

Wakefield MDC

Peripatetic Service - Sherwood Court

Inspection report

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Tel: 01924254168

Date of inspection visit:
12 July 2021

Date of publication:
12 August 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Peripatetic Service – Sherwood Court is an extra care housing scheme providing personal care and support to 23 people at the time of the inspection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People spoke positively about the service. They felt it was safe and staff were caring. People told us, "Staff come to see me and they are always nice and friendly" and, "I'm very safe, it's a very nice place to be, with lovely staff."

Each person's care needs had been reviewed and documented. Staff had access to risk assessments, carried out to ensure people received safe care. Pre-employment checks such as references had been sought to ensure staff were suitable to support people. Systems were in place to prevent infections. Medicine care plans described people's prescribed medicines and creams and dosages. Staff had access to personal protective equipment and were aware of their responsibility to minimise the spread of infections.

The service was well led. The registered manager promoted an open and honest culture. Effective quality assurance processes were in place. People and relatives were consulted about the quality of the service through surveys and meetings. Staff were involved in the development and improvement of the service through regular meetings.

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

Rating at last inspection and update

The previous rating for this service was Requires Improvement (published 14 August 2019).

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an announced comprehensive inspection of this service on 10, 11 June 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what

they would do and by when to improve in relation to good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions 'Is the service Safe and Well-led?' which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Peripatetic Service - Sherwood Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Peripatetic Service - Sherwood Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is owned or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a registered manager who was 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 was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 July 2021 and ended on 12 July 2021. We visited the office location on 12

July 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from partner agencies and professionals. On-going monitoring such as information received. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with the provider, registered manager, quality manager, care manager and three members of staff. We reviewed a range of records. This included four people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information, reviewed risk assessments and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks had been identified and risk assessments were in place to ensure people received safe care.
- Staff had access to clear risk assessments and management plans which provided control measures and directions on how to support people to monitor and mitigate their risks. These risk assessments had corresponding care plans. For example, assessments on how to support people safely to minimise the risk of falls.
- Staff told us they monitored people's well-being and would raise any concerns with the registered manager about changes in people's wellbeing and record any incidents. They worked collaboratively with health care professionals to achieve positive outcomes for people such as maintaining their levels of independence and mobility.

Staffing and recruitment

- There were sufficient numbers of staff to support people and meet the contracted care hours. A staff member told us, "We definitely have enough staff to make sure people get good care." A person told us, "Yes, staff always come on time, I never have to wait too long at all."
- Recruitment records were mostly held centrally by the local authority. However, records on site showed pre-employment checks, such as criminal record checks and obtaining proof of staff's identity had been carried out. References for staff had been requested and received. This ensured staff were suitable to provide safe care to people.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had ensured there was sufficient stock of personal protective equipment (PPE) in place.
- Staff followed appropriate infection control measures, such as hand washing and wearing protective equipment when supporting people with personal care.
- The provider completed spot checks and staff competencies surrounding the correct use of PPE.
- One person told us, "Staff always wear masks and gloves which is following the rules. They put them in the bin when they have done."

Using medicines safely

- Medicines were administered and managed safely by trained and competent staff.
- Regular medicine checks and audits were carried out.
- The provider had appropriate policies in place to support safe medicines management.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. Comments included, "I'm very safe, it's a very nice place to be, with lovely staff" and, "I have no worries at all. The staff are all lovely people."
- Policies and procedures were in place to keep people safe. Staff had received training around identifying abuse and could tell us what action they would take.
- The provider followed correct safeguarding procedures. Events were reported to the local authority and appropriate records were maintained. At the time of the inspection there were no open safeguarding cases.

Learning lessons when things go wrong

- The provider had a system in place to have an overview of any accidents, incidents or near misses. These were assessed for trends and patterns to prevent reoccurrence.
- Lessons learned from investigations at Sherwood Court or any of the provider's similar services were shared with staff to improve practice and the quality of care provided to people.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have appropriate systems and processes for assessing and monitoring the quality of the service. The provider did not have sufficient systems and processes to mitigate the risks relating to the health, safety and welfare of service users. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider and registered manager used a range of audits and monitoring systems to assess the quality and performance of service delivery. Auditing of areas including care records, complaints, safeguarding, training, medicines and infection control had been completed on a regular basis.
- The registered manager used results from audits, feedback and investigations to improve the service.
- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the Care Quality Commission for significant events which had occurred at the service, for example any accidents and incidents.
- Staff worked together to maintain the quality and standards of the service. This was in-line with the providers values.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and provider promoted a positive culture within the service.
- Staff felt the culture was person-centred, open, and inclusive. One staff member said, "I know how supportive they [registered manager] can be as I have personal experience of it." Whilst another staff member told us, "The manager is always approachable. I think we have a very good, close knit, team."
- People we spoke with told us they found staff and the management team very approachable. One person told us, "The staff here are brilliant. We have a very good relationship and always have a laugh."

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

- People and their relatives were asked for their views of the service through questionnaires and during their

regular visits to relatives. People were positive about the communication from the office. One person told us, "If anything changes staff always tell me why and when."

- Staff said they had opportunities to meet and discuss any changes to the provider's working practices and policies and to make suggestions. They told us they had regular communication to help them keep up to date with current guidance and share information during the COVID-19 restrictions.
- The provider worked in partnership with other agencies to ensure people's care met their needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware that it was their legal responsibility to notify CQC and other agencies of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent with people should something go wrong.

Continuous learning and improving care

- Through the actions taken since our last inspection the provider demonstrated a willingness to learn and improve the service. They had recognised the benefits of having effective systems to assist them in monitoring the quality of care being provided.

Working in partnership with others

- The management team and staff worked with other professionals to benefit people using the service. Health professionals, such as, GP's and pharmacists were contacted when staff wanted advice and guidance.