

## Individual Care Services

# Individual Care Services - 11 Wembrook Close

### Inspection report

11 Wembrook Close  
Nuneaton  
Warwickshire  
CV11 4LJ

Tel: 01527857280

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20 April 2017

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### Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

11 Wembrook Close provides care and accommodation for up to four people with a diagnosis of a learning disability or autistic spectrum disorder. Three ladies lived at the home at the time of our visit.

We previously carried out an announced comprehensive inspection of this service on 25 November 2016, when we found two breaches of the legal requirements. This was because the provider did not always respond appropriately and in good time to support people's changing needs, and systems and processes to identify and assess risks to the health and safety of people who use the service were not implemented consistently. As a result of the breaches and the impact this had on people who lived at 11 Wembrook Close, we rated the key questions of 'Effective' and 'Well-led' as 'Requires improvement'. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Individual Care Services - 11 Wembrook Close' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to each breach. We undertook a focused inspection on the 20 April 2017 to check that they had followed their plan and to confirm they now met the legal requirements. We gave the provider 24 hours notice that we would be visiting to ensure that people and staff would be available to speak with us. At this inspection we found the requirements had been met.

There was a registered manager in post. 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.

The registered manager had appointed a deputy manager and was recruiting a team leader to provide leadership within the home. New staff had been recruited to ensure people received consistent care from staff they knew.

Staff felt more effective in their roles because the registered manager was committed to providing them with the training and development to support their everyday practice.

Where there were changes in people's health and wellbeing, they were promptly referred to other healthcare professionals. Advice given by external healthcare professionals was followed and recorded in people's records. Records supported the exchange of information to ensure people's mental and physical health was maintained.

People received the food and drinks they preferred and staff knew who required special diets.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff monitored people who could not

communicate verbally to ensure they were consenting to the support being offered.

The management team carried out regular checks to ensure the safety of the environment and the standard of care people received was maintained.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was effective.

Staff felt supported to deliver effective care because the provider was developing a programme of training and development to support their everyday practice. Where there were changes in people's health and wellbeing, appropriate advice was sought from other healthcare professionals. Staff maintained records to evidence that advice by healthcare professionals was implemented. Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making.

### Is the service well-led?

Good ●

The service was well-led.

Since our last inspection visit the provider had taken action to improve the management structure of the home. New staff had been recruited which meant people received care from a more consistent staff team. Staff felt more supported in their roles which had raised staff morale. The maintenance of records had improved and provided information to confirm people's care needs were being met safely and effectively.

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## **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.

We undertook a focused inspection of 11 Wembrook Close on 20 April 2017. This inspection checked that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 25 November 2016 had been made. We inspected the service against two of the five questions we ask about services: 'Is the service effective?' and 'Is a service well-led?' This is because the service was not meeting legal requirements in relation to those questions.

The inspection was undertaken by one inspector and was announced. We gave the service 24 hours notice that we would be visiting. This was because it was a small service and we needed to be sure that people and staff would be available to speak with us.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

During our inspection visit we spoke with one person who used the service, three staff, the deputy manager and the registered manager.

We reviewed two people's care plans and daily records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

# Is the service effective?

## Our findings

At our last inspection in November 2016 we found staff had not received up to date training and consistent support to monitor their everyday practice. Records did not evidence that prompt action had always been taken when changes in people's health and well-being were identified. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe care and treatment. At this inspection we found improvements had been made.

The registered manager told us that recruitment of new staff had been a priority since our last inspection visit, and now all but one part time vacancy had been filled, they could concentrate on training and developing the staff team. They told us the provider was investigating new ways of delivering training and some senior staff had been identified for 'train the trainer' development so they could deliver training to staff on site. They explained, "There is a lot of work going on around training and how we can deliver it more effectively."

New staff completed an induction to ensure they understood their role and responsibilities. The induction included training in areas the provider considered essential and a period of working alongside more experienced workers. One new member of staff told us they had 'shadowed' more experienced staff for two weeks and this gave them the confidence to deliver the care people needed. They explained, "I didn't know the three ladies and everybody's care needs are different. It gave me a good understanding and I got to know the ladies before starting to work with them alone."

The Care Certificate is a set of minimum standards for care workers to perform their duties and should be covered as part of induction training. The registered manager told us that new staff would start working towards the Care Certificate. They explained the provider was training a senior member of staff to deliver the Care Certificate training and to assess whether staff had achieved the standards required.

Since our last inspection staff had received training in areas such as data protection, manual handling, medication and person centred care. The registered manager explained that each member of staff was given targets for completing specified training within set timescales. They stressed that training targets needed to be achievable and add value to staff practice. One staff member told us, "I've been set a lot of training in my last supervision and new staff are coming in and doing quite a lot of training."

The registered manager told us they were also organising training specific to the medical and health needs of the people living in the home. The week following our visit a member of the mental health team was attending a staff meeting so they could give person specific advice about behavioural support and de-escalation techniques to support the delivery of care within the home. Some staff had recently signed up to complete a level 2 diploma in mental health awareness through a local college.

Staff spoke positively about the training now being offered and told us this was supplemented by regular opportunities to talk with the registered manager in one to one meetings. One member of staff told us, "It is very good because it gives you a chance to have an in depth talk with the manager. My last two have lasted

over an hour."

At our last inspection we identified one person who had lost a significant amount of weight who had not been referred to a healthcare professional in a timely way. Records the healthcare professional had requested staff to complete, were not sufficiently detailed to provide accurate information.

At this inspection we identified two people who had experienced changes in their health. In both cases action had been taken to ensure they received appropriate healthcare support to maintain their health and wellbeing.

For one person, there had been an increase in episodes of sickness which could have resulted in weight loss. The person had been referred to the GP who had prescribed medicines and dietary supplements to support this person during these episodes. The registered manager had prepared detailed instructions as to when these should be given to ensure the person's calorific intake was maintained.

Where there were specific instructions from healthcare professionals to support people's health, records demonstrated these were being followed. For example, staff had been advised to elevate one person's legs regularly because they were at risk of swelling. Records confirmed staff were doing this on a daily basis.

Where people were being supported by a dietician, staff completed food and fluid charts. Where foods had been fortified with extra calories, this was recorded on the chart. Two people who had previously lost weight had gained weight over the last few weeks, and the dietician had now advised that one person no longer required a fortified diet.

People received the food and drinks they preferred. Staff knew who required special diets such as a pureed diet or food cut up into small pieces. One person's care plan stated that if they refused a meal, they should be offered an alternative a little bit later. Records confirmed that this was being done.

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. Care records showed that people who lacked mental capacity had an assessment carried out so that specific decisions made regarding their health and welfare would be made in their best interests.

People who could not communicate verbally had communication passports which provided information about how they may express choices. For one person, this involved using objects of reference such as a coat to ask whether they wanted to go out. Staff told us they monitored those people who could not communicate verbally to ensure they were consenting to the support being offered. One staff member explained, "We read their body language and facial expression. I know [person] doesn't want anything to eat because she will screw her face up and turn away."

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). The provider had assessed each individual's care and support arrangements and had, on this basis, made DoLS applications for all of the people living at the home.

# Is the service well-led?

## Our findings

At our last inspection in November 2016 we found improvements were required in the management of the home. The manager was managing two other services within the provider group and there was no clear leadership when the manager was not there. There was no deputy manager in post and no senior staff to lead shifts. Due to a lack of staff, there was a high use of agency staff to maintain staffing levels. Staff morale was low and the lack of consistency of staff impacted negatively on the people who lived at 11 Wembrook Close. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good governance. At this inspection we found the provider had taken action to improve the management of the service.

The manager now only had responsibility for one other service and in February 2017 they had completed their registration with the CQC. A deputy manager had been appointed who had previous experience of working for the provider. The post of team leader had been advertised and the registered manager was due to commence the interview process within 10 days of our inspection visit. New staff had been recruited and only one part time position for 10 hours remained outstanding. The service no longer used agency staff to ensure staffing levels were maintained.

The registered manager was confident the actions taken had been beneficial for the service as a whole. They told us, "Staff morale has improved because they aren't burnt out because we didn't have enough staff. It has improved the service users' support because their opportunities and outcomes are being met." They went on to explain that because staff numbers had increased, they had more flexibility to cover annual leave and sickness and ensure staff did not have to work so many weekends. When the registered manager and deputy manager were not available, staff had access to 24 hour on-call management support.

All the staff we spoke were positive about the action taken by the provider. They said the leadership within the home had improved and staff numbers had increased. One staff member told us, "Before, staff were drained.....the staffing levels have gone up and now [registered manager] is here, things have been put into place." Another member of staff explained, "It is 100% better now with more staff. Everybody is more relaxed and not under pressure. We see a lot more of [registered manager] now."

Staff also told us that a more consistent staff team had made a positive impact on the people who lived at the home. One staff member explained, "People build a bond with staff and they get upset when they leave. If faces are coming and going it is unsettling for them. They are getting used to familiar faces again." Staff also told us they were now able to do more activities with people. Comments included: "We go out every single day now. Today we are going out together, but we can take them out individually as well" and, "I think it is better for them because they are doing more which makes them happier and makes the challenging behaviours few and far between."

We spoke with one of the people who lived in the home. They knew who the registered manager was and told us, "I adore her", and that they would talk to her if they had any concerns. They were also able to tell us the names of all three staff on duty. From their interactions with staff, it was clear they had developed



friendly and caring relationships with them.

At our last visit we found where accidents and incidents had been recorded, it was not clear what investigation had taken place to identify the cause or to minimise the risks of a re-occurrence. At this visit we found improvements had been made in the recording and management of accidents. For example, one person had sustained a graze to their knee. The registered manager had examined the person's bed and wheelchair to check it had not been caused by any of the equipment they used. Accident and incident forms were then sent to the provider's head office where they were checked to ensure all appropriate action had been taken to reduce the risks and keep people and staff safe.

At our last visit we found records were not being maintained so it was not clear whether people received the care set out in their care plans. Since that visit the provider had delivered training to staff in recording and reporting and introduced new paperwork. Staff told us the paperwork was now kept in one place which made it easier to keep more accurate records. The records we looked at were more detailed, up to date and confirmed the care people received.

Staff felt more supported and told us they had opportunities to talk to the registered manager in one to one meetings and team meetings. One staff member told us, "They (meetings) are quite good. They are relaxed and we all discuss our points of view." We looked at the minutes of the last two meetings and found they were an opportunity to discuss changes in policy, any improvements that needed to be made and any changes in the individual needs of people. The minutes were detailed and clear to read.

There had been changes to some of the provider's policies and procedures. These had been discussed with staff who were given copies to update their employee handbooks. This ensured staff worked consistently and in line with the policies.

The registered manager told us people were involved in making decisions and choices on a daily basis, and keyworkers ensured they received care and support that met their individual needs. However, now there was more stability within the home, the registered manager told us they wanted to further develop people's involvement in running the service. They explained they planned to do this by engaging people in more meetings and the recruitment of new staff.

Since our last visit the registered manager had sent quality questionnaires to relatives and healthcare professionals who visited the home. The response had been poor, but those people who had responded indicated a high level of satisfaction with the quality of care provided. One relative had responded, "We are very pleased – can't praise the staff enough for the excellent care they provide to [person]." A healthcare professional had written, "It is always pleasant to attend this unit."

The management team carried out regular checks to ensure the safety of the environment and the standard of care people received was maintained. These included checks of equipment, medicines, and records. Where issues had been identified, we saw actions had been taken. During our inspection visit we found the home was clean, tidy and well maintained and in good decorative order.