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159 Wensley Road

Inspection report

159 Wensley Road
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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

159 Wensley Road is a small residential care home providing care and accommodation for up to four people with a learning disability. At the time of the inspection there were three people living at the service.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

People continued to receive safe care. There were sufficient numbers of staff to support people safely. Risk assessments were completed and reviewed regularly to enable people to receive support with the minimum of risk and were as least restrictive as possible. Medicines were managed safely by staff who had received relevant training. When appropriate, people were supported to manage their medicines independently. Staff were aware of and had practiced emergency procedures.

People continued to receive effective care. Staff were trained and supported to have the skills and knowledge they required to perform their role. People's healthcare needs were monitored and they were supported to seek advice from healthcare professionals when necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

The service remained caring. People had positive and trusting relationships with staff. They told us they got on well with staff and appreciated their support. Staff protected people's privacy and dignity and treated them with respect. People made decisions about their care assisted by their key worker and other health and social care professionals. People were supported to be as independent as possible. They were enabled to acquire additional skills to enhance their independence.

The service remained responsive. Support plans were personalised and focussed on each individual. People had been involved in creating the plans which identified the preferences of each individual along with their lifestyle choices. People discussed their support plans regularly with their key worker and were encouraged to challenge and change them if they wished. People knew how to raise a complaint if they needed to and were confident in speaking to staff about any concerns they had.

The service was well-led. Improvements had been made following the previous inspection. A system was now in place to monitor and mitigate risks to people's health, safety and well-being and action had been taken to resolve issues and concerns. Records relating to the management of the regulated activity were now stored securely in locked filing cabinets. The process of updating policies had been started, however, a duty of candour policy had not yet been created. The registered manager agreed to address this immediately. There was an open culture that promoted empowerment for people living at the service. The registered manager clearly wanted to work towards improving the service and engaged staff effectively in working toward this. People's views were sought and the quality of the service was monitored.

Further information is in the detailed findings below.

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 remains Good	Good
Is the service effective? The service remains Good	Good
Is the service caring? The service remains Good	Good
Is the service responsive? The service remains Good	Good
Is the service well-led? The service is well-led The provider had an effective quality assurance and risk management system. Issues were identified and had been addressed. People, staff and relatives spoke highly of the registered manager. There was an open and empowering culture in the service. Staff felt supported and part of a well-led team.	Good

159 Wensley Road

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 was a comprehensive inspection which took place on 14 March 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We looked at previous inspection reports and contacted community professionals for feedback. We received feedback from one professional.

We reviewed the 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 the three people who live at the service. We also spoke with the three members of staff on duty, they were the registered manager and two care workers. We looked at records relating to the management of the service including three people's support plans and associated records, a selection of policies, three staff files including staff training records, the complaints log and the accident/incident records. We did not review recruitment records as there had been no recruitment since the previous inspection.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People told us they felt safe living at the service. We observed people who appeared comfortable in the presence of staff. They approached them in a relaxed manner indicating they trusted the staff supporting them. People told us they knew who to talk to if they felt unsafe or had concerns. They told us they could go to their key worker or the registered manager. They felt they would be listened to and something would be done to address their worries.

Staff had received training in safeguarding vulnerable adults and were able to explain their responsibilities with regard to protecting people. Guidance was readily available for staff to refer to if they needed to report any safeguarding concerns. Contact numbers as well as procedural advice were displayed on the office wall and accessible to all staff. Staff were clear they would report concerns immediately to the manager. They were also familiar with the provider's whistleblowing policy, they said they had not needed to use it but would not hesitate to do so if necessary. The registered manager had undertaken an advanced level of training in safeguarding people and told us they planned for all staff to complete this additional training in the near future. No safeguarding concerns had been raised since the previous inspection.

Risk assessments were completed both in relation to the service and people's individual risks. These included risks associated with fire safety, use of electrical equipment, medicines, particular medical conditions and activities such as swimming. Assessments relating to individual risks were incorporated into people's support plans. Risk management plans provided guidance for staff on minimising risks without unduly restricting people's choice and freedom. People told us how staff supported them to stay safe and minimise risks, for example one person showed us they had a sensor on their bed which alerted staff if there was something wrong. They told us this made them feel safer.

The number of staff required was determined by the needs and activities of the people living at the service. There had been no new staff recruited since the previous inspection and the staff team remained stable. The registered manger told us staffing would be reviewed if a fourth person moved into the service or if any of the needs of people changed. We reviewed the duty rotas and saw the number of staff varied from day to day dependent on what support and activities were planned. When additional staff were needed either a bank member of staff covered the required shift or a member of the permanent team worked extra hours. One staff member told us, "We work flexibly, cover whatever is needed (and) we do whatever is best for them (meaning the people using the service)." The registered manager provided an on call system to provide support out of hours. However, they did not have another senior staff member to share this responsibility with. Staff confirmed they were always able to contact the registered manager for advice and support if they required it. The registered manager told us they could seek advice if necessary from the company's consultant mentor.

Staff received training in the safe management of medicines from a local pharmacist. We noted this training had not been refreshed for over a year. The registered manager explained the pharmacist had recently changed and this had meant training had been postponed. During the inspection the registered manager contacted the new pharmacist to remind them of the overdue training. Following the inspection they sent us

confirmation that a date had been arranged for this to take place in April 2017. The registered manager worked closely with staff and was therefore able to monitor their competency on an on-going basis. Medicines administration records were audited daily and any discrepancies were noted on the handover records and dealt with immediately. Records relating to medicines were completed fully and accurately.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were effectively supported by staff who had received training in the necessary skills to complete their job role. They told us they got on well with the staff and felt supported by them. The registered manager told us new staff were required to complete the care certificate following induction to the service. However, this had not yet been used as there had been no staff recruited since the introduction of the care certificate.

The provider had a set of training topics which they considered to be mandatory for all staff. They included first aid, food hygiene, infection control, safeguarding and safe management of medicines. Refresher training was provided in accordance with the provider's policy in all of these topics. In addition, all staff had been encouraged to take recognised qualifications in health and social care. Staff reported they had all now gained a level three qualification. Staff felt training was important and one expressed a wish to continue with training over and above that considered mandatory in the future. They said, "Things change and you need to keep up. It's good to get new ideas and not just go over the old."

Staff were supported through regular six weekly, one to one supervisory meetings with the registered manager. They told us these meetings provided opportunities to discuss their work and any issues or concerns they may have related to their work. An appraisal of their work was carried out annually presenting an opportunity to consider their future development.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had received training in the MCA and were aware of how the principles of the act applied to their work. The registered manager was aware that the MCA DoLS require providers to submit applications to a 'supervisory body' for authority to deprive a person of their liberty. They confirmed that no-one living at the service was deprived of their liberty and no applications had been made.

Staff promoted people's rights to make decisions for themselves and we observed them doing this throughout the inspection. People were asked before any support was provided and we saw they were encouraged to make choices for themselves. Where more complex decisions had to be made staff spent time working through options with people. When appropriate they involved others such as family and health and social care professionals to assist the person to make a decision.

People were supported to maintain a healthy diet as much as possible. One person told us staff had assisted

them to think about healthier food following a recent stay in hospital. Another person had been supported through a referral to a dietitian and staff working alongside them to find foods they enjoyed. People all took part in the preparation of food, either independently or with some support from staff. We saw people made themselves snacks and drinks throughout the day as they wished and chose where and when they wished to eat. Staff told us they encouraged people to have one meal each week all together in order to promote a sense of community and spend some time together. People spoke about this positively and agreed they enjoyed it.

People had access to healthcare and were supported to attend appointments. Records indicated they saw relevant health professionals to monitor on-going and new conditions. They were also encouraged to attend regular check-ups with dentists and opticians.

Good

Is the service caring?

Our findings

People continued to benefit from a caring service and were supported by a small staff team who had all been in post since the previous inspection. People said they liked the staff and got on well with them. Each person had a key worker. A key worker is a member of staff who works closely with a person to assist them in working toward their aspirations and to meet their individual needs. The registered manger explained how people built trusting relationships with their key worker. From time to time key workers were changed, this helped to ensure people and staff all got to know each other.

People made decisions about their care and felt they could change how things were done if they wished. They spoke about their key worker being someone they could talk to and express how they wanted to do things. One person told us, "I tell them if I want to try something, they help me do it." People met with their key workers regularly to discuss their support plan. For example, one person told us how they had taken up a new hobby and how their key worker spent time helping them with this. Another told us about the support they received with staying healthy and taking up exercise.

People were supported to maintain relationships that were important to them. Staff helped people organise visits to friends and family when they wished to see them. People and staff told us visitors were welcome at any time. People's privacy and dignity were maintained and staff described examples of how they provided this for people. For example, one person required staff to ensure their safety while bathing. Staff discreetly maintained a presence outside the bathroom, thus allowing them to check on the person's safety while at the same time allowing privacy. People had the opportunity to spend time alone if they wished and this was respected.

People's independence was promoted and staff were fully aware of the amount of support required by each individual. Care plans recorded and reflected how people had been involved in discussing the support they required. This was reviewed regularly as people developed independent skills.

Staff understood the importance of confidentiality. All records were kept securely in locked filing cabinets.

Good

Is the service responsive?

Our findings

The service continues to be responsive. People received care and support that was responsive to their individual needs. People's needs had been assessed before they moved into the service and used to create a person centred support plan. Support plans were regularly reviewed and detailed the support people required to manage various aspects of their lives. Examples included, specific health needs, making choices and decisions, personal care and managing finance. People's preferred routines and lifestyle choices were included and there was a strong emphasis on supporting independence and self-advocacy.

One person had an essential lifestyle plan which had been prepared by the person with the help of those who knew them well and professionals who supported them. This document provided a clear picture of the person and contained information such as their likes and dislikes, what certain behaviours may mean, how they made choices and decisions and how they enjoyed spending their time. The registered manager told us one other person was in the process of working on their essential lifestyle plan while the third person had refused to take part in preparing one as they did not feel it was something they wanted to do. This choice had been fully respected and where appropriate relevant information had been included into their support plan.

People were supported with activities they enjoyed and found interesting. One person continued to be a volunteer and now worked at two charity shops. Another person had a particular interest in aircraft and was supported to visit airports and air shows on a regular basis. The service had an allotment which people were involved with to varying degrees at different times of year and all were involved with community projects. People said while they enjoyed the activities they took part in they also appreciated the time they had to spend relaxing. One person particularly liked music and another said they enjoyed using the exercise bike and watching TV. We observed people moved around the service freely and chose where to spend their time.

The provider had a complaints policy and people told us they knew how to complain. There had been no complaints since the previous inspection.

Good

Is the service well-led?

Our findings

At the inspection of 29 October and 3 November 2015 the provider was not meeting the requirements of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not ensured there was an effective method to assess, monitor and mitigate the risks relating to health, safety and welfare of service users. Records relating to the management of the regulated activity were not maintained securely.

The provider sent us an action plan in December 2015 describing the action they were going to take to meet the requirements of the regulation. At this inspection on 14 March 2017 we found action had been taken to address the concerns previously identified and the service was now meeting the requirements of Regulation 17.

There was a registered manager in post. They were present and assisted us throughout this inspection.

Risks to people's health, safety and welfare had been assessed and the risk assessments had been reviewed regularly. We noted that where risks had been identified they had been addressed and mitigated against. For example, radiator covers had been installed to ensure people were no longer at risk of potential burns from touching a hot surface. Carpets had been replaced to reduce the risks relating to slips, trips and falls due to frayed and damaged carpets. The registered manager continued to raise issues of risk with the provider when they arose to ensure they were addressed promptly.

Secure metal filing cabinets were now used to store and maintain the records relating to the management of the regulated activity. These were kept locked and helped to ensure confidentiality of the stored records. A system had been introduced to monitor and manage people's finances in response to a safeguarding concern. The registered manager demonstrated how individual ledgers were used and audited regularly to monitor and maintain a safe system of supporting people to manage their money.

Policies and procedures had been reviewed and we noted some had been updated in order to reflect current legislation and best practice. The registered manager told us they were continuing with this process to ensure all policies were up to date. However, we found the provider did not have a duty of candour policy. The registered manager was aware of their responsibilities under this regulation and told us they would produce a policy for all staff to refer to. Following the inspection they sent us a draft of the policy they intended to put in place once signed off by the provider.

Staff spoke highly of the registered manager and told us they were approachable and supportive. One commented, "[Name] is always available to discuss things with. She works with us." Staff described how the registered manager had a 'hands on approach' and said this meant she knew people and staff very well. They felt this was important and told us there was a close working relationship between the whole team.

The staff team had worked together at the service for a significant period of time and no new staff had joined the team since the previous inspection. They felt this consistency in the team was very positive. They

attributed the stability of the staff team to the support provided by the registered manager. They were clearly dedicated to working with the people who lived at the service and said they enjoyed working there. Comments included, "We're a good team, and we all get on well." and "We work together, it's like a big family here, staff and residents together."

Team meetings were held regularly and were attended by all staff members whenever possible. Staff told us they found the team meetings useful and said they were able to discuss concerns and issues as well as make suggestions about improvements. They were positive about the improvements that had been made recently to the décor and fabric of the service.

The registered manager had a system of audits and checks to monitor the quality of the service. These included those related to health and safety, medicines, support plans and daily records. In addition, a monthly quality assurance visit was undertaken by a consultant mentor or the provider. Audits relating to medicines and people's finances were also conducted by external organisations and provided the registered manager with support in making improvements when they were required.

A quality assurance survey was conducted annually and views were sought from people, their families and other professional stakeholders. In the most recent survey in April 2016 people had recorded they were satisfied with the support they received. Professionals had made positive comments which included, "Very receptive to advice given which is acted upon." and "I am always made to feel welcome and everyone is approachable. The changes being made to the house have made a positive impact and make the house more homely." A relative wrote, "I find the encouragement given to [name] is very good.

The registered manager and the staff team worked hard to maintain links with the local community. People were encouraged to access the community as much as possible and supported to seek opportunities to enhance their independence.