Progress Adult Living Services LLP

Wellcroft House

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 inspection took place on 11 March 2016 and was unannounced. The provider is registered to provide accommodation and personal care for up to six people who are transitioning into adult care services. People living at the home have a learning disability, autism and some people had additional sensory and physical impairments. On the day of our inspection six people lived at the home.

At our last inspection of 15 April 2014 the provider was meeting all the regulations we assessed.

There was a manager in post and she was present during 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 and associated Regulations about how the service is run.
People showed us that they felt safe in the company of staff. Staff knew how to identify harm and abuse and had been trained on how to report and protect people from harm or abuse.

People were supported to take part in everyday living tasks and to do the things that they enjoyed. The risks associated with these activities were well managed so that people could undertake these safely and without any restrictions. Staff told us their training was up to date and that they had the support that enabled them to deliver care safely. We saw staff understood people's needs and helped them to follow their chosen lifestyles and achieve their goals.

Staff supported people to remain healthy and well and to have their medicines at the right time to promote good health. People liked the food and had choices of what they ate. They were involved in the preparation of their meals and ate at the times they preferred.

People were asked for their permission before staff provided care and support so that people were able to consent to their care. Where people were unable to consent to their care because they did not have the mental capacity to do this, decisions were made in their best interests. Staff worked in a way that meant people received care and support in the least restrictive way to meet people's needs. The registered manager had considered where people's liberty may need to be restricted to keep them safe.

People had positive and meaningful relationships with staff who knew them well. Staff were attentive and caring towards people. Staff used people's preferred communication to ensure their individual choices were fully respected. People's dignity and privacy needs were met with the provision of equipment they needed to support their needs.

People were actively supported to follow their own daily routines and interests. Staff had supported people to express their views on the care provided and this had led to their care being tailored to meet their needs.

There was a complaints policy in place and staff were aware how they could support people to

communicate if they were unhappy about something. We also saw that people had named family or representatives to advocate for them.

Regular checks had been undertaken to maintain the quality of the service. The registered manager had actively looked at ways to benefit the lives of people living at the home. Staffing was organised to accommodate people's lifestyles and choices. Staff had the support and training they needed to be able to understand and meet people's complex needs and promote their quality of life.

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.

People were protected from the risk of harm or abuse by staff who had been trained to recognise and report concerns.

Potential risks to people's well-being were very well managed.

Staffing levels ensured people were safe and could enjoy their chosen lifestyle.

People received their medicines when they needed them and in a way that was safe.

Is the service effective?

Good

The service was effective.

Staff had received the training they needed to support people effectively.

People were asked for their consent in ways they understood.

People had been involved in menu planning to ensure that they liked the meals offered. People received support to stay healthy and well.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect by staff who knew people well and understood their likes and dislikes. Staff had positive caring relationships with people.

People's privacy and dignity was respected and their independence promoted.

People were supported to maintain relationships with their family and friends.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to any changes in people's needs and they ensured people consistently received the support they needed.

People chose how they spent their time and were supported to follow their own recreational interests.

Staff recognised their role in supporting people to make a complaint if they were unhappy.

Is the service well-led?

Good

The service was well led.

The manager's inclusive style placed people at the centre of their focus so that everything revolved around people's needs.

The quality of the service was monitored and focused on enhancing the lives of people living in the home. The provider had made continuous improvements to benefit people.

Wellcroft House

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 11 March 2016 was unannounced and was carried out by one inspector.

We looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of serious injuries to people receiving care and any safeguarding matters. We asked for information about the home from the local authority who is responsible for monitoring the quality and funding of people who live there.

We met four of the six people who lived at the home. Not all of the people were able to share their experiences due to their complex needs. 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 could not talk with us. We observed the delivery of care to people at different periods during the day to capture their responses both verbal and via facial expressions and gestures. We observed the lunch time meal and daily activities. We spoke with the registered manager, the deputy, two staff members and a person on placement. We spoke with two people's families by telephone following the inspection to obtain their views. We looked at the care and medicine records for three people, the accident and incident records, staff training, complaints records, and records related to the quality monitoring systems.

Good

Is the service safe?

Our findings

Relatives we spoke with told us they had no concerns about people's safety. One relative told us, "The staff are lovely to people; really take care of them and make sure they are safe".

People showed us they felt safe in the company of staff. We saw throughout the day that people who lived in the home regularly sought out staff and looked comfortable in their presence. We heard a person regularly seek and get reassurance from staff when they felt anxious. We heard from staff how they recognised people's anxieties and we saw they were proactive in trying to comfort and distract people.

Staff had training and information on how to protect people from abuse. They could tell us what signs might indicate a person was being abused and about situations that could cause harm to people. Staff knew how to report any concerns if they suspected someone had been harmed or abused. One staff member told us, "We know when people are communicating they were afraid, unhappy or sad; their body language and behaviour would indicate something was wrong and I would report it". The registered manager knew how to report incidents of abuse to the local authority.

Staff had an excellent knowledge of risks and how to manage these. One staff member told us, "We look at everything that might be a risk; seek advice from external professionals and make adjustments so that people are in a safe environment". Another staff member told us, "We have clear care plans and risk assessments which we read and regularly discuss any changes". We saw that clear strategies were in place to support people with their behaviour which could include self-harm. Risk assessments identified risks to people's safety. Staff were able to tell us how they recognised the signs of increased anxiety and self-harming behaviours and how to manage these. This showed there was a person centred approach to people's individual behaviour and safety needs. Risks within the environment had been identified and managed to ensure people's safety centred on their individual needs.

We saw that staff employed consistent strategies throughout the day to support people to undertake everyday activities whilst reducing risks to their safety. We saw people were supported to use the kitchen with risks being minimised such as reducing distractions and ensuring staff support was available to the person. We saw staff reduce the causes of behaviour where they could by, for example, respecting people's space and protecting people's 'structure' so that they followed their own routines.

The registered manager had a consistent approach to the review of people's safety. This included an analysis of accident and incident reports. People had been referred for professional assessment for aids and equipment to keep them safe; this included appropriate seating for use at mealtimes to prevent the risk of choking. The registered manager had systems in place to check on the safety of the premises so that equipment was tested regularly. Each person had a personal emergency evacuation plan which showed how they should be supported in the event of a fire. This provided essential information to both staff and the fire service so that they could support the person in the right way to alleviate their distress.

We spoke with a newly recruited staff member who told us, "All checks were completed before I started

work. This included a police check, references and proof of my identity". We saw from staff records that documentary evidence was in place to confirm proof of identity and a check had been completed with the Disclosure and Barring Service (DBS) before staff commenced work. A DBS check identifies if a person has any criminal convictions or has been banned from working with people.

A relative told us, "There is always enough staff when I have visited". Staff told us they had sufficient staffing levels to enable them to provide people's care safely. We saw staff support people to participate in the routines of the day such as domestic tasks or chosen activities. We saw people's needs were met in a timely and unrushed manner. Staff were highly visible to re-direct people's behaviours and manage their anxieties to reduce harm to their wellbeing and safety. Staffing levels were kept under review by the registered manager and included additional staffing where people's support needs identified this to keep them safe. On-call arrangements in emergencies were in place. We saw evidence that people had been supported by additional staffing levels to undertake trips and holidays and support them with a lifestyle of their choosing.

Due to people's complex needs they had been assessed as unable to manage their medicines independently. Staff knew when people were experiencing pain and might need their 'when required' medicine. A person was upset and distressed and we were able to see from their records that a pain relief medicine had been administered. We saw that people's communication methods had been recorded so that staff could tell from their body language or gestures if they were experiencing pain. We saw protocols and supporting information was in place to guide staff on the circumstances of when to provide 'as required' medicines. A staff member told us, "We know how people express pain or discomfort and how they like to take their medicines and this is written in their care plan". This ensured people only had their medicine when they needed them. We found medicines were safely secured and medicine records completed correctly. We saw the ordering, storing and checking of medicines was safe. We checked the balance of people's medicines and these matched their records. The registered manager had systems in place to audit medicines which allowed staff to pick up any errors quickly. The most recent audit of medicines carried out by the external suppling pharmacist showed that practices were safe. Staff and records we saw confirmed that staff had been trained to administer people's medicines.

Good

Is the service effective?

Our findings

Our observations showed us that the support and assistance provided to people was effective in meeting their needs. We saw staff supported people to live their lives in the way that they chose and looked at positive and proactive ways of supporting people's quality of life.

Staff spoken with told us they were supported to deliver effective care to people. We spoke with one staff member who had recently started work at the home. They told us they had an induction which included working alongside other staff so they were supported to learn about people and their needs. The staff member told us, "I have a mentor who supports me; I had time to read people's care plans and understand how to manage any risks". We saw the provider had implemented the new Care Certificate to enhance their induction processes further. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care. There was documentary evidence to show all of the staff had a development plan and regular support. A staff member told us, "This is a lovely home to work in and a lovely supportive staff team". The registered manager told us, "We have processes in place to support staff training and development". We saw staff had attended a variety of training and additional training in autism, epilepsy and behaviour management. All of the staff we spoke with were happy the training helped them to meet the complex needs of people they supported. We saw staff had the skills to communicate with people and used some Makaton [a system of standard signs and hand signals] to support people's communication. We saw staff had the necessary skills and knowledge to support people with autism and understanding some people's reparative and compulsive behaviours. Staff responded to a person who was displaying self-harming behaviours and we saw they followed the strategy which was reflected in the person's care plan.

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 interest 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.

Staff understood the principles of the MCA and sought people's consent and accepted when people declined support. One staff member told us, "We always seek people's consent; we explain and wait for them to respond, this might be verbally or facially or through gestures". We saw people got up at different times and ate their breakfast when they wanted to. A relative we spoke with told us, "The staff involve and ask me if any decisions need to be made". Where people were unable to make decisions for themselves regarding Flu vaccinations or other healthcare decisions best interest decisions had been made. The involvement of the person's representative and health professionals was evident.

Staff understood it was unlawful to restrict people's liberty unless authorised to do so. We saw the registered

manager had taken appropriate action to restrict people's movements for their safety via the use of a DoLS authorisation. Staff could describe the restrictions in place for people. People's movements were not restricted and they moved around the home freely. One staff member told us, "We don't restrict people's liberty unless it is for their safety". We saw that where lap straps were in use to support people's sitting position staff were clear about how these should be used so that people's movement was not unnecessarily restricted. This was recorded in their care plan to include how the person communicated they want to be unstrapped. These actions reduced the risk of people having their everyday rights unlawfully restricted.

People were supported with their nutritional needs. Menus were available in pictorial form to aid people to choose what they wanted. People accessed the kitchen to prepare their food. We saw staff provided 'hand over hand' guidance to enable people to prepare their food. Snacks between meals were readily available and staff responded to people who requested a snack. At lunchtime we heard staff offering choices to people. Staff understood people's dietary needs and their preferences. We saw people were appropriately supported in line with their eating plans; soft and pureed diets were presented and people had appropriate plate guards and cutlery to aid independent eating. Appropriate seating was evident to enhance the position of people and avoid the risk of choking. Recommendations from the dietician and speech and language therapist were followed to ensure people had their meals and drinks in a way they could manage. We heard staff regularly ask people if they enjoyed their meal or wanted more. We heard one person say, "nice" when asked if they liked it, other people showed through their animated behaviour that they were enjoying their meal.

Relatives told us they had no concerns about how staff managed people's healthcare. One relative said, "I'm very happy that staff follow up any health issues". A variety of health professionals were involved with people's health needs and referrals to specialist health care were evident. All consultations had been recorded so it was clear what the concerns were and the steps needed to maintain someone's health. Staff we spoke with were well informed of health issues and could describe how they supported people with these. We saw preventative healthcare action was in place which included regular reviews of people's medicines and emotional health. Each person had up to date information on how they expressed pain, how their health needs were met, by whom and the frequency. This enabled staff to share important information with health professionals to ensure continuity with their health needs.

Good

Is the service caring?

Our findings

Relatives were consistently positive in their comments about the caring nature of staff. One relative told us, "I can see they genuinely care about [name] and [name] has a lovely relationship with them."

People were able to make it clear to us they were happy at the home. People actively sought out staff indicating they wished to be in their presence. We saw people were confident to approach staff, sit closely with staff and that they responded to staff being tactile with them; holding their hand or stroking their arm. There was a continual high level of engagement with people; we saw people smiled, vocalised and touched staff which demonstrated their desire to share in interactions.

Staff we spoke with consistently spoke about and referred to people in a caring, positive and respectful way showing they had a high regard for people and their desires. We saw for example, that staff had supported people with things that mattered to them; one person had been supported to attend annual rock festivals. A staff member told us, "We tried it first because we knew music was important, [name's] response was fantastic; loves the whole live experience, it's lovely to see".

We saw staff supported people in a caring way; they were patient and understood the need to explain and go at the person's pace. One person who was distressed was comforted by staff and reassured. A staff member told us, "Lately [name] has been very unsure and needs a lot of reassurance". We saw staff regularly responded in a caring way towards the person when they were showing distress. Staff listened patiently and we saw they stroked the person's hand, we saw they checked their own understanding by repeating back to the person to establish what they wanted. This process was repeated by all of the staff which displayed a caring culture amongst the staff team. A relative told us, "The staff are very caring, patient and give lots of attention to people, it's lovely".

We observed that staff always acknowledged people because they understood their communication and their behaviour. Staff took practical action to relieve people's distress or discomfort by re directing them and giving them options. For example we heard staff reassure a person that they could sit in the conservatory if the lounge was too busy. The person gave us a 'thumbs up' and a 'yes' when we asked them if they were happier sitting on their own.

One person exhibited specific behaviours and we saw staff understood what these behaviours were communicating [for example, I don't want to see you]. Staff provided the person with space and said, "When you're ready we'll go to your room". We saw the person responded to this approach which showed staff worked in a person centred way to relieve people's distress or discomfort. A staff member told us, "People communicate in lots of different ways and understanding them helps to lessen their frustration".

Staff used a variety of communication aids to support people's understanding. Information was shared and explained with people using picture cards, easy read and use of computer technology. A staff member told us, "We have a keyworker meeting and sit with people individually and use the computer to present information to them". This enabled people to receive information and express their choices in a way they

understood. We saw the minutes of resident meetings were produced in formats people could understand and clearly captured people's views. We saw people attended their review meetings and were involved in their care planning, as far as they were able.

Staff recognised what mattered to people and made them happy; one person showed us their hat and we asked who had bought it, the person said, "Staff". We heard from staff how they had replaced a Christmas celebrations novelty hat that the person had become attached to for a hat they could wear daily. When asked if they liked their new hat they told us, "Nice hat". One person was supported every day to access items they favoured. A staff member told us, "We respect the fact that [name] gets comfort from this and make sure [name] has these items".
We observed that people were supported to express their views about their daily living arrangements and lifestyles. People were involved in decisions during the day with choices being offered to them about what they ate, where they ate and how they spent their time. People's personal care routines had been explored so that they could direct their own care routines and preferences such as decisions about whether they preferred a shower or bath, or what time suited them best, had been documented. People had designated key workers that were responsible for reviewing their care on a regular basis.

People's independence was promoted; people were involved in daily chores such as cooking, laundry and shopping. People's personal 'goals' were respected and we saw they had care plans in place which identified 'Things that are important to me'. Staff supported people to do the things they wanted to do such as helping to prepare their own breakfast. People had the equipment they needed to protect their dignity and privacy; en-suite bathing facilities and ceiling track hoists meant people's personal care could be fully provided in their bedroom thus protecting their privacy and dignity.

Arrangements were in place to support people with their personal mail, bank accounts and finances. Staff were able to describe to us how they sought input from advocacy services to represent people's interests where they were unable to do this for themselves. We saw that the services of an advocate had been utilised to represent people's interests.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us that they were confident people had the right care and support that they needed. A relative said, "I'm very happy that staff provide the right care for [name] and that [name] has lots of opportunities to do the things they want to do".

Our observations showed that people received consistent care and support that was responsive to their individual needs. The day was organised around people's individual needs and staff took positive action to ensure people's goals and wishes were being addressed. People were seen to direct their daily activities; we saw a person supported to prepare their breakfast and two people had been supported to attend college. A person was being supported to seek a work experience placement because this was what they had identified in their care review.

People were supported to use and maintain links with the wider community to attend activities they were interested in and not just those related to their disability. For example we saw people had trips, holidays, had attended music concerts, the theatre, swimming, museums, drama clubs and horse riding. People had been involved in planning and deciding a variety of social and recreational pursuits that they wished to engage in, one person was interested in gardening and this was being looked into. Spontaneous activity was evident on a daily basis because we saw staff accommodated people's wishes to go out for a walk or a drive. People had access to their own transport which enabled them to access places more easily. We saw activities and pastimes focused on each individual who led the way in what they wanted to do. For example there were opportunities for people to listen to music, watch DVD's and TV. We also saw individuals specific needs had been catered for so that they had sensory items in their bedrooms to enjoy which we saw they used on the day.

A relative told us, "We are always made welcome". A staff member told us how they supported people to email their relatives to keep in contact. This ensured people were supported to maintain relationships that were important to them.

We saw people's care plans were personal to them, descriptive and had considered their complex needs in relation to conditions such as autism, epilepsy, and behavioural needs. We found that continual assessment of people's needs and consideration of people's autism and diversity was evident. For example, environmental factors that could cause a risk to people had been taken into account. Access to water, electricity cables and objects that could be consumed had been minimised in response to people's behaviours and the need to provide a safe environment.

People's needs were regularly reviewed with them and their relatives. External specialists had contributed to the way staff worked with people. Staff were knowledgeable about people's care needs and able to give detailed explanations about people's needs as well as their life history and likes and dislikes.

The complaints procedure was available in a format suited to people's needs. Some people would be unlikely to use this due to their level of understanding. Staff were aware of the signs to look for if people

were expressing they were unhappy about something and told us they would address this. Information about how people communicated they were unhappy was available in their care plans and people had a family or representatives to advocate for them. Relatives told us they were confident their complaint would be listened to. There was a complaints process for receiving and responding to any complaints, no complaints had been made about the home.

Good

Is the service well-led?

Our findings

All the people we met indicated they knew and liked the registered manager. A relative told us, "We have good contact with the manager". Staff told us the registered manager supported them in all aspects of their work. A staff member told us, "She puts people first, works alongside us and is always doing the best for people".

We saw the registered manager knew people well and that they interacted with her on a regular basis showing they had a positive relationship with her. We saw people reacted in an animated way when she was present; vocalising or talking with her. We saw she was inclusive in her approach; she engaged with people in a way they understood.

The registered manager and staff team promoted a person-centred approach to people's care needs. She and the staff team had a clear set of values which they put into practice. This was evidenced by the positive interactions we observed between staff and the people they supported. We saw there was a high level of involvement of people in their own care; directing their own routines for the day and identifying their goals. There were no rigid routines; people had flexibility and control and the registered manager had proactively supported people with meaningful opportunities. A staff member told us, "We aim to support people with their skills and focus on what people need to promote their independence, the registered manager supports us to do that".

We saw people were involved in how the home was run in a way that was meaningful to them. For example staff demonstrated an understanding of equality and diversity. This was reflected in their practice by supporting people to make their own choices about their everyday opportunities and to say what they wanted or liked. These values had been used to shape the delivery of people's care. Staff ensured all aspects of people's care such as their dignity, independence, safety and life choices were respected. We saw that people's views had been sought through regular meetings so that people could say what they wanted and action to meet requests had been taken such as providing a holidayand attendance at events of people's choice. We saw people were the central focus and everything revolved around their needs. Staffing levels ensured that people had the support and supervision they needed to keep them safe and get the support they needed to enjoy their choices.

The provider had ensured that the views of people and their families had been regularly sought via surveys. The results of these told us that people were very happy with the care provided. External professionals had made positive comments regarding how the home was managing people's complex needs, one comment was, "As always the care and support that is provided by the staff team at Wellcroft House is outstanding". Staff who had been placed at the home to develop their skills described the staff team as, 'outstanding'. One person commented, " I absolutely loved working there, both the staff and residents where fantastic"

Staff were aware of whistle blowing procedures and how to report concerns about the conduct of colleagues or other professionals. Staff were confident that the registered manager would support them with any concerns. A staff member told us, "All of us are committed to the people here, we would not

tolerate any injustice or poor care". We saw that staff were highly motivated, received the training and support they needed to meet people's needs and they worked extremely well as a team. Staff reported they loved working in the home. Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service. The registered manager was aware of this requirement. The manager had kept themselves up to date with new developments and requirements in the care sector. Our discussions with the registered manager showed she was aware of the new Care Certificate and had introduced this with new starters to improve the induction process.

Quality assurance and monitoring of the home was established and carried out both on a daily basis and via regular audits. Records showed the provider visited the home on a regular basis to monitor, check and review the standards of care. We discussed with the registered manager their plans for the future. In response to people's changing needs the provider had begun the process of improving the communal space to enable them to continue to meet people's needs. New flooring was in place and the sensory room was being refurbished. The large conservatory had been redecorated and provided additional space for people to utilise. Plans were in place to provide a sensory garden for people to enjoy.