Tricuro Ltd

Wallfield

Inspection report

29 Castlemain Avenue
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13 April 2016
18 April 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 11, 13 and 18 April 2016 and was unannounced. One inspector visited Wallfield on each day of the inspection. Wallfield is registered to provide a service for up to 14 adults with learning disabilities. At the time of the inspection there were 11 people living at the home, and one person who was staying for a respite break.

Wallfield has been registered with a new registered provider Tricuro Ltd since July 2015. The service was previously registered with Bournemouth Borough Council. Wallfield has a registered manager. 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.

Observations showed staff and residents were relaxed and friendly with one another. Staff were unhurried in their support and took time to listen and spend quality time with people. One person who lived at the service told us the home had, "A good atmosphere". We received a range of comments from staff which included, "It's really homey and relaxed, the place has warmth and laughter", "It's a family" and, "It's a lovely home, the residents all seem to be happy".

People's needs were assessed including areas of risk to ensure their safety. Staff supported people in accordance with their wishes, protecting people's privacy and maintaining their dignity.

Staff were well trained to make sure they understood how best to support or help people. Staff told us they were well supported and found supervision and appraisals helped them to understand their role.

The service was well led with a clear management structure in place. There were systems in place to monitor and improve the quality of the service provided and staff told us they felt people received a high quality of service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who understood how to protect vulnerable adults and knew what action to take in the event of a concern.

The home comprehensively assessed risks and put in place measures that enabled people to be safe whilst promoting their independence and autonomy.

Is the service effective?

Good

The service was effective.

People told us that staff were skilled. Staff received a range of training that ensured they understood and felt confident about supporting people.

People were supported to make their own nutritional choices in a way that enabled them to eat and drink what they wanted and understand how to make balanced nutritional choices.

People received the right medical support and staff worked with health and social care professionals to ensure people were supported effectively.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring. They said staff listened to them and were respectful.

People were involved in all aspects of planning their care.

The home was relaxed and friendly with a homely feel to the environment.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved into the home.

Care plans and risk assessments were easy to read and provided staff with the right guidance to make sure they supported people in the way they wanted or needed to be.

Is the service well-led?

Good

The service was well led.

People, staff and relatives were supported to express their views and the home acted upon these to make sure the service continuously looked for improvements.

People and staff were confident the home was well run and felt involved and listened to.

Wallfield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11, 13 and 18 April 2016 and was unannounced. One inspector visited the service on each day of the inspection.

We spoke with six people who lived at Wallfield to find out what they thought about the care and support they received. We also observed staff interactions with people, and talked to ten staff and the manager.

We sampled specific care records for most of the people who lived at the home. We also looked at records relating to the management of the service including staffing rotas, staff recruitment, appraisal and training records, accident and incident records, premises maintenance records, staff meeting minutes and medicine administration records.

Before our inspection, we reviewed the information we held about the service including incidents the provider had notified us of. We also looked at the Provider Information Return (PIR), which the provider completed before the inspection. The PIR 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.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at Wallfield. One person said, "I like to feel safe in my bedroom and I feel safe". A member of staff also told us, "It's a safe place for them".

People had support plans to help them stay safe and there was information on keeping adults safe in the reception area. Staff told us they had received training in the protection of vulnerable adults and records confirmed this. All the staff we spoke recognised different types of abuse and knew how to raise a safeguarding concern. A member of staff told us about a concern they had raised and its outcome. This showed staff understood how to safeguard people who lived at the home.

Risks to people were assessed to make sure they were protected. For example, one person had a risk assessment in place for slips, trips and falls. This explained to staff what help the individual needed to keep them safe whilst continuing to promote their independence. Another person had a risk assessment to make sure they were protected whilst they were making a hot drink, this included safe use of the kitchen and how to support the person to carry the drink safely to where they were sitting.

Accidents and incidents were recorded and analysed to detect patterns or trends. This enabled staff to reduce the risk of the accident or incident happening again. For example, one person tripped whilst trying to access some of their possessions. We saw these had been moved to a safer area where the person could easily access them without risk of falling.

There were also assessments and guidance in place covering areas such as infection control and the health and safety of the building and equipment. This showed that staff had appropriate guidance to enable them to reduce risks to people.

We talked to the manager about recruitment and they confirmed the provider undertook all the checks required to make sure staff were suitable before they started to work at the home.

The manager had considered people's needs and increased staff accordingly to make sure they were able to meet people's needs in a person centred way. For example, they had created a breakfast assistant post and increased the hours domestic staff worked. This allowed support workers to have more quality time to spend with people. At the time of the inspection staff rotas showed that in the morning's four support workers, a senior support worker and the breakfast assistant supported people. In the evenings there were three support workers and a senior support worker and during the night there were two support workers on duty. Alongside this, management support was provided by assistant managers and the deputy manager. The manager worked full- time and there was an on-call system to make sure that could obtain guidance whenever they needed to.

Medicines were managed so that people received them safely. Medicines were stored securely and the medication administration records (MAR) were well maintained with no gaps. Any known allergies were highlighted and a photo of the individual concerned was kept with people's MAR charts so that staff could

identify people correctly and make sure they were not given any medicine to which they could have an adverse reaction. Some people were prescribed 'as required' medicines to manage pain. Where people could not tell staff they were in pain there was not easily accessible guidance for staff. We drew this to the attention of the manager and they agreed to implement these plans immediately.

Good

Is the service effective?

Our findings

People told us they liked the staff who supported them and felt that staff supported them in the right way. One person said, "I like them".

A member of staff told us, "We are a small unit and have a very good understanding of our residents. We know them very well".

Staff told us they were well supported. They said they had monthly supervision meetings where they could discuss any issues they had, including training needs. They also said they had regular appraisals to discuss their development needs. One member of staff described these meetings as, "Very helpful", and said they were, "Very well supported". Staff told us that outside of these formal meetings they could get advice or guidance whenever they needed to. They said, "The office door is always open". Staff told us they had received the right training to enable them to feel confident and competent when they were supporting people. They described a range of training that they had undertaken which included medicines management, emergency first aid, moving and handling, dementia, infection control and fire safety.
Some staff were fairly new in post and told us they had been effectively supported to understand their role and responsibilities. We received a range of comments about this including, "I felt very supported in fitting into the role" and, "Fantastic, provided the right information at the right time and in the right way". "The more I learn, the better I can help people".

Consent to care and treatment was sought in line with legislation and guidance and staff had received training in this. 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. People who lived at the home were supported to make everyday choices.
People told us they were supported to make their own decisions. One person said, "You can do what you want". Another person showed us the key they had for their bedroom door. The explained to us that they liked to have their bedroom door locked when they were out.

Where people might lack mental capacity to make a specific decision, assessments were in place. For example, people's capacity to make a decision about having a vaccination and having photographs taken had been assessed. When the assessment showed people could not make the decision independently, staff had worked with other professionals and people's family to ensure that decisions were made in the person's best interests. However, in the main mental capacity assessments and best interests decision records lacked detail about the individual and appeared fairly generic. We discussed this with the manager who agreed it was an area of improvement for the service.

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). These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty

rested with the manager. We looked at whether the service was applying the DoLS appropriately. The manager had made the appropriate applications and had a system in place to alert them when they needed to review whether a further application was required.

People's mealtime experience had been carefully considered. One person commented on their dinner saying, "I like it, they fill you up". Two people told us about the drinks people enjoyed in the evening. For example they liked wine and they described how some people enjoyed beer or sparkling water. The manager confirmed that people could choose whatever they wanted to eat and told us about some of the different choices they catered for such as one person liking fruit tea, and others who had either kippers or black pudding with their breakfast.

One person told us about the foods they didn't enjoy and confirmed there were always alternatives on offer. We observed the main mealtime. This person had a word with the chef and chose different vegetables. Another person was diabetic and trying to make healthy eating choices. They told us staff were supportive and helped them understand their dietary options.

The mealtime was a sociable occasion with music playing in the background. Some people ate their meal independently and some others had support. Two people were using a plate guard which enabled them to eat their dinner independently. Staff showed people the different meals on offer and people chose what they wanted. People's choice was further supported by pictures of the different meals and alternatives that were displayed in the dining room. One person who lived at the home was responsible for displaying the different pictures of food each day. On the last day of the inspection two people were supported to eat a main meal in a less person centred way. This meant there was a lost opportunity to make that time a happy experience for the person. We drew this to the attention of the manager.

There was a water dispenser in the dining room and jugs of juices that were freely accessible to people. A member of staff told us about how they had developed the menu with people, based on their likes and dislikes. Staff also provided feedback to the chef each day on how people had enjoyed the meal and this enabled staff to further understand what people did and didn't want to eat.

Activity planners were kept on a wall in the main corridor. These showed people participated in a range of activities throughout the week and during the evenings and at weekends. A staff member told us, "They get the 1-1 activities they need which is nice to see", and another commented, "Their interests change so we review things regularly" and, "We realise that social inclusion is very important". One person told us they were going to the theatre during the week of the inspection and were really looking forward to it. A member of staff told us the person loved going to the theatre to see different shows. They said that at the start of the year they got together with the individual to tell them about different shows and booked tickets to the ones the person wanted to see.

People told us staff supported them to remain healthy. One person told us about how staff had helped them to see a doctor when they had been unwell during the inspection. Records confirmed that people were supported to see healthcare professionals such as their GP, nurse, physiotherapist, optician and chiropodist when they needed to.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "They treat me really nicely". A support worker told us, "They are happy" and another member of staff said, "When you walk into Wallfield it's like walking into your own home, it's the residents own home".

Our observations showed people were treated with kindness and compassion in their day-to-day care. Staff knew the people they are caring for and supporting, including their preferences, and people's personal histories were described in their support plans. This meant they were better able to form good relationships and support people in the way they wanted or needed to be supported. Our discussions with staff showed they were concerned about people's wellbeing. A staff member told us, "Everything is centred around the individual resident".

There were lots of photographs around the home showing people enjoying various activities and trips out. People looked happy and relaxed in the photos.

Staff had been trained in equality and diversity, and people had person centred end of life plans in place. For example, one person had specific wishes for their end of life because of their religion. These were clearly detailed in their support plan.

People's privacy and dignity was upheld. A member of staff told us, "We respect our clients" and another staff member described how they protected people's privacy for example, through closing doors and curtains when people were being supported with personal care.

Good

Is the service responsive?

Our findings

Our observations showed that people were happy to approach staff who responded promptly to their requests. We saw that staff knew people well and responded appropriately, for example making sure one person who had swallowing issues was sat upright before they supported them to have a drink.

The manager described how staff responded spontaneously to people's requests, for example to go out shopping. They told us, "We react immediately to requests; I think we are really responsive".

People's needs were assessed before they came to live at Wallfield. This ensured the home were confident they were able to meet their needs.

From these assessments staff worked with people and involved health and social care professionals to develop support plans. These were person centred, detailed and clearly described how the person wanted or needed to be supported in areas such as communication, decision making, personal care, eating and drinking and mobility. Staff told us the support plans ensured they understood about the individual and what assistance they needed. They explained to us how they supported people with specific aspects of their care and these discussions reflected what we had read in people's support plans. Our observations also showed that people were supported in accordance with their plans, for example where they had specific eating and drinking guidance.

People worked with staff to decide on goals they wanted to achieve, for example going on a holiday and records confirmed staff acted on these to help the person achieve their goal. One person had a goal of accessing more sensory activities. We could see this had been reviewed regularly and that the person had accessed sensory activities such as music groups, swimming and baking. The goals showed further plans were in place to continue to explore new activities.

We observed a staff handover. Staff described each person, how they had been and what they had done. They identified what further support each individual needed. This meant that staff starting a shift had a good idea of what support the individual wanted or needed.

There was information in the main hall that told people how to raise a concern or make a complaint and staff knew what to do if someone raised a concern or complaint with them. Information on the new provider's complaints policy had been sent to family members. There had been one complaint since the last inspection that the manager told us about. They described the action they had taken to resolve the complaint to the person's satisfaction.

Good

Is the service well-led?

Our findings

There was an open and inclusive culture at the home. A member of staff told us, "It's a friendly place, the manager is very approachable". Staff empowered people who lived at Wallfield. For example the home's statement of purpose had been developed in pictorial format. This meant people were more able to understand what service they could expect when they were living at the home.

Quality assurance surveys enabled staff to receive more formal feedback from people and their relatives. The manager told us, and records confirmed that surveys were analysed and fed into the service action plan. For example one family member had commented that they were not sure who the staff were. The management team developed a document that provided people and their family members with photographs and information about each member of the staff team. This was displayed in the home and was also sent to family members.

A strength of the service was the way staff empowered people to be responsible for various aspects of the home. For example, one person chaired the resident meetings and also was part of the interview panel for prospective staff. Other people were responsible for things like the activities and menu boards, collecting the post maintaining the house plants. This was an effective way of shifting power dynamics from staff to individuals and showed that the service was shaped by people who lived at the home.

We received a number of positive comments from staff about the manager and the management team overall. These included, "Tireless support from management and colleagues", "Really, really helpful", "They are all approachable", and, "A lot of support from the management team". A member of the management team told us, "We all try to work to the same goals, we try to be really approachable and have an open door policy".

The manager had developed robust ways of checking the service people received was of a good standard. For example, they had benchmarked the service people received against the Health and Social Care Act 2014 regulations. This had enabled them to understand their regulatory responsibilities and develop an action plan in areas they thought they could further improve.

Staff also completed audits to check the service people received was of a high quality. They checked things like the money they looked after for people, support plans and infection control. This meant they were able to pick up on any problems and make sure people received safe, effective, responsive care and support.