Ms Jennifer Jonas

The Wishing Well

Inspection report

The Street
Happisburgh
Norwich
Norfolk
NR12 0AB

Tel: 01692535654

Date of inspection visit:
10 March 2016
14 March 2016

Date of publication:
15 April 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 10 and 14 March 2016 and was unannounced.

The Wishing Well is one of seven small services operated by the provider which provide support and accommodation for people living with a learning disability. The service can accommodate up to six people. At the time of this inspection five people were living in the home.

There was no registered manager employed in the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that there was a breach of regulations in relation to the recruitment of staff. Robust adherence to the systems in place had not been maintained. This meant that staff had not been appropriately vetted to help ensure that people were protected from the risk of abuse. You can see what action we told the provider to take at the back of the full version of the report.

People were safe living in the home and were supported by staff that were knowledgeable about safeguarding matters and took appropriate actions to keep people safe if incidents occurred. There were enough staff available to meet people's needs and to provide caring and individualised support. Medicine storage arrangements did not always ensure that people's medicines were kept at a suitable temperature and remained safe and effective to use.

The provider had a training programme in place which ensured that staff received the necessary training to support people effectively. Staff understood and applied the principles of the Mental Capacity Act 2005. People were involved in choosing and preparing their own meals. People who required specialised diets received them. People had good access to a wide range of health professionals who supported them with their health and provided guidance and support to staff.

Staff had developed friendly and supportive relationships with people living in the home. People were cared for and cared about. They were involved their care planning and could discuss this with staff whenever they wished, as well as during planned reviews. People's privacy and dignity was upheld.

Comprehensive assessments were carried out prior to people moving into the home at which point their support plans were developed as staff got to know and understand people's requirements in detail. However, some people had not always received planned monthly reviews.

People told us they would be confident to raise any concerns with staff if they had any and were confident that their concerns would be looked into thoroughly.

The service had been without a registered manager in post for nine months. However, an acting manager had recently been appointed. Three changes of manager in this period had resulted in some slippage of the management of the service. However, the operations manager knew what improvements needed to be made and had commenced work with the acting manager to implement the necessary changes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Recruitment practices were not always robust.

People received their medicines as necessary, but medicines were not always stored at appropriate temperatures.

There were enough staff deployed to meet people's needs safely.

Risks to people's wellbeing were assessed and plans were in place to mitigate risks to people's welfare as far as was possible.

Is the service effective?

Good

The service was effective.

Staff had undertaken essential training as well as additional training specific to the needs of people.

People were supported to stay healthy. They had access to health care professionals and were supported to attend appointments for regular check-ups as needed.

Is the service caring?

Good

The service was caring.

Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff had developed good relationships with people and there was a relaxed atmosphere.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People's needs were comprehensively assessed and care was planned to meet their needs. However, people's monthly reviews were not up to date.

People knew how to raise a concern and felt confident that these would be addressed promptly.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The service had experienced significant management and staffing changes which had impacted upon its ability to sustain quality monitoring checks and make the necessary improvements.

A recently recruited operations manager and acting manager had begun the process of implementing and sustaining improvements to the service.

The Wishing Well

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 10 and 14 March 2016 and was unannounced. Two inspectors carried out this inspection.

Prior to the inspection, we reviewed the information we held about the service including any statutory notifications received. Providers are required to notify the Care Quality Commission about events and incidents that occur, including injuries to people receiving care and safeguarding matters. We also sought the views of the local authority's safeguarding and quality monitoring team.

Before the inspection, 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.

During the inspection we spoke with all five people living in the home and relatives of two people. We made general observations of the care and support people received at the service throughout the day. We also spoke with the acting manager, the operations manager and five members of care staff.

We reviewed three people's care records and medicines administration record (MAR) charts. We viewed four records relating to staff recruitment as well as training, induction and supervision records. We also reviewed a range of monitoring reports and audits undertaken by staff members and service managers.

Requires Improvement

Is the service safe?

Our findings

Robust recruitment procecures were not in place to ensure that the risks of recruiting staff unsuitable to their roles were minimised. We reviewed recruitment files for four staff members. Two staff member's recruitment records did not contain any evidence of their identity. For one of these staff members, a reference had not been requested from their last employer and no Disclosure and Barring Service (DBS) check was on file. Some staff files were not available because they had not been transferred within the organisation from the staff member's previous home. The operations manager had already identified recruitment shortfalls in the service and action plans had been made to make the necessary improvements. However, no action had been taken at the time of this inspection.

These findings constituted a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had experienced significant staff changes in the previous nine months, including management changes. The provider was finalising recruitment to the home and a senior staff member was working as the acting manager. They were being supported by the operations manager. Some experienced staff had transferred to the service from other homes operated by the provider. All staff we spoke with told us that in the last month the staffing arrangements had stabilised which was beneficial to people living in the home.

There were enough staff deployed to ensure people's safety and to meet their needs.The operations manager told us that staff numbers were based upon people's needs assessments and how people spent their time. For example, at weekends some people spent time with their families so fewer staff were sometimes required. Two staff members were on duty overnight with the manager and operations manager being on call.

People's medicines were kept in cabinets their rooms and two staff administered medicines to people to help remove the risk of errors being made. One relative told us, "My [family member] always gets their medicines on time. Staff make sure of this as they are needed to help [family member] stay well." Medicine records we looked at matched the amount of medicines in people's cabinets. Robust processes were in place to enable people's medicines to be taken with them when they were away from the home when their medicines would be due. Protocols were in place to guide staff as to when it would be appropriate to administer some PRN (as required) medicines for people. These showed what alternative actions needed to be taken prior to considering using a particular medicine and the circumstances when it would be appropriate to use the medicine. This guidance helped ensure that people's behaviour wasn't controlled by excessive or inappropriate use of medication.

We noted that one person's medicines cabinet was situated near a radiator. The temperature recording chart showed that on occasions the temperature in the cabinet had exceeded 25 degrees Celsius. Another person's medicines temperature recording chart showed that over a 45 day period the temperature had exceeded 25 degrees Celsius on ten occasions. Medicines storage arrangements needed reviewing to ensure that they were stored at consistent and safe temperatures. High temperatures could affect the effectiveness

and stability of some medicines, particularly creams.

People were relaxed in the company of staff and those who were able to express their views to us said that they felt safe. They told us that there were always staff members around. One relative told us, "Oh yes, we know [family member] is safe there." Staff understood their responsibilities to ensure people were safe and were aware of the different types of abuse that people could encounter, such as verbal, physical or financial abuse. They knew what action they would need to take if they had any concerns about risks to people's welfare whilst they were in the home or out in the community.

Some people periodically exhibited behaviour that challenged. Staff were aware of situations that could pose a risk to people and intervened to prevent accident or injury. Staff were aware of potential triggers and indicators of relapse in people's wellbeing. People's care files contained risk assessments for identified health and wellbeing risks and detailed any triggers or signs that
could indicate that individuals were becoming anxious or unwell. Staff acted in line with these management plans. For example we saw that staff deflected people away from talking about subjects that increased their anxiety. One relative told us, "We know that [family member] can cause a few problems, it's a part of their condition. But the staff manage it all very well."

Risks to people's individual safety were minimised as much as possible. Where an unforeseeable incident had occurred, the manager told us about the actions staff had taken to ensure the person's safety and wellbeing at the time. Professional advice had been taken to determine how best to minimise the risk of a repeat of events and appropriate changes had been made to the environment.

Good

Is the service effective?

Our findings

The provider had an ongoing training programme. When new staff started working at the home they underwent an induction. The induction consisted of training and shadowing experienced staff. People who lived in the home could present behaviours that challenged. Staff told us the training they received in this area gave them the confidence to effectively manage any incidents that might arise.

The service had recruited a number of new staff in recent months and following their induction practical training was being organised. One staff member told us that they had not received first aid training, but we saw that this was planned for the next month. We saw that the provider's mandatory training programme included understanding autistic spectrum disorder, signalong and safe holding. Signalong is a communication system based on British Sign Language designed for people with communication difficulties.This demonstrated that training was tailored to meet the needs of staff supporting people living in the home.

The absence of a stable manager and high staff turnover had meant that staff supervisions were not always up to date. Supervisions gave staff and managers the opportunity to discuss training and support needs and any performance issues. However, staff we spoke with told us that they felt well supported by the newly appointed acting manager and the operations manager. The operations manager had reviewed staff supervisions and knew what improvements were required to get staff supervisions back on schedule.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The operations manager advised us that an application had been made to the local authority in respect of one individual whose access to some parts of the premises had been restricted in order to keep them and other people safe.

The MCA states if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests. Staff understood the MCA and the importance of people being able to make their own decisions. People living in the home were able to make their own decisions over day to day matters. They were supported to make decisions by staff who gave us examples of how matters were explained and discussed with people in order for them to make their own decision. However, if people were unable to make decisions themselves, for example regarding a tooth extraction, then decisions were made, with appropriate professional support as necessary, in people's best interests.

One person told us, "We get good food here." Another person said, "All my favourites are on the menu." Each person had their own storage area in the kitchen to their own personal food supplies or snacks. People were supported to make their own lunchtime sandwiches or snacks. Food pictures were sometimes used to help people decide what they wished to eat or prepare. One person had some food intolerances and this was factored into their meal choices. Where necessary people were supported to make healthy eating choices.

Meals were planned and rotated in line with people's choices and preferences. The person choosing each day's main meal usually participated in the cooking of it. If people didn't want what was planned, then alternatives were available. On the day of our inspection one person had chosen spaghetti bolognese for the evening meal, but hadn't decided on whether they wished to participate in cooking it. One person hadn't wanted spaghetti and was having fish instead. Staff ate evening meals with people which helped foster a relaxed and friendly atmosphere at mealtimes.

People were supported to maintain good health. One person told us, "If I'm not well they get me to the doctor quick." Each person had a separate 'health' folder which provided detailed information on people's individual health care history and current requirements. These records showed that a wide range of health care professionals were engaged to support people to maintain good health such as speech and language therapists (SALT) and learning disability nurses. Routine appointments were scheduled with opticians, dentists and chiropodists. Staff were proactive with regard to people's health care needs and records showed that staff took prompt action when people became poorly.

Good

Is the service caring?

Our findings

People told us they liked the staff and that they were treated well by them. One person told us, "I like [staff member] best. They are my favourite, but they are all good to me." Relatives we spoke with were positive about the standard of care their family members received in the home. One relative told us that their family member had lived in different homes and added, "….but this is the best one so far." Another relative told us that the service was, "...very caring. Staff just get on with people there, it's so friendly."

We spent time observing interactions between staff and people in communal areas of the home. We saw that staff treated people with kindness and were cheerful and good natured. Staff gently encouraged people with their independence and assisted them in subtle ways to ensure their privacy and dignity was maintained. They prompted them when necessary to be considerate of other people. Staff spoke clearly with people and did not overload them with too much information at a time. People were given the time they needed to formulate their response or make a decision.

The acting manager told us that people's medicines were personal to them and felt that having medicines kept in rooms helped maintain people's privacy. The operations manager told us that, now that staffing arrangements had stabilised, they would be reviewing night staff cover. This was to ensure that women could be supported by female staff with personal health care overnight when appropriate.

We saw that people were involved in the running of the home, from choosing decoration colour schemes to shopping for food and helping to keep the premises and the vehicle clean. During our inspection most people were in and out throughout the day. One person had gone out to the pub. Others had gone shopping and to get hair cuts with a staff member. Another person attended a horticultural day service. One person who remained in the home told us they were happy to stay in but that they looked forward to going to the pub after tea to have a pint and play pool.

People were able to express their views and were involved in making decisions about their care and support including what they spent their money on. People led busy social lives and staff supported them with a choice of a wide variety of hobbies and activities. One person's relative told us, "They get out quite a bit. [Family member] often tells me about places they have been to." One person had expressed an interest in learning to swim and this was being arranged. Some people wished to grow their own vegetables and work had started to clear an area of the rear garden to accommodate this.

People's privacy was respected. Staff asked whether people would be prepared to show us their rooms. Some people told us what belongings in their rooms were of special importance to them and why. There were communal areas within the home where people could spend time together, watching television or listening to music. However, people's own rooms contained living areas so people could spend time on their own if they wished. Their rooms were very individualised, homely and comfortable.

Good

Is the service responsive?

Our findings

People's care and support needs had been comprehensively assessed before they moved into the home. The provider utilised reports from people's social workers and discharge and transfer planning information from the person's previous residence. The provider visited people at their previous residence and people came to the home for short periods to see whether they liked it before any final decisions were made. This pre-admission assessment process was lengthy but it meant that the provider was able determine in advance whether they would be able to meet people's needs prior to them moving in to the home.

This information was then used to complete a detailed support plan which provided staff with specific instructions in how to provide appropriate care. These were comprehensive. For example, one person's communication care plan advised staff to use people's names when talking to one person, rather than refer to 'he' or 'she' so that they knew who was being spoken of. It also advised staff to use the person's name to obtain their attention and how the person often responded if they didn't understand something. However, the monthly progress review carried out with the person had not been completed since November 2015. A second person's monthly progress review had last been carried out with them in December 2015.

Staff spoke knowledgeably about how people preferred their care and support to be given because they had spent time getting to know each person. A new staff member who had significant experience working in a much larger home told us how different they had found working at The Wishing Well. They felt they had the time to develop good relationships with people which was rewarding. Staff could tell us about each person living in the home, what they enjoyed doing and how they preferred to spend their time. Staff knew what was important to people, their families and friends and what their aspirations were. They also knew what people worried about and what situations could result in anxiety for them.

One person told us that staff involved them in their care and that discussions were held with them when their care needs changed and kept informed of any changes to their care routines. Another person was due to have a minor operation and records showed that this had this had been discussed with them by their key worker, managers and health professionals. This was to ensure that the person understood why they needed the procedure, what the benefits and risks of the procedure were and that they were able to make their own decision about this. The two relatives we spoke with told us that they were periodically invited to participate in care plan reviews.

People were supported to maintain links to family and friends and some people regularly spent time at weekends with those close to them. One relative told us with humour how they knew when their family member was ready to return to The Wishing Well at the end of their visit to see them. They added, "That's how I know that they're okay there."

People told us they would be happy to raise any concerns with staff if they had any. us One person told us, "Of course I would. And I know they would sort it out for me too." Relatives told us that they had no cause for complaint but felt that if they needed to make a complaint that it would be taken seriously and investigated properly.

Requires Improvement

Is the service well-led?

Our findings

We received positive feedback about the management of the service. One relative told us, "They're on the ball there – they know what to do." People told us they liked the acting manager and staff were supportive of their appointment. One staff member said, "Things are very open here. We can all speak freely if we have any concerns." Another staff member told us, "[The acting manager] was the person people living at the home would have chosen for a manager."

The service had been without a registered manager in post for nine months. In these nine months the provider had recruited two managers, both of whom subsequently left the service after a short period of time. The provider then decided that in order to stabilise the service and provide some consistency for people to appoint a senior staff member as an acting manager. This had become effective two weeks prior to our inspection. The acting manager was being supported by the operations manager who visited the service frequently. The operations manager, who oversaw all seven of the provider's services, was appointed at the end of September 2015.

We found that the service was not registered with the district council administering the Food Hygiene Rating Scheme. This meant that no inspections had taken place to determine whether food was handled hygienically and whether the kitchen facilities were suitable. However, staff did receive training in this area. Since the inspection the provider had registered with the district council.

We were told about a safeguarding incident that had occurred in the home in February 2016 and how the staff had managed the situation. Whilst this had been reported to the local authority's safeguarding team, this had not been notified to us, which is a requirement under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was a consequence of the absence of management at the time of the incident.

Auditing systems were in place and were in the process of being reviewed and streamlined by the operations manager. The changes they were implementing would simplify and reduce the amount of documentation and the time required to complete the necessary checks. The operations manager had a good understanding of where the service was at and knew what needed to be done. Where we found issues, for example incomplete staff recruitment files and high medicine cabinet temperatures, these were already known about, but required actioning. Some health and safety checks, for example fire checks, were three months behind and care plan reviews and staff supervisions were also not up to date. Again, these issues were already known about.

The operations manager was working with the acting manager to bring about the required improvements. However, as the acting manager had only just commenced in their role the service was at the beginning of addressing these issues. They were determining responsibilities in the service now that the staffing situation had stabilised. One staff member, who was a qualified nurse, would be taking on the responsibility of managing medicines. Due to staff changes some people required new key workers. Some staff would be tasked with carrying out health and safety checks.

Established staff were positive about the service and were pleased that the staffing and management situations had settled. One person living in the home had unexpectedly passed away before Christmas, which had affected others. This, along with the staff and management changes over several months had meant that the service had been unsettled. However, people we spoke with were content and positive about living in the home and staff told us that the atmosphere in the home had improved and it was now much more relaxed. The service had been through a difficult period. One staff member told us, "We've turned the corner and are now on the up."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use services were not protected against the risks associated with the employment of staff as recruitment procedures were not robust.