manager and registered provider's quality team. Whenever possible action had been taken to prevent a similar incident from recurring. The registered provider had established a quality team who had undertaken audits of the service. These ensured the service was meeting people's needs as well as compliance with the regulations.

There were systems in place to review people's care records and check they contained information necessary to meet people's current needs. Individual care records had been regularly reviewed. Therefore staff had access to information which enabled them to provide a quality of care which met people's needs and wishes. All the records we asked for had been maintained in good order and were easily available.