

Wellbeing Care Limited

Wellbeing Care Support Services

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 

Overall summary

This inspection took place on 29 September 2015 and was unannounced.

At the inspection on 2 April 2015, we asked the provider to take action to make improvements in the quality of care plans and risk assessments, staff training and the governance of the service. They provided us with an action plan of how these matters would be addressed. At this inspection we found that the action plans had been completed.

The service provides personal care and support to adult with a learning disability who live in flats rented independently from the provider. On the day of our inspection five people were receiving support from the service.

The manager had applied to the Care Quality Commission to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

People were safe because staff understood their roles and responsibilities in managing risk and identifying abuse. People's care needs were identified in care plans which clearly described their needs and assessed risks which they may encounter.

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide care and support to people in ways they needed and preferred.

People were supported by staff to manage their health needs. Staff supported people to have sufficient food and drink that met their individual needs.

People were treated with kindness and respect by staff who knew them well. They knew and understood people as individuals.

People were supported to engage and socialise with other people living locally. This included pursuing their hobbies and engaging in voluntary activity.

There was an open culture and the management team demonstrated good leadership skills. Staff morale was good, they were enthusiastic about their roles and they felt valued.

The management team had systems in place to check and audit the quality of the service. The service was seeking the views of people as to the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were sufficient staff with the correct skills.

Risk to people were assessed and actions taken to minimise assessed risks.

People's medicines were managed safely by staff that had been trained.

Good



Is the service effective?

Staff received the support and training they required to give them the knowledge to carry out their roles and responsibilities.

Where people lacked capacity appropriate decision making processes were in place.

People's health and nutritional needs were met by staff who understood how people preferred to receive support.

Good



Is the service caring?

The service was caring.

People and their relatives were positive about the way in which care and support was provided

Staff were knowledgeable about people's needs, preferences and personal circumstances.

People were treated with respect and their privacy and dignity maintained.

Good



Is the service responsive?

The service was responsive.

People had been involved in deciding how their care was assessed, planned and delivered.

There was a system for investigating complaints and responding to identified failures.

Staff understood people's interests and supported them to take part in activities that were meaningful to them.

Good



Is the service well-led?

The service was well-led.

The service was run by a management team that promoted an open culture and demonstrated a commitment to provide a service that put people at the centre of what they did.

Staff were provided with the support and guidance to provide a high standard of care and support.
Staff morale was good.

There were systems in place to monitor the quality of the service provided.

Good



Wellbeing Care Support Services

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 29 September 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send to us by law.

We also looked at information sent to us from others, for example the local authority. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with two people who used the service. Other people were unable to speak with us directly because they had limited verbal communication. We used informal observations to evaluate people’s experiences and help us assess how their needs were being met. We also observed how staff interacted with people. We spoke with two care staff, the team leader, the manager and operations manager.

We looked at four people’s care records and information relating to the management of the service such as staff training records and quality monitoring audits.

After the inspection we spoke with two relatives of people living in the service.

Is the service safe?

Our findings

People told us they felt safe living in the service. A relative told us, “It is much better than it was, [relative] is looked after.”

Our inspection of 21 July had found that risk to people from receiving care and support were not adequately assessed or managed.

At this inspection we found there were systems in place for assessing and managing risk. Where risks were identified these were assessed and action taken to minimise the risk. For example a moving and handling risk assessment contained clear details of the equipment to be used. Staff were able to tell us specific areas of risk for individuals, including things that could cause distress. Risk assessments clearly guided staff on how to support people to benefit from activities such as accessing the local community whilst minimising the risk to the individual and others. Care records contained a range of risk assessment covering social activities, health issues and potential risks because of individual behaviours.

There were suitable arrangements to safeguard people against the risks of abuse which included reporting procedures and a whistleblowing process. The team leader showed us information on abuse in an easy read format which they were giving to people’s key workers to discuss with them on a one to one basis. This was to ensure that people understood what constituted abuse and what to do if it occurred. Advice about how to report concerns was displayed in communal areas and included contact details for the relevant local authority.

Staff we spoke with were able to confidently explain the signs of abuse and how they would report it. One member

of staff said, “If I had any concerns I would report them, I know where the contact details are.” The manager had previously informed the local authority of a safeguarding concern and taken action to ensure the person’s safety.

Staff told us there were sufficient staff to meet people’s care and support needs. They told us that because they supported the same person regularly this meant that got to know their individual needs. Staff also explained how they worked flexibly to provide support, for example where one person usually had one to one care but needed two carers to provide support for personal care.

Safe and effective recruitment practices were followed to ensure staff were of good character, fit for the role and able to meet people’s needs. Training records showed that staff had received training in skills required to provide care and support safely, for example manual handling and safeguarding adults. Staff had also received training to meet the specific needs of people they supported, for example epilepsy and breakaway. There were plans in place for further training specific to the needs of people using the service such as managing challenging behaviour. The manager also discussed with us plans to include people in the selection of new staff.

A relative told us how the care staff were working with their relative’s psychiatrist to reduce the medicines received by their relative. They said they had noticed an improvement in their relative’s demeanour and that they were more vocal. Records confirmed this reduction. This demonstrated that the service was not using medicines to control people’s behaviour.

People were supported to take their medicines by staff trained to administer medicines safely. There were suitable arrangements for the safe storage, management and disposal of people’s medicines.

Is the service effective?

Our findings

Our inspection of 2 April 2015 had found that the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received appropriate training, development and supervision.

At this inspection we found that staff had received appropriate training and were supported to perform their roles and meet people's needs. Care staff told us that they received monthly supervision from a senior member of staff where they were able to discuss any problems they encountered. They told us they were supported to obtain relevant qualifications and received training relevant to their role such as moving and handling techniques and medicines administration. Records confirmed that staff had received training relevant to their role such as moving and handling and safeguarding adults.

Our inspection of 2 April 2015 also found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans did not contain mental capacity assessments or best interest decisions.

At this inspection we found that care plans had been reviewed and contained appropriate information regarding a person's ability to consent. Where a person was not able to make a decision, best interest decisions had been taken. The service recognised that a person's ability to make a decision may fluctuate. We saw that, where this was the case, actions to be taken by staff had been discussed with the person when they were best able to understand the decision they were making.

We observed staff asked people for their consent before providing care and support. When visiting people in their homes, staff asked for people's permission before entering. Staff had received training in the Mental Capacity Act 2005 and were able to explain how the requirements worked in practice. Where a person had previously received the support of an advocacy service but this had lapsed the service had contacted the advocate for the person to receive further support.

One person who was supported by the service and had difficulty maintaining a healthy weight explained to us how the service was supporting them to lose weight and enjoy physical activities such as swimming. A relative told us how they had observed staff ensuring that food, "Looked nice on the plate," before serving. People were involved in their menu choices and were supported to have the food of their choice. One person had worked with staff to produce a four week menu plan. This was available in their home in an easy read format. Staff told us they used the menu plan to support the person to plan their shopping and cook the food of their choice. Staff were aware of people's food preferences and dietary needs for example, what a person could eat who had high cholesterol.

People were supported to maintain good health and access relevant healthcare service were necessary. Staff helped people to understand, manage and cope with their health needs by sharing information and supporting them at appointments. A relative told us how staff were supporting their relative to access professional support.

Is the service caring?

Our findings

People told us they were happy with the support provided and that they were treated with dignity and respect. One person said, “I am going out a lot more.” Another said, “Without the carers I do not know how I would manage.” They also told us how the staff had helped them programme their new telephone.

We saw that staff supported people in a kind, patient and respectful way. They clearly knew the people they supported very well and had established positive and caring relationships with them. One member of staff told us, “It’s like supporting a friend.” On the day of our inspection the weather was good and we observed staff and people who lived in adjoining flats deciding where to go out for the day. Everybody, staff and people being supported, were involved and were able to express their preference.

Relatives were also positive about the way in which care and support was provided. One told us, “There is a lot more things being put in place. They phoned me recently and asked if it was OK to plan a holiday with [relative].”

We saw people had a designated key worker. A care worker who was the key worker for one person told us, “I have built up a good relationship with [person]. I know their day to day goings on and the details of their care plan.” They went on to describe how they felt the person was happier and more confident since they had been working with them as their key worker and were obviously proud of their role in providing support to this person. We observed interactions between the person and their key worker and saw they were relaxed and comfortable in each other’s company.

Not everybody being supported fully understood their care plan but the team leader and care staff tried to involve people at the level the person was able to engage. One of the roles of the key worker was to discuss a person’s care plan with them regularly and ensure it was meeting the person’s needs. This meant that the person reviewing the care plan with the person living in the service knew the person and any changes in their care needs.

The service had recently worked with Suffolk Council dignity advisors to produce a ‘dignity tree’. People and staff had recorded on this tree what was good about being supported by the service. People living in the service showed us the tree and were proud of their contribution. Work was on-going within the service to use the feedback recorded on the tree to improve the service.

The team leader told us, and records confirmed that people were supported to be as independent as they wanted to be in a way that best suited their needs and personal circumstances. For example, we saw that people were supported to manage their finances where appropriate and decide how to prioritise spending in areas that were important to them. Another person was supported to perform voluntary work in the local community.

Staff knocked on doors and asked permission before entering people’s flats. A member of staff commented, “The flats are their own homes, I would not walk in without asking.”

Is the service responsive?

Our findings

Our inspection of 2 April 2015 had found that the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans did not reflect how people would like to receive their care and support.

At this inspection we found that the care plans were individualised and person centred. One person showed us where their care plan was kept in their flat and demonstrated that they knew its contents. Staff explained to us how the key-worker scheme supported people to be involved with their care plan. This included a review of the care plan by the person and their key worker. We looked at four people's care records and saw that they contained clear information about people's needs and how they were met. This included information on the person's hobbies and interests and how they were supported to pursue these.

Staff told us that each person had a keyworker who made sure the individual got what they needed and did what they wanted to do. For example, one member of staff who was a person's key worker told us how they had supported the person to set up their tablet computer.

The service provided individualised care which was responsive to people's needs. One person told us they were hoping to move to different accommodation and be more independent. Staff told us that they had been supporting the person to access the local community and undertake voluntary work. This had developed their confidence which in turn had meant they were able to do more independently. Records confirmed that the amount of support the person was receiving had been gradually reduced.

Staff were aware of people's individual preferences about what they liked to do and where they liked to go. For example, one person was supported to attend regular swimming classes at a time and place which suited their needs. Another person collected a particular item. Staff were aware of this and had supported them with displaying the items in their flat.

Staff supported people to develop relationships with others. One the day of our inspection people living in the flats had got together and supported by staff had decided where to go out for the day together. We saw that a recent barbeque had been organised for all the people living in the flats and staff.

Our inspection of 2 April 2015 had found that the service was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was not a complaints procedure in place.

The provider now had a process in place to deal with complaints. This was displayed in the communal areas of the building and was also available in an easy read format to make it accessible for those using the service. Staff also told us that the complaints procedure had been explained to people and discussed with them at their key worker meetings. There had been no formal complaints since this procedure had been instigated.

People told us that meetings for people living in the service had been held where they could raise any concerns or discuss improvement to the service. One person told us about a particular issue that they had raised at a recent meeting. Staff were aware of their request and the manager was taking action with regard to their request. The team leader told us that it was planned for these meetings to become a regular occurrence.

Is the service well-led?

Our findings

Our inspection of 2 April 2015 had found that the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were no systems in place to assess, monitor and improve the quality of the service. The manager had told us that these systems were in preparation.

At this inspection we found that the provider had introduced systems to carry out checks and audits. The overall management of the service had also been re-organised. The provider had employed an area manager who carried out regular provider audits, a manager who had oversight of the running of this service and another of the provider's services and a team leader who was in charge of the daily running of the service.

The area manager visited the service regularly and carried out a variety of checks to enable them to monitor the quality of the service being provided. We saw that these included an audit of a sample of care plans, speaking with staff to check their understanding of safeguarding and medicines audits to ensure correct procedures were being followed. We saw examples of these audits and saw that where deficiencies were found action was taken to address these.

The manager was visible in the service. They had introduced a clear vision and set of values which promoted person centred care, independence and empowerment. We found these were clearly understood and put into practice by staff in a way that promoted a positive and inclusive culture which benefitted everybody receiving support from the service. A relative told us, "There is a lot more things being put in place".

Staff told us that the management team emphasised the importance of supporting people with choice and independence. One staff member said, "Any problems I will ask the manger". Another said, "The care has got better now there is a structure and direction."

Staff told us and records confirmed that regular meetings were held for management, staff and people living in the service. One person told us about an issue they had raised at a meeting which they felt was being addressed. Staff told us they valued these meetings and they were, "Definitely a two way conversation." They went on to say that problems were usually sorted out before formal meetings because of the availability of the management team.

The manager told us how they were ensuring that their knowledge was up to date so that people received care according to best practice. This included attending relevant external courses and engaging with the local authority dignity team.