

HF Trust Limited

Wrekin Cottage - Telford (West Midlands)

Inspection report

Forbes Close
Ironbridge
Telford
Shropshire
TF7 5LE

Tel: 01952432065

Date of inspection visit:
09 April 2019

Date of publication:
30 May 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Wrekin Cottage is a residential care home that accommodates up to 16 people living with learning disabilities or autistic spectrum disorder. At the time of our inspection there were 15 people living at the home.

The care service had not been developed or designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This was because Wrekin Cottage provided accommodation for up to 16 people, some of whom were expected to use shared facilities including bathrooms and communal areas. Wrekin Cottage was located within a 'campus' style location which contained other care homes with day centre facilities also on site.

People's experience of using this service:

The provider had not assessed and mitigated risks effectively to minimise the potential of harm to people using services.

Infection prevention and control processes were not effective in reducing the risk of communicable illnesses.

People were not always treated with dignity or respect as they were expected to use defective facilities.

The provider did not have effective quality monitoring processes in place to identify and drive 'good' care.

People received safe support with their medicines by competent staff members. The provider had systems in place to respond to any medicine errors should they occur. The provider completed regular checks to ensure people received the right medicine at the right time.

People were protected from the risks of abuse and ill-treatment as the staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people.

People had individual personal evacuation plans and staff members were aware of the necessary action they should take in the event of an emergency.

The provider, and management team, had good links with the local communities within which people lived. The provider had systems in place to ensure the Care Quality Commission was notified of significant events in a timely manner and in accordance with their registration.

The provider supported staff in providing effective care for people through relevant training and one-to-one supervision and support.

Staff members were knowledgeable about the relevant legislations that informed their practice and supported the rights of those receiving services from Wrekin Cottage.

People were referred for additional healthcare services when required. People were supported to maintain a healthy diet by a staff team which knew their individual preferences.

People received help and support from a kind and compassionate staff team with whom they had positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability. People were supported to develop their independence.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

More information in Detailed Findings below.

Rating at last inspection:

At the last inspection Wrekin Cottage was rated 'Good' (Published 14 October 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection, 'Good.'

Enforcement:

Please see the 'action we have told provider to take' section towards the end of the report.

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Wrekin Cottage - Telford (West Midlands)

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

One inspector completed this inspection.

Service and service type:

Wrekin Cottage is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection took place on 9 April 2019 and was announced.

We gave the service 24 hours' notice of the inspection visit because they provide services to younger adults who are often out during the day. We needed to be sure that they would be in.

What we did:

Before our inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which

may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with six people who received services from Wrekin Cottage and one relative. In addition, we spoke with the registered manager, four care staff members and the regional manager. We spoke with the provider's surveyor and a fire and rescue representative on the phone during the inspection. Following the inspection, we also spoke with the operations manager on the phone.

We reviewed a range of records. This included three people's care and support plans and medication records. We confirmed the safe recruitment of two staff members and reviewed records relating to the provider's quality monitoring, health and safety and staff training.

Is the service safe?

Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Some regulations were not met.

Assessing risk, safety monitoring and management.

- The provider's systems and processes did not always keep people safe when receiving services at Wrekin Cottage. For example, we saw fire doors without the advised intumescent strips or cold smoke seals. We saw one fire door with holes in it where door furniture had been removed, which compromised its effectiveness in the event of a fire.
- We saw one bathroom with a broken bath panel with an exposed sharp edge. The registered manager told us this was due to be repaired but could not tell us when the planned repair was due to be completed. The registered manager acted to take this room out of order after we raised concerns with them.
- We saw hot water radiator pipes throughout the building, which included people's private bedrooms and the communal bathrooms. These pipes fed hot water into radiators and were not covered putting people at risk of burns. Following our inspection site visit, the registered manager told us they had sourced appropriate covering for the hot water pipes.
- One person had two portable oil filled radiators in their bedroom. Both radiators were hot to the touch. The registered manager told us they had not completed a risk assessment for the use of these pieces of equipment. They went on to tell us the person who resided in this room had a specific medical condition where they were prone to sudden falls which put them at further risk of injury. Following our inspection site visit, the registered manager told us the person's heating system had been fixed and the radiators had been removed.
- We saw a potentially overloaded extension lead with a portable radiator plugged into it along with three other pieces of electrical equipment. When we asked the registered manager about this they expressed surprise that this extension lead was in use and its safe use had not been assessed. The registered manager confirmed with us, following our inspection site visit, this extension lead had been removed.

Preventing and controlling infection.

- The provider did not have effective infection prevention and control systems or practices in place. For example, we saw radiator covers throughout Wrekin Cottage with extensive rusting. This prevented effective cleaning as the wipeable surface had been compromised.
- We saw the material covering chairs in communal areas was ripped which prevented effective cleaning.
- We saw toilet and bathroom light pull cords did not have protective sheathing and were stained. We saw window blind pull cords contained a dust like covering indicating a lack of effective cleaning.
- We saw one shower room where the water sealant was compromised and exposed the joints between the tiles and shower tray. We saw grouting in the shower room was compromised which prevented effective cleaning.
- We saw several of the communal toilets with missing toilet seats resulting in people having to sit on the porcelain.

- We saw chipped chrome on bathroom taps and rust on toilet grab rails which prevented effective cleaning.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to any potential concerns. One person said, "Everyone (staff) are just fine and I have no fears with any of them."
- Information was available to people and staff on how to report any concerns.
- The provider had made appropriate notifications to the local authority to keep people safe.
- People and staff members had received specific training on fire safety and knew what to do in the event of an emergency to keep people safe. One person told us they had recently completed a fire evacuation drill and knew where to go and to wait for instructions.

Staffing and recruitment.

- People told us, and we saw, there were enough staff to safely and promptly support them when they required assistance. One person said, "I get specific one on one hours and this is never missed. I know what I am doing and when. It is also good to have a named person as this helps me get used to them."
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely.

- People were safely supported with their medicines by a trained and competent staff team.
- One person told us they could manage their medicines themselves but were not confident to do it safely. They said, "I know what medicine I take. I keep an eye on them (staff) just to make sure they get it right."
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigations into the error and, if needed, retraining of staff members. At this inspection, we saw the registered manager identify an error in the administration instruction for one medicine. They contacted the prescriber and the error was corrected.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members we spoke with were aware of these guidelines.

Learning lessons when things go wrong.

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accidents and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and feedback confirmed this.

Staff support: induction, training, skills and experience.

- People were supported by a well-trained staff team who felt supported by the provider and the management team. Staff members we spoke with told us they received regular support and supervision sessions. These were opportunities for staff members to discuss their performance and any concerns related to their work or personal development.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, adult safeguarding and fire safety.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively. One staff member told us about the training they had completed since starting with Wrekin Cottage. They said, "When we first start here we are all expected to complete some basic training like health and safety and food hygiene. If we have any questions we can always go to [registered manager's name] or any of the staff for help. We are a good team and support each other."
- People we spoke with believed the staff who supported them were knowledgeable and skilful in the roles they provided.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Supporting people to eat and drink enough with choice in a balanced diet.

- People we spoke with told us they didn't need any specific assistance with eating or drinking but they were encouraged to follow a healthy diet. One person said, "I have lost some weight which I am proud of. They (staff) help me make some good choices."
- People had a choice of meals and helped to prepare a weekly menu. One person said, "We all chip in with ideas about what to eat. I like pasta, but I can have what I want."

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

- All the staff members we spoke with had a clear understanding of The Mental Capacity Act 2005 (MCA) and how this was effectively applied to those they worked with to ensure their rights were maintained.
- 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 with appropriate legal authority.
- In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles

of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications.

- People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do to protect the individual's rights. Decision specific mental capacity assessments were completed. The management team and staff members knew how to follow the principles of the best interest process in relation to decisions about people's care and treatment. When it was appropriate, people had access to independent advocates.
- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.

One person talked through their care and support plan with us. They told us this was an accurate reflection of the care and support they received. They went on to say they look at their care plan regularly to make sure it is right.

- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equality Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious and cultural diets and preferences.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff members had effective and efficient communication systems in place to share appropriate information with other healthcare professionals when it was appropriate. We saw detailed records of conversations and visits concerning people and any medical visits or assessments.

Supporting people to live healthier lives, access healthcare services and support.

- People had access to healthcare provisions when they needed it and were promptly referred. One person told us they saw a specialist on a regular basis who reviewed their medicine to make sure they were right. Another person told us they went to the dentist and could see a GP if they needed one. They went on to say, "If I am feeling poorly they (staff) will always make an appointment for me and go with me for some support."
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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

- People told us they made decisions regarding the decoration schemes and use of pictures around their home. All those we spoke with told us they could move freely around their home and there was sufficient signage to assist with their orientation.

Is the service caring?

Our findings

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

Requires Improvement: ☐ People were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence.

- People told us they were treated with respect and their privacy was supported by staff members. However, we saw the systems and management processes at Wrekin Cottage did not support the dignified provision of care. For example, we saw people were expected to sit on toilets with missing toilet seats. They were expected to shower and bathe whilst using broken pieces of equipment which were visibly stained. We saw one bathroom where two broken toilet seats were leaning against the toilet wall. These concerns showed us people were not treated in a dignified way by those responsible for providing personal care and accommodation.
- We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- People were supported to retain their independence. One person said, "I love cooking. A couple of time a week I take over the kitchen and cook meals for myself and (friend's name)."

Ensuring people are well treated and supported.

- People told us they were treated with care by a compassionate and respectful staff team. Those we spoke with described the staff members supporting them as, "Fantastic", "Kind," and "The best."
- All those we spoke with were complimentary about the staff supporting them and the management team.
- All staff members we spoke with talked about those they supported with fondness and compassion.
- People were supported at time of upset and when they were anxious. One person told us "I know when I am getting a little wound up. I know I get a little difficult and I just need people and staff to give me some space. I usually go to my room and this is how I like it. After a while someone will come and see if I am ok and if I am not I just ask them to go away again. This is the best way for me to deal with things and I know staff are there if I want them."

Supporting people to express their views and be involved in making decisions about their care.

- People told us they were supported to be involved in making decisions about their care. This included, but was not limited to, what they wanted to do, who they wanted to support them and where they wanted to go.
- Staff members we spoke with knew those they supported well and could tell us what people's individual preferences were.
- As part of the care assessment making process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw recorded people's protected

characteristics and how staff members and the management team assisted them to retain their individual identities.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People, and if needed those close to them, were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. One person said, "I did my care plan again just the other week. I can sit with [staff member's names] and we chat. I like to go through it point by point just to make sure they (staff) have got it right." All those we spoke with were happy with their involvement and amount of detail contained in these plans.
- When it was appropriate relatives were kept informed about changes to people's health and needs.
- People told us they enjoyed the activities they took part in and found them to be interesting and stimulating. At this inspection, we saw people attending day services, helping to prepare lunch, playing games and completing puzzles. When people expressed a preferred faith or religion this was supported by staff members. People were supported to attend their place of worship where they had built positive and supportive relationships.
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans reflected advice and guidance from visiting healthcare professionals.
- People had information presented in a way that they found accessible and, in a format, that they could easily comprehend. This included easy to read documents with pictures to assist people's understanding of what was being written. The management team were aware of the accessible information standards and were in the process of implementing the standards as part of people's individual reviews of care. The Accessible Information Standards set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns.

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support.

- Wrekin Cottage was not supporting anyone who had been identified at the end of their life at this inspection. The registered manager told us should this be the case in the future, they would use their care and support planning to identify the person's preferences. They would also engage the services of other specialist healthcare professionals to ensure the person's needs and wishes were met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires Improvement: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Continuous learning and improving care.

- The management team did not have effective systems in place to identify and drive good care. For example, we saw one environmental risk assessment regarding the effectiveness of fire doors. This included two action points relating to the safe use of fire doors. These actions had been marked as completed. However, this was dated in the future. We asked the registered manager about this and they told us they believed the action had not been completed. The registered manager expressed confusion regarding the safe operation of these fire doors. We contacted the fire and rescue services who provided the registered manager with a copy of their last visit with clear advice and guidance regarding these doors. This was initially provided in December 2017. At this inspection, we saw this advice had not been followed. The registered manager told us they had not seen this letter.
- The provider did not have effective systems in place to ensure the environment within which people lived was safe. We spoke with the provider's surveyor. They expressed to us they did not realise people should be protected from uncovered hot water pipes which fed the heating systems. However, they committed to identify if this was a risk in any of the provider's other homes and to take corrective action.
- The provider had not ensured worn pieces of equipment, like the broken bath panel, shower sealant, radiator covers, toilet seats and grab rails were replaced to minimise the risk of harm to people.

These issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection, a registered manager was in post and present throughout. The registered manager understood the requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular attendance at a local provider representation organisation, updates and newsletters from professional organisations.
- We saw the last rated inspection was displayed in accordance with the law at the offices of Wrekin Cottage and also on their website.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People and relatives told us they had a positive relationship with the registered manager and found them

to be available and engaging. Everyone we spoke with was complimentary about the management team and felt supported by them.

- Staff members we spoke with told us they found the management team supportive and approachable. One staff member said, "I am very happy with the support I get. The management team are very approachable, and I can go to them with anything."
- We saw the management team and provider had systems in place to investigate and feedback on any incidents, accidents or complaints.

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

- We saw people were involved in decisions about their care and support and were asked for their opinion. One person told us they attended regular house meetings. They said, "We chat about things that matter to us. This includes the menu and if there are any meals we would like to try or if we want our personal favourites included."
- Staff members took part in regular staff meetings where they could discuss elements of the work they completed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Working in partnership with others.

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and psychological services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not assessed and mitigated risks effectively to minimise the potential of harm to people using services. Infection prevention and control processes were not effective in reducing the risk of communicable illnesses.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective quality monitoring processes in place to identify and drive 'good' care.</p>