

Disabilities Trust

25 Welby Close

Inspection report

25 Welby Close
Maidenhead
Berkshire
SL6 3PY
Tel: 01628 824 154

Date of inspection visit: 4 November 2014
Date of publication: 16/06/2015

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?

Requires Improvement 

Overall summary

We undertook an unannounced inspection on 4th November 2014. 25 Welby Close is a care home which is registered to provide care for up to three people. The home specialises in the care of adults with autism or a learning disability. The service is provided in a domestic sized house which was located within a housing estate. People have their own bedrooms and shared communal areas are provided. At the time of the inspection there were two people living in the home.

The home was managed by a team senior who was supported by the registered manager. The registered manager also had oversight of three other care homes

which were situated some distance from Welby Close. 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.

The home had a range of methods to ensure that people were kept as safe as possible. Care workers were trained

Summary of findings

in and understood how to protect people in their care from harm or abuse. People told us they felt safe and could talk to staff and the manager about any concerns they had.

Individual and general risks to people were identified and managed appropriately. The home had a robust recruitment process to ensure that the staff they employed were suitable and safe to work there. The service had a stable staff group who communicated well with each other and had built strong relationships with the people living in the home. The staff team had an in-depth knowledge of people and their needs. However, records relating to the support of people did not always reflect the good care provided as they were not always accurate or up to date.

The service understood the relevance of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Appropriate actions are taken in relation to people's capacity to consent to a range of decisions relevant to the particular individual. Care staff were skilled in communicating with people and in helping them to make as many decisions for themselves as they could.

There were systems in place to ensure that people were supported and encouraged to look after their health. People were encouraged to be as independent as they could be whilst risks to them or others was supported within a risk management framework.

People were given the opportunity to participate in a variety of activities both individual and with others. People were treated with dignity and respect at all times. They were involved in all aspects of daily life and assisted to meet any spiritual, behavioural or emotional needs.

The house was well kept, clean and comfortable. People's rooms reflected their individual preferences and tastes and this was also evident throughout the communal areas of the home.

Staff told us the home was well managed with an open and positive culture. People and staff told us the registered manager was very approachable and could be relied upon to respond appropriately to requests or concerns. However, we found that despite a range of quality audits being in place discrepancies and omissions within support documentation had not been identified.

Summary of findings

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 safe. The home made sure that staff knew how to protect people from abuse. Risks were identified and managed to ensure people were kept as safe as possible. People's medication was given to them at the correct times and in the correct quantities to keep them as healthy as possible.

Good



Is the service effective?

The service was effective. The home supported people to make their own decisions where possible. Staff understood consent, mental capacity and deprivation of liberty issues.

Good



Is the service caring?

The service was caring. Staff treated people with respect and dignity. They used a variety of communication methods which people understood. People were given positive, gentle encouragement to be involved in all aspects of their daily life.

Good



Is the service responsive?

The service was responsive. People were listened to and care was delivered in the way that people chose and preferred. Care was focussed on people having positive daily experiences and maintaining independence.

Good



Is the service well-led?

The service was not always well led. The home had a range of methods to check that the home was giving good care and was keeping people safe. Changes to make things better for people who live in the home had been made and development was continuing. However, records supporting individual care were not always accurate or up to date.

Requires Improvement



25 Welby Close

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 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.

This inspection took place on 4th November 2014 and was unannounced. The inspection was undertaken by one adult social care inspector. We reviewed information provided in the Provider Information Return (PIR) and from notifications made to CQC by the service. The PIR is a form the provider completes which details information about the service and includes the areas where it performs well and identifies when and where improvements are needed. The service had not sent us any notifications and there were no outstanding safeguarding issues.

We had contact with a range of people associated with the service, spoke with staff and reviewed a range of documentation including pathway tracking for the two people living in the service. We spoke with the two people using the service, two care staff, the registered manager and a manager from another service who was visiting the home. In addition, we spoke to a relative of one person and received information from a local authority funding commissioner and the local authority safeguarding team where the home is situated.

We looked at the two support plans together with associated records such as behaviour management plans and risk assessments. We spent some time observing the interactions between staff and people and looked at records relating to the health and safety of the service, quality assurance systems and medication records.

Is the service safe?

Our findings

The people and relative we spoke with told us they thought the home was safe. One person told us “I have no problem with the home and I know my ‘relative’ is safe”. The local authority commissioners told us that they had no record of concerns about the service. They told us there had been one safeguarding incident within the previous 12 months which had been responded to and addressed appropriately by the service.

There had been no accidents within the service in the previous year and there were no safeguarding issues outstanding. The training record showed that all staff were trained in safeguarding of vulnerable adults. We spoke to two members of the care staff in private. Both demonstrated a clear understanding of the principles of safeguarding vulnerable people and knew what action to take if an allegation or suspicion of abuse was raised. Relevant contact numbers for the local authority safeguarding team and the Multi-agency procedures were readily available and accessible to staff.

There were a range of health and safety audits in place designed to ensure that any safety issues were identified and addressed without delay. The organisation undertook an annual audit of the service which covered financial arrangements, a range of care planning processes and health and safety matters. An action plan was drawn up together with any required remedial action identified. This fed into the monthly provider visits which were designed to ensure that safety issues were addressed and any new ones were identified for action.

We noted that there were two key locks and a security chain fixed to the front door. Staff told us that one of the locks and the chain were never used. However, it was not possible to determine if that was the practice of all staff. The front door was the main fire exit from the property and the use of such security devices could hinder the effective escape of the occupants of the home. However, records indicated that a regular monthly fire drill was undertaken which involved a full evacuation of the building. These fire drills were timed at different times of the day and records indicated that there had not been any difficulty in executing the evacuation of the people or staff.

A door wedge was being used to hold open the kitchen door into the hallway. Staff told us that this was used whilst

cooking was in progress as the heat generated frequently led to the smoke detectors being set off. There was no written risk assessment in place to support the safe use of the door wedge.

The manager told us that the provider was undertaking an assessment of all its houses in relation to the fire safety arrangements. Welby Close had not yet been subject to such an assessment. The manager undertook to seek the advice of the Fire Authority in relation to the locks and the use of the door wedge.

Risk assessments were person centred and there was evidence that they were regularly reviewed and updated according to the changing needs of individuals. We saw environmental risk assessments which addressed issues for individuals such as hot radiators and hot water outlets. There were general environmental risk assessments in place including legionella and a fire risk assessment which had been reviewed in September and May 2014 respectively. Servicing of gas and electrical installations had been undertaken in the current year.

We were told that the service was now fully staffed and any shortfalls were covered by overtime and/or regular bank staff. There were always two staff members on duty throughout the day with one sleep in person at night. This was confirmed from the records we reviewed. It was noted that one member of staff was regularly working up to four long days in a week. This resulted in a working week of almost 60 hours and was contrary to the maximum allowable working hours as described in the provider's employment policy. This arrangement could result in the staff member becoming overly tired and less responsive to the needs of the residents. However, we saw nothing to indicate that this was the case.

We looked at two staff files. The records contained all the relevant checks required including a full employment history, references, confirmation of identity and criminal record checks. This showed that there was a robust recruitment system to ensure that prospective employees were safe and suitable to work with the people who live in the home.

The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medication and sealed it into packs. The medication administration records (MARs) we looked at were accurate and showed that

Is the service safe?

people had received the correct amount of medicines at the right times. We saw that all staff completed medication administration training and their competence was assessed regularly. It was noted on a monthly provider visit

that one staff member was due for medication refresher training. We saw a pharmacy report from a review conducted in September 2014 which provided two recommendations that had been addressed.

Is the service effective?

Our findings

The home was a domestic dwelling which was homely in style and met the needs of the current people living there. The house was well maintained, clean and comfortable. We were shown the bedrooms by each of the occupants and they were personalised with a range of pictures and musical equipment and clearly reflected people's interests and hobbies.

We saw a meal planning menu and staff told us that the people in the home were very much involved with making decisions about what foods to eat. We saw documentation which recorded the meals that were prepared. This documentation made reference to a person no longer living in the home. We saw that opened food in the fridge was labelled with use by dates. We saw one person having lunch which he appeared to enjoy.

Two care staff we spoke with told us that the staff team communicated very well with each other about the individual needs of people and the running of the service. We saw a staff handover book which used a formatted sheet for capturing the most relevant information at the end of each shift to inform incoming staff. We observed positive interactions between people and staff in the home. In one case staff required a very in depth knowledge of how someone communicated their needs and how they were to be supported. There were guidelines within the support plans which gave staff clear direction on how to respond to them.

The home operated a key worker system where individual staff were assigned to oversee the care needs of a particular individual. This was undertaken with the support of another member of staff. Discussions with staff indicated that the role was well understood and was supported by the team senior and the registered manager. This method of working ensured continuity of care and that people's needs were met. Staff told us that communication between team members and different shifts was very good. A handover book was used which documented significant events/activities regarding each person and was recorded on a specific format. There were regular staff meetings where a range of topics about the people and the home was discussed.

The provider had a comprehensive system of induction and training in place. The newest staff member told us that their induction had been very helpful in getting to know the home and the people living there. There was a completed induction record in this staff members file. We saw a staff training matrix on the wall of the office which indicated that all staff had completed training in a range of topics including moving and handling, safeguarding, fire safety and first aid.

There was a staff supervision and annual appraisal system in place. We saw a supervision record chart on the office wall which provided monthly one to one supervision dates for all staff for the current year. Although the company policy was for all staff to receive formal supervision at least four times per year the service aimed to provide over and above this number. Staff told us that they did have regular one to one discussions with the team senior and these were helpful. We were told that if anyone had any concerns they could raise them with either the team senior or the manager at any time as there was an open and inclusive culture in the service. Staff files included a personal development plan which was designed to capture training undertaken, identified training needs and individual requests for development opportunities.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and DoLS. Training records showed that all staff had received MCA training which included understanding of consent, mental capacity and DoLS. Staff we spoke with understood the principles of the act and provided examples of how they assessed people's capacity on a daily basis with everyday decisions. We saw that people's capacity had been more formally assessed in relation to specific individual needs. For example one person's file contained a capacity assessment in relation to their understanding of personal finances. We also noted that referrals had been made to the local authority for capacity assessments/best interest decisions.

Is the service caring?

Our findings

People indicated that they liked living in the home. One person told us: "I like my room, its private".

There were regular residents meetings which were called Interaction Groups. The stated aims of the group were to promote enjoyment and to maximise communication and participation. Staff told us they were always mindful of activities that people might like to participate in and they understood the principles of promoting independence.

We saw people were encouraged to be as independent as they were able to be. Care plans noted how much people could do for themselves and were clear about the level of encouragement or support they needed in specific areas of care. We noted in staff meeting minutes that staff were reminded to involve people in food preparation. We saw that when one person returned from a morning activity he was encouraged to assist with preparing his lunch.

People were provided with information about a range of topics in formats which met their individual needs. These included pictures and photographs. An example was an easy read 'Stop Abuse' leaflet. We observed skilled interactions between staff and people where appropriate

explanation and reassurance was provided to reduce anxiety. We spoke with staff and found they knew people's preferences and needs very well. They told us about what people liked and disliked and this information was reflected in people's individual records.

The service helped people to maintain relationships with family and friends. Relatives and/or advocates were welcomed to the home and there were no restrictions on times or lengths of visits. Transport was provided for people to go on visits if their relatives and/or advocates were unable to visit them. Staff were very knowledgeable about the needs of people and had developed good relationships with them. We observed that staff interacted positively with people at all times. People were encouraged to voice their opinions and participate in discussions about daily events. We saw that staff treated people with respect and dignity when interacting with them and when referring to them in discussions.

We saw within records that work had been undertaken to determine preferences in relation to end of life care. Relatives and advocates had been contacted to ascertain their views and a plan to provide the necessary instructions had commenced.

Is the service responsive?

Our findings

A care manager for one of the people living in the home told us “I have visited on two separate occasions and have been impressed by the support that they are providing. They are managing my client’s behaviours very well and they are working in a very person centred way.” One relative we spoke with told us that they had no issues with the home but they wanted their son to live closer to them. A review of this person’s care was scheduled later that day where future care planning was to be discussed. This person did indicate that he liked living in the home and particularly he liked his bedroom.

Support plans used a traffic light system which summarised the most important information such as what the reader ‘must’ know about the person through to information which was desirable to know such as what they liked to do with their time and how they liked to dress. This was designed to enable access to the most important information quickly when required. The manager told us that support plans were in the process of being transferred to a different organisational model. However, the support plans we saw did contain some out of date information and in one case a person was described as requiring a waking night member of staff for support when the home only provided sleep in staff cover. This inaccurate information was transferred to other documentation such as the emergency contingency plan which was located in an easy ‘grab’ format by the front door.

Support plans included information relevant to the individual in relation to the environment, food and nutrition, activities and accessing the community and money management. End of life care had been considered

and full involvement of relevant people was being pursued. There was a monthly record for recording goal achievement for each individual and we saw that in one record the last entry was dated July 2104. For one person there was an incomplete record for recording episodes of behaviour. We saw that regular reviews of the support plan were undertaken and formal reviews including relatives and local authority commissioners were held at least annually.

We saw within support plans that referrals to health professionals were undertaken when appropriate. These included Speech and Language Therapists, Psychotherapy and Psychologists. People were also supported to attend regular check-ups with GP’s, dentists and other health care professionals when needed. Appointments and the outcomes of consultations were recorded.

We saw that people were provided with many opportunities to undertake activities both within and outside the home. They were supported to pursue their interests and were involved in a range of educational activities such as attending college and for individual psychological sessions.

The records for one person contained information about their transfer from another service. The documentation reviewed showed that the transfer had been undertaken in a carefully planned sensitive manner. This ensured that the least anxiety possible was experienced by the person. A phased admission which took account of the person’s needs was implemented and it was reported that they had settled into the home very well. The commissioner for the individual told us that the service was meeting their needs well and was managing challenging behaviours particularly well.

Is the service well-led?

Our findings

Throughout the inspection we found that some records relating to people living in the home lacked robust organisation. Individual support plans contained some out of date information, not all monitoring records were up to date and some signing sheets were incomplete. We noted reference to a communication passport for one person but could not locate this in the file.

There were staff signing sheets which were in place to ensure that staff confirmed that they had read and understood documentation relating to the care of individuals. These were not always signed by all staff and in some cases only one member of staff out of a staff team of five had indicated that they had read and understood the guidance. Overall this presented difficulties in accessing the most important information about people and could lead to people not being supported in the most effective and responsive way. This also meant that management could not be assured that all staff were familiar with and understood the most important and up to date information relating to people living in the service.

It was apparent that despite the various quality assurance systems in place there were omissions and inaccuracies in support plans and associated records. The service had failed to identify the shortfalls.

We were told that the duties of the team senior were extensive and at times were difficult to fulfil whilst working in a support role as part of the shift pattern. There was no written evidence of what the registered manager looked at or did whilst in the home on their weekly visits. However, despite these regular visits and the provider monthly audits the extent of the discrepancies in recording appeared not to have been fully appreciated or addressed.

Staff we spoke with told us that there was an open culture within the home. We were told that both the team senior and the manager were approachable and were responsive

to queries and concerns. The registered manager told us that they had three monthly one to one meetings with the divisional manager and said she felt supported by them and the organisation.

The registered manager for the service was not based at the home and had responsibility for managing three other care homes run by the provider. The manager told us that they visited the service at least once per week and was always available on the phone. It was apparent from observation that the residents of the home recognised the manager straight away and were keen to interact with her.

Three of the four homes managed were situated geographically close together with Welby Close being some 15 miles away. The home was managed on a daily basis by a team senior who was also on shift as part of the general care staff. Their responsibilities included reviewing care plans, ensuring health and safety checks were undertaken and that actions from all audits were acted upon. In addition they were responsible for planning the staffing of the home and supervising all staff working at the home.

A provider visit was carried out on a monthly basis to review the care practices and to monitor the systems operating within the home. These visits were completed by a manager from another home or the divisional manager and were rotated to focus on particular areas or were more in depth and lengthy. We looked at the last two visit reports. Areas covered during the visits included staffing, support plans, the environment and health and safety checks. In addition, the arrangements for the safe handling of medication were regularly reviewed and the overall conduct of the home was considered.

Any action plans from the provider visits fed into a monthly quality report which was maintained and updated by the registered manager. This report was submitted to the provider each month to be reviewed and to provide an additional check that actions were progressing within required timescales.